

SWNCBC Owner Occupied Rehab Program Overview

What is an Owner-Occupied Rehabilitation Program?

Southwest Nebraska Community Betterment (SWNCBC) has received funding through the Nebraska Department of Economic Development’s (NDED) Nebraska Affordable Housing Trust Fund (NAHTF) program to establish an ***Owner-Occupied Rehabilitation Program***. Eligible homeowners may receive assistance to make structural, mechanical, electrical, weatherization and plumbing improvements to their homes.

How do I know if I’m eligible?

There are certain eligibility requirements, including income, assets, and homeownership. Homes must be located within the **incorporated communities** in Chase, Dundy, Hayes, Hitchcock and Perkins Counties. Mobile homes and rental properties are not eligible for participation in the program.

What are the current income limits?

Chase, Dundy, Hayes and Hitchcock Counties, and McCook

Income Limits 2023-24 (Effective June 2023 – June 2024)

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
120% AMI	\$69,960	\$79,920	\$89,880	\$99,840	\$107,880	\$115,920	\$123,840	\$131,880

Perkins County

Income Limits 2023-24 (Effective June 2023 -June 2024)

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
120% AMI	\$74,280	\$84,960	\$95,520	\$106,080	\$114,600	\$123,120	\$131,640	\$140,040

Will I have to repay the assistance?

Households below 120% AMI will qualify for a 0% interest, forgivable loan for up to \$40,000 if owner does not move, sell or rent their property within the 10- year affordability period.

What repairs are ELIGIBLE?

Eligible repairs include:

- Structural- Foundation, Roof, etc.
- Mechanical- Furnace, Air Conditioning, Water Heater
- Electrical - Wiring, Fuse Boxes
- Plumbing

- Weatherization-Windows, Doors, Insulation, Siding, Etc.
- General Maintenance-Kitchens, Bathrooms, Etc.
- Handicapped Accessibility- Ramps, Bathrooms, Etc.
- Safety or Code Deficiencies

What repairs are NOT ELIGIBLE?

- Garages & Outbuildings
- Driveways & Sidewalks
- Window Air Conditioning Units
- Fireplaces
- Decks & Patios
- Landscaping & Fences
- Jacuzzis, Hot Tubs & Spas
- Kitchen Appliances
- Reimbursement for Repairs not completed by the Program.

How much assistance is available?

The maximum financial assistance per household will be limited to \$40,000. This limit unfortunately may exclude certain homes from participating in the program. For example, if a home will not meet NDED's basic standards after injecting the rehab funds allowed, then the home will not be eligible for the program.

Starting March 1, 2024 applications will be available online at:

www.southwestne.com

Or can be picked up at:

SWNCBC
115 W 3rd Street
Grant, NE 69140

Applications dated prior to March 1, 2024 or postmarked after April 1, 2024 will not be accepted

For More Information Call:

SWNCBC (308) 352-4338 or email: swassistant@gpcom.net

A. HOUSEHOLD DATA

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

Full Name _____ Date of Birth _____

Occupation _____

Employer _____

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

Full Name _____ Date of Birth _____

Occupation _____

Employer _____

3. Names and Birth Date of all other household members

Household Member #3 _____ Date of Birth _____

Household Member #4 _____ Date of Birth _____

Household Member #5 _____ Date of Birth _____

Household Member #6 _____ Date of Birth _____

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)

B. HOUSEHOLD INCOME AND ASSET DATA

EMPLOYMENT INCOME

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

PLEASE COMPLETE AND SIGN THE ATTACHED EMPLOYMENT VERIFICATONS FOR EACH EMPLOYER OF EACH WORKING MEMBER OF THE HOUSEHOLD THAT IS 18 YEARS OF AGE AND OLDER. LEAVE THE BOTTOM PORTION OF THE AUTHORIZATION BLANK. WE WILL CONTACT YOUR EMPLOYER DIRECTLY.

1. Household 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. Household 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. Household 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. Household 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. Household 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. Household 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 LAN

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, 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 _____

IF APPLICABLE, COMPLETE AND SIGN THE ATTACHED BANK AUTHORIZATION FOR ANY CHECKING AND SAVINGS ACCOUNTS FROM ALL BANKS FOR EACH HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER. LEAVE THE BOTTOM PORTION OF THE FORM BLANK, WE WILL OBTAIN THE INFORMATION FROM YOUR BANKING INSTITUTION.

REAL ESTATE Other than your home do you own any real estate? ____yes ____no
(please check one)

Legal Description/Address _____

IF APPLICABLE, PROVIDE A COPY OF THE CURRENT ASSESSED VALUATION OF ANY REAL ESTATE OTHER THAN YOUR HOME FROM THE COUNTY ASSESSOR

SECURITIES ____yes ____no (please check one)

Address _____

PROVIDE A COPY OF THE CASH BALANCE

SELF EMPLOYED ____yes ____no (please check one)

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

C. DWELLING DATA

LEGAL DESCRIPTION/PHYSICAL ADDRESS OF YOUR PROPERTY

Is your home located within the municipal boundaries of the community in which you live?
____yes ____no

Are you on public water and public sewer? ____yes ____no
(please check one)

IS YOUR PROPERTY A MOBILE HOME?

____yes ____no (please check one)

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

OUTSTANDING LIENS AGAINST PROPERTY

Mortgage ____yes ____no (please check one)

Balance of Mortgage _____

Monthly Payment Amount \$ _____

Property taxes paid up to date ____yes ____no (please check one)

PLEASE PROVIDE A CURRENT COPY FROM YOUR MORTGAGE COMPANY SHOWING YOUR MORTGAGE IS CURRENT.

PLEASE PROVIDE A COPY FROM YOUR COUNTY TREASURER SHOWING YOUR PROPERTY TAXES ARE PAID CURRENT.

PLEASE PROVIDE THE WARRANTY DEED OR QUITCLAIM DEED TO YOUR HOME.

IF APPLICABLE PLEASE PROVIDE A PHOTO OF THE MODULAR HOME LABEL.

HOMEOWNERS INSURANCE ____yes ____no (please check one)

Policy # _____ Agent _____

Company _____

Address _____

PLEASE PROVIDE A COPY OF THE DECLARATION PAGE OF YOUR HOMEOWNERS INSURANCE POLICY.

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 18 years of age and older 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 and your home is rehabilitated, 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.

Complete and return the signed application and documentation to:

Southwest Nebraska Community Betterment Corp.

By mail:
PO Box 720
Grant, NE 69140 -0720

Hand delivery:
115 W. 3rd Str.
Grant, NE 69140

Email:
swassistant@gpcom.net

PLEASE PROVIDE ALL APPLICABLE DOCUMENTATION WITH YOUR APPLICATION

- Completed and Signed Application
- Six most current paystubs
- Most recent Income Tax Return (whole document)
- Employment Verification for all household members 18 years of age and older
- Bank Verifications for all household members 18 years of age and older
- Social Security Benefit letter
- Pension Letter
- Investment/Retirement Statement
- Under \$5,000 Asset Certification Form
- Alimony/Child Support/Food Stamp, etc. Documentation
- Assessed Valuation of home/proof taxes are current
- Current copy from mortgage company showing mortgage is current
- Warranty Deed or Quitclaim Deed to your home
- Declaration page of your Homeowners Insurance Policy

EMPLOYMENT VERIFICATION

Applicant

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: Employer [company] Name & Address

Phone Number

Fax Number

RE: Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Stephanie Miller
Signature of Owner's Representative

SWNCBC
PO Box 720
Grant, NE 69140

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

PLEASE COMPLETE EVERY LINE - IF IT DOES NOT APPLY PLEASE WRITE N/A OR NONE

Employee Name: Job Title:

Presently Employed: Yes No Date First Employed Last Day of Employment

Current Wages/Salary: \$ per (circle only one) hourly weekly bi-weekly semi-monthly monthly yearly other

Frequency of Pay: (circle only one) daily weekly bi-weekly semi-monthly monthly yearly other

Ave # of regular hours per wk: Year-to-date gross earnings: \$ From through

Number of pay periods included in the YTD earnings above:

Overtime Rate: \$ per hour Average # of overtime hours per week:

Shift Differential Rate: \$ per hour Average # of shift differential hours per week:

Commissions, bonuses, tips, other: \$ (circle only one) hourly weekly bi-weekly semi-monthly monthly yearly other

List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date:

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):

Does the employee participate in a 401K/Retirement account? Yes No Employee can access the account? Yes No

Additional remarks:

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

BANK VERIFICATION FORM

DATE: _____ **NAME:** _____

BANK: _____
Name Street Address City/State/Zip

_____ **SS#** _____
Street Address City/State/Zip

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 Date Co-Applicant

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:
SWNCBC, PO Box 720, Grant, NE 69140
Phone/Fax: 308-352-4338/308-352-2683. Email: swncbc@gpcom.net

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Household Name: _____ Unit #: _____

Development Name: _____ City: _____

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A+B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A+B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term): _____				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above: _____				
\$ _____	_____	\$ _____	Personal property held as an investment**: _____				
\$ _____	_____	\$ _____	Prepaid Debit Cards (ReliaCard, Direct Express, etc.): _____				
\$ _____	_____	\$ _____	Other (list): _____				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

MUST CHECK BOX 2 OR 3.

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts ‡ are included above and are equal to a total of \$ _____ (‡ the difference between FMV and the amount received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5000 and the annual income from the net family assets is \$ _____ . This amount is included in total gross annual income (Complete even if the amount is 0).

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ Date _____