

CITY OF DESHLER NEBRASKA
Owner-Occupied Housing Rehabilitation Program
Application for Assistance

Household Information

Applicant/Co-applicant

Applicant's Name: _____ Age: _____ SS No.: _____ Disabled

Co-applicant's Name: _____ Age: _____ SS No.: _____ Disabled

Mailing Address: _____ CITY: DESHLER ZIP: 68340

Home Phone: _____

Work Phone: _____

Message/Other Phone: _____

Email Address: _____

Other Household Members (list additional household members on separate sheet)

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Property to Be Rehabilitated

Address & Legal Description of Property to Be Rehabilitated

Street Address: _____ CITY: DESHLER ZIP: 68340

Lot(s): _____ Block: _____ Plat/Addition: _____ County: THAYER

¼ Section: _____ ¼ Section: _____ Section: _____ Township: _____ Range: _____

Mortgage #1

Mortgage Holder: _____ Account No.: _____

Address: _____ Phone: _____

VILLAGE/State/ZIP: _____ Monthly Payment: \$ _____

Type of Mortgage: Conventional FHA VA Rural Development Land Contract (Ineligible) Other

Mortgage #2

Mortgage Holder: _____ Account No.: _____

Address: _____ Phone: _____

CITY/State/ZIP: _____ Monthly Payment: \$ _____

Homeowners Insurance

Insurance Company: _____ Policy No.: _____

Address: _____ Phone: _____

CITY/State/ZIP: _____ Annual Premium: \$ _____

Property Taxes

Assessed Value of Home to be Rehabilitated: \$ _____ Annual Property Taxes: \$ _____

Employment

Applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
CITY/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
CITY/State/ZIP: _____ Years/Months Employed: ___ / ___

Co-applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
CITY/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
CITY/State/ZIP: _____ Years/Months Employed: ___ / ___

Income

Annual Income from Wages, Salaries, Benefits, Etc.

Applicant's Annual Income from Wages/Salaries: \$ _____ (Attach copy of two current wage statements)
Co-applicant's Annual Income from Wages/Salaries: \$ _____ (Attach copy of two current wage statements)
Annual Income from Social Security: \$ _____ (Attach copy of benefits letters)
Annual Income from Supplemental Security Income: \$ _____ (Attach copy of benefits letters)
Annual Income from Public Assistance (ADC, TANF): \$ _____ (Attach copy of benefits letters)
Annual Income from Benefits/Pensions: \$ _____ (Attach copy of recent statements)
Annual Income from Annuities: \$ _____ (Attach copy of recent statements)
Annual Income from Child Support: \$ _____ (Attach copy of divorce decree)
County: _____
Case No.: _____
Annual Income from Alimony: \$ _____ (Attach copy of divorce decree)
County: _____
Case No.: _____
Annual Income from Rental Properties: \$ _____
Other Annual Income: \$ _____
Explain: _____
Other Annual Income: \$ _____
Explain: _____
Total Annual Household Income (Total of Above): \$ _____

Assets

Checking/Savings Accounts

Bank #1 Name: _____ Checking Savings Other

Address: _____ Account No.: _____

CITY/State/ZIP: _____ Current Balance: \$ _____

Bank #2 Name: _____ Checking Savings Other

Address: _____ Account No.: _____

CITY/State/ZIP: _____ Current Balance: \$ _____

Stocks, Bonds, Treasury Bills, Certificates of Deposit and Money Market Accounts

Account Holder #1: _____ Account No.: _____

Address: _____ Current Value: \$ _____

CITY/State/ZIP: _____

Account Holder #2: _____ Account No.: _____

Address: _____ Current Value: \$ _____

CITY/State/ZIP: _____

Retirement Accounts/Pension Funds

Account Holder #1: _____ Account No.: _____

Address: _____ Current Balance: \$ _____

CITY/State/ZIP: _____

Account Holder #2: _____ Account No.: _____

Address: _____ Current Balance: \$ _____

CITY/State/ZIP: _____

Whole/Universal Life Insurance

Policy Holder: _____ Policy No.: _____

Address: _____ Surrender Value: \$ _____

CITY/State/ZIP: _____

Mortgages or Deeds of Trust (other than the home you own)

Address #1: _____ VILLAGE/State: _____

Legal Description: _____ Assessed Value: \$ _____

Rental Income: \$ _____

Address #2: _____ VILLAGE/State: _____

Legal Description: _____ Assessed Value: \$ _____

Rental Income: \$ _____

APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the CITY of DESHLER Housing Rehabilitation Program and authorize the CITY and/or its representative (Southeast Nebraska Development District-SEND) to verify my (our) eligibility for assistance.

I (We) agree to abide by all rules and regulations established for the rehabilitation program, including the right of the CITY and/or its representative to inspect the property identified above for the purpose of determining its suitability and condition, as well as to determine the progress of the work being undertaken.

I (We) understand that the receipt of this application by the CITY and/or its representative in no way implies approval of the application or acceptance of the application for rehabilitation assistance and that approval of the application will depend upon meeting eligibility requirements and the availability of program funds.

I (We) understand that intentionally providing false or misleading information will be grounds for disqualifying me (us) from participation in the program.

I (We) understand that the CITY and/or its representative may forward my (our) application for assistance to the United States Department of Agriculture (USDA) Rural Development and/or the State of Nebraska Low Income Weatherization Assistance Program.

Signatures

I (We) hereby certify that I (we) do not have any income or any other assets that are not reported on this form. I (We) hereby further certify that the above information is true and accurate to the best of my (our) knowledge.

Applicant

Date

Co-applicant

Date

Voluntary Information

The following information is requested to verify compliance with Federal laws prohibiting discrimination on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way.

Indicate the total number of family members in each of the following categories:

- _____ White
- _____ Black/African American
- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian/Other Pacific Islander
- _____ American Indian/Alaskan Native & White
- _____ Asian & White
- _____ Black/African American & White
- _____ American Indian/Alaskan Native & Black African American
- _____ Other Multi-Racial

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

Applicant

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____, and I agree to provide a copy of my USCIS documentation upon request.

Applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

Co-applicant

I am a citizen of the United States.

OR

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:

_____, and I agree to provide a copy of my USCIS documentation upon request.

Co-applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

I/We hereby attest that my/our response and the information provided on this form and any related application for public benefits are true, complete and accurate and I/we understand that this information may be used to verify my/our lawful presence in the United States.

SUPPORTING DOCUMENTATION

Please indicate which of the following documents you have included with your application (check all that apply). Failure to attach proper documentation may result in a delay in processing your application for assistance.

- 2011/12 federal tax return (all forms) for all household member 18 years of age or older (2 years if self-employed)
- W-2 forms for all wage earners 18 years of age or older
- Two most current wage statements/pay stubs for all adult wage earners 18 years of age or older
- Most recent bank statement(s)
- Benefit letters(s) from retirement/pension
- Benefit letters(s) from Social Security Administration
- Benefit letters(s) from ADC (Aid to Dependent Children)
- Benefit letters(s) from TANF (Temporary Assistance for Needy Families)
- Divorce decree
- Other: _____
- Other: _____
- Other: _____
- Other: _____