



Central Nebraska Housing Developers

Application for Assistance

Today's Date: _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING EACH PORTION OF THIS APPLICATION.

You must use the CORRECT LEGAL NAME for each member of the household as it appears on their Social Security Card. ALL adult members of the household must sign this application certifying the accuracy of the information. Answer all questions, if a question does not apply to your household, write N/A.

Please Print

Applicant Name: _____ Phone #'s (home): _____

Co-Applicant Name: _____ (applicant work #): _____

Current Address: _____ (co-applicant work #): _____
Street Apt. # City State ZIP

How long at this current address? _____ Monthly housing payment: _____ Landlord or Lender _____

HOUSEHOLD INFORMATION: Number of people in household: _____ Adults + _____ Children = TOTAL household size: _____

Please list ALL adult household members who will be living in the unit that receives assistance from our program.

	<u>Legal Name (first, middle initial, last)</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list ALL dependent children who will be living in the unit that receives assistance from our program.

	<u>Legal Name (first, middle initial, last)</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Do you anticipate any change in household size within the next 12 months? _____ Yes _____ No If 'Yes,' what change?

_____ - _____ - _____

EMPLOYMENT INFORMATION: List all employers and any known potential employers of each adult household member for the next 12 months.

<u>Name (household member)</u>	<u>Employee ID Number (usually the Social Security #)</u>	<u>Employer / Company Name Address (Street, City, State, ZIP), and Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect to receive any employment income(s) other than those listed above in the next 12 months? ___Yes ___No
 If 'Yes,' explain below.

INCOME INFORMATION: List all money expected to be earned or received by everyone living in your household over the next 12 months. This includes money from **wages, self-employment, child support, alimony, Social Security** (including Medicare), **disability income, worker's compensation, retirement benefits, Aid to Dependent Children, veteran's benefits, rental property income, investment income** (including stocks, dividends, and interest from all bank accounts), **unemployment benefits**, and any other sources.

<u>Name (Household Member)</u>	<u>Type of Income</u>	<u>Source</u>	<u>Amount and how often</u>	<u>If hourly, hours per week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASSET INFORMATION:

1. Does anyone in the household own or have interest in any real estate, mobile home, or personal property (gems, jewelry, antiques, boats, etc.) held as an investment? ___Yes ___No

If 'Yes,' explain and include value: _____

_____ - _____ - _____

2. Has anyone in the household sold any real estate in the last 2 years? Yes No

If 'Yes,' explain and include value: _____.

3. Does anyone in the household have any CDs or Money Market Funds? Yes No

If 'Yes,' how many? _____ At what bank are they held? _____

Account Numbers: _____ - _____ - _____

4. Does anyone in the household own any stocks and/or bonds? Yes No

If 'Yes,' how many? _____ At what bank are they held? _____

Account Numbers: _____ - _____ - _____

5. Does anyone in the household have checking accounts? Yes No

If 'Yes,' how many? _____ At what bank are they held? _____

Account Numbers: _____ - _____ - _____

6. Does anyone in the household have any savings accounts? Yes No

If 'Yes,' how many? _____ At what bank are they held? _____

Account Numbers: _____ - _____ - _____

7. Does anyone in the household have retirement savings accounts? Yes No

If 'Yes,' how many? _____ At what bank are they held? _____

Account Numbers: _____ - _____ - _____

8. Does anyone in the household own any type of motor vehicles? How many vehicles? _____ Yes No

Asset Detail Not Disclosed Above:

<u>Name (household member)</u>	<u>Type & Location of Asset</u>	<u>Estimated Value</u>
_____	_____	_____
_____	_____	_____

1. Do you anticipate any changes to the status of these assets over the next 12 months? Yes No

If 'Yes,' explain: _____

2. Is the household currently, or ever been, involved in any litigation or legal action concerning delinquency of payment of taxes, loan payments, etc., any place within the United States? If 'Yes,' explain below. Yes No

10. Has any member of the household disposed of any asset during the past 2 years? If 'Yes,' explain below. Yes No

3. Has any adult member of the household ever used any name(s) or Social Security Number(s) other than those currently used? If 'Yes,' explain below. Yes No

4. Has any member of the household previously lived in any type of assisted housing? If 'Yes,' explain below. Yes No

5. Has any member of the household ever been asked to repay money for knowingly misrepresenting information or committing fraud with regard to any federally assisted housing program? If 'Yes,' explain below. Yes No

6. Does anyone outside the household pay for any household expenses or give you money? If 'Yes,' explain below. Yes No

EXPENSE/DEBT INFORMATION: Please list all recurring debt payments such as payments on **automobile loans** for automobiles, **personal expenses, medical expenses, and education**. Also list any debt payments made monthly on **credit cards** or **department store cards**. **Alimony** and **child support** must be included.

<u>Name (Household Member)</u>	<u>Type of Debt</u>	<u>How often is it paid</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any further information you want considered, in this application, regarding income or expenses, please explain below and include documentation with this application.

OPTIONAL HOUSEHOLD CHARACTERISTICS: The following demographic information is strictly OPTIONAL and has NO bearing on eligibility for participating in our program.

Marital Status: Single Married Head of Household: Male Female Number of older adults (62+): _____

Are any members of your household disabled? Yes No If yes, number of people with disabilities: _____

Race (applicant): Caucasian African American Hispanic Native American Asian

Other: Please Specify _____

Race (co-applicant): Caucasian African American Hispanic Native American Asian

Other: Please Specify _____

APPLICANT CERTIFICATION:

I/We certify that a complete copy of the Program Guidelines, for the type(s) of assistance I/we are applying, has been provided for our personal reference. I/We have read and understand all the terms as outlined in the Program Guidelines.

I/We certify that the information provided to Midwest Housing Initiatives, Inc. on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State Law and that false statements or information are grounds for termination of any further consideration or assistance under this program .

In the event that my/our household financial circumstances change prior to closing and signing a Loan Agreement, I/we will notify MHI Inc. within ten (10) days of the change and resubmit the "Application for Assistance" for review and approval.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

ALL OTHER ADULT MEMBERS OF THE HOUSEHOLD MUST ALSO SIGN

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

How did you hear about our program? _____



EMPLOYER VERIFICATION FORM

(A SEPARATE FORM MUST BE SIGNED BY EACH INCOME-EARNING MEMBER OF THE HOUSEHOLD)

DATE: _____

EMPLOYEE: _____
Name

EMPLOYER: _____
Name

Street Address

City/State/Zip

Street Address

City/State/Zip

SS# _____

Phone _____ Fax _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require that the housing program administrator, verify employment of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the City to access all information requested, included but not limited to that listed below.

Applicant

Date

1. Employment start date _____
2. Please indicate if employee is paid hourly wages or salary _____
3. \$ _____ gross per hour / week / month / year (Circle one)
4. # _____ hours worked per week
5. Annual anticipated tip earnings not recorded on employee's W2 \$ _____
6. Employee is paid – daily / weekly / bi-weekly / monthly (Circle one)
7. Overtime pay at 1 x hourly rate / 1-1/2 x hourly rate / other rate _____
8. Overtime hours are worked regularly / occasionally / rarely / never (Circle one)
9. If regular or occasional overtime, anticipated hours over next 12 months # _____
10. Year-to-Date Gross Earnings \$ _____
11. Anticipated gross salary over the next 12 months \$ _____
12. Is there any anticipated change of employment or job status, such as a raise, promotion, or lay-off in the near future? If yes, please explain and give anticipated date _____
13. Is employee currently off work due to lay-off, sick leave, work-related accident? If yes, please explain and give estimated date of return: _____

This form should be completed and signed by a bona fide representative of the employer such as timekeeper, bookkeeper, or accountant. **IN NO EVENT SHOULD IT BE COMPLETED BY THE EMPLOYEE.**

SIGNATURE/TITLE

DATE

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:

Community Development Services, LLC, 53506 862 Road, Plainview, NE 68769-2118

Phone/Fax: 402-582-3580

ASSETS ON DEPOSIT VERIFICATION FORM

DATE: _____

NAME: _____

BANK: _____
Name

Street Address City/State/Zip

Street Address City/State/Zip

SS# _____

Phone _____ **Fax** _____

REQUEST FOR VERIFICATION OF ASSETS ON DEPOSIT

Federal regulations require that the housing program administrator verify all assets on deposit of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the Grantee _____, to access all information requested, included but not limited to that listed below.

Applicant Date Co-Applicant Date

Checking / Savings / Money Market Funds Account No.	Average Monthly Balance for Last 6 Months	Current Interest Rate	
Certificates of Deposit / IRA / Retirement Account Account No.	Amount	Withdrawal Penalty	Current Interest Rate

This form should be completed and signed by an authorized representative of the depository.
IN NO EVENT SHOULD IT BE COMPLETED BY THE APPLICANT.

SIGNATURE / TITLE

DATE

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:
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Phone / Fax: 402-582-3580