

Complete and Return the Original Signed Application Portion Only (pages 1 – 7)

**SWNCBC REGIONAL HOUSING DOWN PAYMENT/CLOSING COST ASSISTANCE
APPLICATION - 20TFHO33022**

APPLICANT INFORMATION

OFFICE USE

(complete name)

(mailing address)
_____, NEBRASKA _____(zip)

(phone number & email address)

Application # _____	Date Recd. _____
Time _____	
By mail _____	In person _____ (check one)
Delivered by _____	

(signature of person accepting application)	

APPLICANT ACKNOWLEDGEMENT

CERTIFICATIONS AND AUTHORIZATIONS

I/We hereby certify that by signing this application, the information stated herein is true and correct to the best of my/our knowledge. I realize that giving false information will result in disqualifying me from assistance in the Southwest Nebraska Community Betterment Corp. (SWNCBC) Regional DPA Program 20TFHO33022.

I/We authorize the SWNCBC to access all information required to verify the following information in order to determine eligibility for the above referenced program.

I/We authorize the SWNCBC to use before and after photos in marketing materials with no applicant names or addresses connected to the photos.

In regards to the Rehab portion, all applicants will be referred to USDA-Rural Development for funding under this program as well as any weatherization programs that may apply. I/we authorize all information within this application be forwarded to partnering agencies to be reviewed for their home repair grant programs. No applicant will be required to take a *loan* from any partnering agency as their first source as program assistance. All applicants will be encouraged to take a *grant* from any partnering agency as a source of program assistance. No relocation financial assistance will be provided you in the event you must move out of your home to complete rehabilitation work.

(applicant signature) (date)

(applicant signature) SPOUSE (date)

print name

print name

A.

B. HOUSEHOLD DATA

1. Head of Household: (FAMILY MEMBER #1)

Full Name _____ Age _____

Occupation _____

Employer _____

2. Spouse/Significant Other (FAMILY MEMBER #2)

Full Name _____ Age _____

Occupation _____

Employer _____

3. Names and Ages of all other household members

Family Member #3 _____ Age _____

Family Member #4 _____ Age _____

Family Member #5 _____ Age _____

Family Member #6 _____ Age _____

4. Are any members of the Household

Handicapped or disabled? ____ yes ____ no (check one)

(If yes please explain) _____

Does your home require the removal of architectural barriers ____ yes ____ no
(please check one)

C. HOUSEHOLD INCOME AND ASSET DATA

EMPLOYMENT INCOME

PROVIDE THE PAST THREE CURRENT PAY STUBS FOR EACH WORKING FAMILY MEMBER.

1. Family Member #1 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$ _____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

2. Family Member #2 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

3. Family Member #3 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

4. Family Member #4 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

5. Family Member #5 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

6. Family Member #6 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

SOCIAL SECURITY – Do you received Social Security Benefits? ____yes ____no
(please check one)

Monthly Amount \$ _____

PROVIDE A COPY OF THE CURRENT YEAR SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY STATEMENT

PENSION ____yes ____no (please check one)

Monthly Amount \$ _____ Account # _____

Name and Address _____

PROVIDE A COPY OF THE CASH BALANCE FROM THE PENSION PLAN

INVESTMENTS ____yes ____no (please check one)

Source _____

Address: _____

PROVIDE A COPY OF THE CASH BALANCE OF INVESTMENTS

OTHER INCOME TO INCLUDE ALIMONY, CHILD SUPPORT, FOOD STAMPS, ETC.

____yes ____no (please check one)

Type of Income _____ Monthly Amount \$ _____

Source _____

Address _____

IF APPLICABLE, PROVIDE A COPY OF YOUR COURT ORDERED CHILD SUPPORT (DIVORCE DECREE), AS WELL AS THE HHS BENEFIT STATEMENT.

TIPS

Do you work in a job that you receive tips? ____ yes ____ no

If yes, what is the average amount of tips you receive weekly \$ _____

Employer: _____

IF APPLICABLE, PROVIDE A WRITTEN SIGNED STATEMENT INDICATING THE AVERAGE AMOUNT OF TIPS YOU RECEIVE WEEKLY.

CHECKING ACCOUNT ____yes ____no (please check one)

Balance \$ _____ Bank _____

Address _____

SAVINGS ACCOUNT ____yes ____no (please check one)

Balance \$ _____ Bank _____

Address _____

REAL ESTATE Do you currently own any real estate?

____yes ____no (please check one)

Legal Description _____

SECURITIES

_____yes _____no (please check one)

Address _____

SELF EMPLOYED

_____yes _____no (please check one)

IF YES, PROVIDE A COPY OF THE MOST RECENT 3 YEARS FEDERAL TAX RETURNS.

D. DWELLING DATA

ADDRESS OF PROPERTY BEING PURCHASED (IF KNOWN)

Do you have a Purchase Agreement? Yes _____ No _____

IF YES, PLEASE INCLUDE A COPY OF THE PURCHASE AGREEMENT WITH YOUR APPLICATION

IS THE HOUSE LOCATED WITHIN THE MUNICIPAL BOUNDARIES OF THE COMMUNITY IN WHICH YOU ARE LOOKING TO MAKE A PURCHASE?

_____yes _____no

If the house you are purchasing is not located within the municipal boundaries of the community in which you are wanting to purchase a home, do not continue with the application, the property is not eligible for this program.

IS THE PROPERTY A SINGLE WIDE MOBILE HOME?

_____yes _____no (please check one)

If the property you are purchasing is a single wide mobile home, do not continue with the application, the property is not eligible for this program.

TYPE OF DWELLING BEING PURCHASED

(please check one below)

Single Family _____
Duplex Condominium _____
Mobile Home** _____
Modular Home *** _____

**mobile homes are not eligible for program funds

***modular home must bear label it was built in compliance with National Manufactured Home Construction and Safety Standards.

IF APPLICABLE PLEASE PROVIDE A PHOTO OF THE MOBULAR HOME LABEL AS NOTED ABOVE.

COPY OF HOMEOWNERS INSURANCE WITH SWNCBC AS SECONDARY LOSS PAYEE TO BE PROVIDED AT CLOSING

United States Citizen Attestation

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

- I am a citizen of the United States
- I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

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

All adults living in the household, receiving benefit of this program must sign this form.

Printed name

Signature

Printed name

Signature

Printed name

Signature

Printed name

Signature

This information is being requested in accordance with reporting requirements by the Nebraska Department of Economic Development.

Racial or Ethnic Group - List how many persons in the household are in the following ethnic groups?

___ *American Indian/Alaskan* ___ *Asian/Pacific Islander* ___ *Black/African American*
___ *Hispanic/Latino* ___ *White/Caucasian* ___ *Other*

Household Gender – Please enter the number of females and number of males in the household

___ *Female* ___ *Male*

Is Applicant Female Head of Household?

Yes *No*

(check yes or no)

If you are found eligible for this program, you will be required to place SWNCBC as loss payee on your insurance policy with continual coverage provided for a period of ten (10) years or for the duration of the affordability period of the program.

Supporting documentation is required to be submitted with the application. Paperwork needed is marked with a check box near the left margin of the application. Applications are not considered complete without submitting the check box items.

Following review of your application, additional paperwork may be requested to complete income verification.

You are required to take a homebuyer education class through our REACH approved program at ehomeamerica.org. When you enter the sight to take the class, make sure you select Southwest Nebraska Community Betterment Corp. as the organization sponsoring the class. For more information, don't hesitate to give us a call.

Complete and Return the original signed application portion only, applications can be scanned and emailed; we **cannot** accept applications that are faxed.

Southwest Nebraska Community Betterment Corp.

By mail:	Hand delivery:
PO Box 720	115 W. 3 rd Str.
Grant, NE 69140 -0720	Grant, NE 69140

Southwest Nebraska Community Betterment Corp.
PO Box 720/115 W. 3rd Str.
Grant, NE 69140
(308)352-4338