#  Village of Trenton CDBG

**Owner Occupied Rehabilitation**

**Housing Assistance**



Please complete the application form below. We will also need tax return statements from the past year or statements of benefits (social security, etc.). These documents are needed to verify income. Please return these documents to the following: SWNCBC, P.O. Box 720, Grant, NE 69140.

**1. GENERAL INFORMATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Member #1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_

Military Veteran: Yes:\_\_\_\_\_\_ No:\_\_\_\_\_\_

**Household Member #2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_

Military Veteran: Yes:\_\_\_\_\_\_ No:\_\_\_\_\_\_\_

**2. RESIDENTIAL INFORMATION**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. Box #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time lived at above address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. HOUSEHOLD COMPOSITION**

**(List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Member No.** | **Full Name** | **Relationship to the** **Head of Household** | **Age** |
| Head of Household |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

**Does anyone plan to live with you in the future that are not listed above? \_\_YES \_\_ NO**

**4. EMPLOYMENT AND INCOME**

**Applicant (Primary Employment)**

Month: $ \_\_\_\_\_\_\_\_\_\_ Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-Time \_\_\_\_ Full-Time \_\_\_\_ Length of time at current employment: \_\_\_\_\_\_\_\_\_\_\_\_

**Applicant (Secondary Employment)**

Month: $\_\_\_\_\_\_\_\_ Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-Time \_\_\_\_ Full-Time \_\_\_\_\_ Length of time at current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_

## Co-Applicant (Primary Employment)

Month: $\_\_\_\_\_\_\_\_ Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-Time \_\_\_\_ Full-Time \_\_\_\_\_ Length of time at current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Applicant (Secondary Employment)**

Month: $\_\_\_\_\_\_\_\_ Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-Time \_\_\_\_ Full-Time \_\_\_\_\_ Length of time at current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Household Members 18 or older**

Month: $\_\_\_\_\_\_\_\_ Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-Time \_\_\_\_ Full-Time \_\_\_\_\_ Length of time at current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_

## Other Income Sources: Yearly

**Child Support** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pensions, Retirement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bonuses** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commissions** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alimony $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interest and/or Dividends $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Income from Business $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unemployment Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workers Compensation, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Services (TANF, Food Stamps, etc..) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Yearly Income for all sources** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. ASSET INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member** | **Asset Description****Checking~Savings~Credit Union Accounts~****Stocks~Life Insurance~Retirement Accounts~****401K Accounts~Real Estate** | **Current Cash Value****of Assets** | **Actual Income** **from Assets** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. HOUSING NEED PRIORITIES**

Briefly describe the rehab work that you are aware of that your house requires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_

Special Needs (handicapped, elderly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently participating in any self-sufficiency programs? Such as project self-sufficiency, etc.? No \_\_\_ Yes \_\_\_\_\_ If yes, describe the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own your home? \_\_\_\_\_Yes \_\_\_\_No

Do you own other real estate property? \_\_\_\_\_Yes \_\_\_\_\_No

**Income Limits**

Effective June 2018

|  |  |
| --- | --- |
| **Number in Household** | **Income** |
| **1** | **$38,100** |
| **2** | **$43,550** |
| **3** | **$49,000** |
| **4** | **$54,400** |
| **5** | **$58,800** |
| **6** | **$63,150** |
| **7** | **$67,500** |
| **8** | **$71,850** |

**7. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

**Borrower:** **Co-Borrower**:

I do not wish to furnish this information I do not wish to furnish this information

Race/National Origin:

American Indian American Indian

Black, Non-Hispanic Black, Non-Hispanic

White, Non-Hispanic White, Non-Hispanic

Hispanic Hispanic

Other \_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**8. CERTIFICATION**

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection on my application. Furthermore, I understand that the completion of the application in no way guarantees me that I will receive housing. I hereby authorize the agency to obtain a Credit Bureau Report in my name, and/or to request verification of income and residence.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. REFERRAL SOURCE**

How did you hear about our services? (Please circle all that apply)

Mail-Out

Word of Mouth

Flyer

Newspaper

Real Estate Broker

Radio

Banker

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Disclosure Statement

I understand that Southwest Nebraska Community Betterment Corporation provides comprehensive housing counseling services including, but not limited to, pre and post purchase, reverse mortgage, foreclosure prevention and rental counseling. I understand that the agency will make recommendations to me regarding potential solutions that may suit my needs.

I understand that the agency does not have the authority to deny or approve any mortgage or reverse mortgage loan, foreclosure prevention workout, rental agreement or dispute resolution. I understand that I have the right to make the final decision regarding my housing needs and to see additional opinions regards my options regardless of the agency’s recommendations.

Any agency or lender that I am working with or that receives an application from me has my permission to discuss my situation with Southwest Nebraska Community Betterment’s counseling staff. Additionally, I understand that Southwest Nebraska Community Betterment Corporation may need to contact my lender, landlord, employer and any other entity regarding my financial situation to verify and complete a full analysis of my application. I, therefore, give Southwest Nebraska Community Betterment Corporation permission to solicit and share information with any other these parties.

All applicants are required to apply for USDA-Rural Development funding under this program. I/We authorize all information within this application be forwarded to USDA to be reviewed for their Home Repair Loan and Grant Program.

I hereby authorize Southwest Nebraska Community Betterment Corporation to obtain a copy of my credit report for the purpose of verifying creditor information and to better assess my financial situation. All information contained in my credit report will be considered confidential and used for legitimate business purposes only, as state in the Fair Credit Reporting Act.

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_*