



General Information for the CNHD Regional Owner-Occupied Housing Rehabilitation Program

The CNHD Regional Owner-Occupied Housing Rehabilitation Program serves all of Blaine, Boyd, Brown, Cherry, Custer, Garfield, Greeley, Hamilton, Holt, Howard, Keya Paha, Loup, Merrick, Rock, Sherman, Valley and Wheeler Counties. The Program is designed to provide funds to eligible homeowners for home repairs and improvements, such as:

- Repair or Replacement of Windows, Doors and Siding;
- Roof repair or replacement;
- Water Heater, Furnace / AC;
- Insulation and Storm Windows;
- Repair of Walls, Ceilings and Floors;
- Accessibility changes for Persons with Disabilities; and
- Health and Safety related items, including reducing or eliminating Lead-Based Paint Hazards.

The primary Eligibility Requirements for the Program are as follows:

- Home must be an owner-occupied single family home and NOT a mobile home;
- Home must be located in the designated service area;
- Household income cannot exceed HUD's Income Limits (see table at bottom of page)
- Property Taxes on home must be current;
- Applicants must have a net worth of less than \$75,000, excluding residence
- Homeowner must carry current dwelling insurance; and
- After the rehabilitation has been completed, the home must meet the minimum health and safety standards set by the Nebraska Department of Economic Development.

An eligible household will fall into one of three Program Levels, depending on its household income and size. The levels range from a 2% loan with a 20-year payback period to a deferred loan where payback is not required until transfer of title of the property. The maximum funds available for any one home should not exceed \$25,000, but the actual amount allowed is based on the needs of the property.

If you believe you meet the primary eligibility requirements for the CNHD Housing Rehabilitation Program and you are interested in obtaining an application, please contact the Program Administrators, Community Development Services (CDS), at the phone number or email address listed on the application. Also, feel free to contact CDS if you have any eligibility or Program questions. **Names of Program applicants and participants are kept confidential.**

NOTE: Maximum household income depends on our source of program funds.

| INCOME THRESHOLD FOR HOUSEHOLD – Effective 2014 | | | | | | | | | |
|---|------|----------|----------|----------|----------|----------|----------|----------|----------|
| COUNTY | AMI* | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| Blaine | 100% | \$41,900 | \$47,900 | \$53,900 | \$59,800 | \$64,600 | \$69,400 | \$74,200 | \$79,000 |
| Boyd | 80% | \$33,500 | \$38,300 | \$43,100 | \$47,850 | \$51,700 | \$55,550 | \$59,350 | \$63,200 |
| Brown | | | | | | | | | |
| Cherry | | | | | | | | | |
| Custer | | | | | | | | | |
| Garfield | | | | | | | | | |
| Greeley | | | | | | | | | |
| Keya Paha | | | | | | | | | |
| Loup | | | | | | | | | |
| Merrick | | | | | | | | | |
| Rock | | | | | | | | | |
| Sherman | | | | | | | | | |
| Valley | | | | | | | | | |
| Hamilton | 100% | \$44,400 | \$50,700 | \$57,000 | \$63,300 | \$68,400 | \$73,500 | \$78,500 | \$83,600 |
| | 80% | \$35,500 | \$40,550 | \$45,600 | \$50,650 | \$54,750 | \$58,800 | \$62,850 | \$66,900 |
| Holt, | 100% | \$42,000 | \$48,000 | \$54,000 | \$60,000 | \$64,800 | \$69,600 | \$74,400 | \$79,200 |
| Howard | 80% | \$33,600 | \$38,400 | \$43,200 | \$48,000 | \$51,850 | \$55,700 | \$59,550 | \$63,400 |

*AMI = Area Median Income – Annual Gross Household Income Limit For Household

HOUSING REHABILITATION PROGRAM APPLICATION

HOUSEHOLD SURVEY INFORMATION

Date: _____

(Feel free to use the back of these forms for additional space)

PERSONAL INFORMATION

| | | | |
|--|-------------|--------------|------------|
| Applicant's Name _____ | _____ | _____ | _____ |
| Age _____ | First _____ | Middle _____ | Last _____ |
| Social Security Number _____ | | | |
| Marital Status: _____ Married _____ Unmarried (single, divorced, or widowed) _____ Separated | | | |
| Home Phone _____ Work Phone Applicant _____ Work Phone Co-Applicant _____ | | | |
| Co-Applicant's Name _____ | | | |
| Age _____ | First _____ | Middle _____ | Last _____ |
| Social Security Number _____ | | | |

PROPERTY INFORMATION

Name property is listed under: _____

Length of time you have lived in your current home: Years _____ Months _____

Property Address _____ Mailing Address _____

City _____ Zip Code _____ County _____

Please indicate time period during which your home was built:

Before 1940 _____ 1940-1959 _____ 1960-1977 _____ Unknown _____

Is your home located in a flood plain? Yes _____ No _____ (If unknown, check with County or City/Village Clerk)

Has your residence ever been tested for lead-based paint? Unknown _____ No _____ Yes _____

If yes, please advise when testing occurred and provide a copy of the report: Date Tested _____

INFORMATION ON DEPENDENTS AND OTHER HOUSEHOLD MEMBERS (excluding self and spouse)

| <u>Name and Birth Date</u> | <u>Age</u> | <u>Gender</u> | <u>Lives at Home</u> (yes or no) | <u>Full-time Student</u> (yes or no) |
|----------------------------|------------|---------------|-------------------------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

GO TO NEXT PAGE

EMPLOYMENT DATA (required for any household member age 18 or over)

| | | |
|---|--|----------------|
| Family Member _____ | Employer _____ | How Long _____ |
| Mailing Address _____ | City _____ | Zip _____ |
| Occupation _____ | Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small> | |
| Gross Income (before taxes): Per Month _____ Per Year _____ | | |
| <hr/> | | |
| Family Member _____ | Employer _____ | How Long _____ |
| Mailing Address _____ | City _____ | Zip _____ |
| Occupation _____ | Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small> | |
| Gross Income (before taxes): Per Month _____ Per Year _____ | | |
| <hr/> | | |
| Family Member _____ | Employer _____ | How Long _____ |
| Mailing Address _____ | City _____ | Zip _____ |
| Occupation _____ | Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small> | |
| Gross Income (before taxes): Per Month _____ Per Year _____ | | |

OTHER INCOME (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker's Compensation, and any other source not listed)

| | | |
|---------------------|--------------|----------------------|
| Family Member _____ | Source _____ | Monthly Amount _____ |
| Family Member _____ | Source _____ | Monthly Amount _____ |
| Family Member _____ | Source _____ | Monthly Amount _____ |
| Family Member _____ | Source _____ | Monthly Amount _____ |

ASSETS (Cash value of life insurance policies and revocable trusts, retirement / pension funds, cash held in checking / savings accounts, stocks, equity in rental property, personal property held as investments such as gems / jewelry / coin collection / antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances / capital gains / insurance settlements, and any other asset not listed)

| | |
|---|----------------------|
| Average Checking Balance \$ _____ | Bank & Address _____ |
| Savings Amount \$ _____ | Bank & Address _____ |
| Does the total cash value of your assets exceed \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Real Estate Owned (other than home in which you reside) _____ | Value \$ _____ |

MONTHLY HOUSING EXPENSES

| | Monthly Amount | Balance Due | Name of Company |
|-------------------------------|----------------|---|-----------------|
| Current Mortgage/Rent Payment | | | |
| Electric/Gas/Water Bills | | | |
| Property Taxes | | ←Please divide your annual amount by 12 to get your monthly amount and include that here. | |
| Homeowner's Insurance | | | |
| Totals | | | |

***** DOCUMENTATION REQUIRED *****

- Copy of most recent year's income tax return (full set of forms), or 3 years if self-employed.
 - Copy of most current pay stubs of all occupants of household (if working), including Social Security, Health & Human Services statements, and Child Support.
 - Copy of most recent bank statements
- Your application cannot be processed until we receive this documentation.** We are aware that some of this documentation does not apply to all applicants (for example, not everyone is required to file an income tax return). If you believe this is the case for you, please indicate in writing such when you return the other information to us.

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 physically or mentally 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 _____

SIGNATURES

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge.

Signature and Date

Signature and Date

Below is a list of home improvements I would consider if I were to be awarded housing rehabilitation funds under this program:

(Please list these in order of priority)

1. _____
2. _____
3. _____
4. _____
5. _____



Send Application To:

Community Development Services
53506 862 Road
Plainview, NE 68769

Attn: Chris Holton or Leigh Alexander

Questions? Call them at: 402-582-3580

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