# AUBURN, NEBRASKA New Housing Construction Program Application for Assistance

Household Information				
Applicant/Co-applicant				
Applicant's Name:	Age:	SS N	No.:	_ Disabled
Co-applicant's Name:		SS N	No.:	_ Disabled
Mailing Address:	City:		ZIP:	
Home Phone:				
Work Phone:				
Message/Other Phone:				
Email Address:				
Other Household Members (list additional household	members	on separate	sheet)	
Name: Age:		Relationship	:	_ Disabled
Name: Age:		Relationship	:	_ Disabled
Name: Age:		Relationship	:	_ Disabled
Name: Age:		Relationship	·	_ Disabled
Property to Be Purchased				
Address & Legal Description of Property to Be Purcha	ased			
Street Address:				
Lot(s): Block: Plat/Addition:				
1/4 Section: 1/4 Section: Section	on:	Towns	hip: Range:	
Mortgage #1				
Mortgage Holder:				
Address:				
City/State/ZIP:				
Type of Mortgage: ☐ Conventional ☐ FHA ☐ VA	□ Rural D	evelopment	☐ Land Contract (Inelig	ible) □ Other
Mortgage #2				
Mortgage Holder:				
Address:			Phone:	
City/State/ZIP:			_Monthly Payment:\$	
Homeowners Insurance				
Insurance Company:			Policy No.:	
Address:			Phone:	
City/State/ZIP:			_ Annual Premium:\$	
Property Taxes				
Assessed Value of Home to be Purchased: \$		Annu	ual Property Taxes: \$	

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Employment			
Applicant			
Employer #1 Name:		□ Full-time □ Self-employed	
Address:			
City/State/ZIP:		Years/Months Employed:/	
Employer #2 Name:			
Address:			
City/State/ZIP:		Years/Months Employed:/	
Co-applicant			
Employer #1 Name:			
Address:			
City/State/ZIP:		Years/Months Employed:/	
Employer #2 Name:			
Address:		Phone:	
City/State/ZIP:		Years/Months Employed:/	
Income			
Annual Income from Wages, Salaries, Benefits, Etc.			
Applicant's Annual Income from Wages/Salaries:	\$	(Attach copy of two current wage	
statements)		-	
Co-applicant's Annual Income from Wages/Salaries:	\$_	(Attach copy of two current wage	
statements)		-	
Annual Income from Social Security:	\$	(Attach copy of benefits letters)	
Annual Income from Supplemental Security Income:	\$	(Attach copy of benefits letters)	
Annual Income from Public Assistance (ADC, TANF):	\$		
Annual Income from Benefits/Pensions:	\$	(Attach copy of recent statements)	
Annual Income from Annuities:	\$		
Annual Income from Child Support:	\$	(Attach copy of divorce decree)	
County: Case No.:			
Annual Income from Alimony:	\$	(Attach copy of divorce decree)	
County:	•	- ( )	
Case No.:	•		
Annual Income from Rental Properties:	\$		
Other Annual Income: Explain:	\$	-	
Other Annual Income:	\$	-	
Explain:(Total of Above):	¢		

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Assets	
Checking/Savings Accounts	
Bank #1 Name:	_ ☐ Checking ☐ Savings ☐ Other
Address:	_ Account No.:
City/State/ZIP:	_ Current Balance: \$
Bank #2 Name:	_ ☐ Checking ☐ Savings ☐ Other
Address:	_ Account No.:
City/State/ZIP:	Current Balance: \$
Stocks, Bonds, Treasury Bills, Certificates of Deposit and Money Market A	ccounts
Account Holder #1:	_ Account No.:
Address:	_ Current Value: \$
City/State/ZIP:	_
Account Holder #2:	_ Account No.:
Address:	_ Current Value: \$
City/State/ZIP:	_
Retirement Accounts/Pension Funds	
Account Holder #1:	Account No.:
Address:	_ Current Balance: \$
City/State/ZIP:	_
Account Holder #2:	_Account No.:
Address:	_ Current Balance: \$
City/State/ZIP:	_
Whole/Universal Life Insurance	
Policy Holder:	Policy No.:
Address:	_Surrender Value: \$
City/State/ZIP:	_
Mortgages or Deeds of Trust (other than the home you own)	
Address #1:	City/State:
Legal Description:	_ Assessed Value: \$
Rental Income: \$	
Address #2:	City/State:
Legal Description:	Assessed Value: \$
Rental Income: \$	

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### APPLICANT DECLARATIONS

### **Declarations**

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the the City of Auburn New Housing Construction Program and authorize the City of Auburn and/or its representative (Southeast Nebraska Development District-SENDD) to verify my (our) eligibility for assistance.

I (We) agree to abide by all rules and regulations established for the rehabilitation program, including the right of the City of Auburn and/or its representative to inspect the property identified above for the purpose of determining its suitability and condition, as well as to determine the progress of the work being undertaken.

I (We) understand that the receipt of this application by the City of Auburn and/or its representative in no way implies approval of the application or acceptance of the application for new housing construction acquisition and that approval of the application will depend upon meeting eligibility requirements and the availability of program funds.

I (We) understand that intentionally providing false or misleading information will be grounds for disqualifying me (us) from participation in the program.

### Signatures

oignatures -		
I (We) hereby certify that I (we) do not have any hereby further certify that the above information		
Applicant	 Date	
Co-applicant	 Date	
Voluntary Information		
The following information is requested to verify comporigin, and sex. You are not required to furnish this evaluation your application or to discriminate agains Indicate the total number of family members in each	information, but are encouraged to do so. t you in any way.	
White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black A Other Multi-Racial	frican American	

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# CITY OF AUBURN NEW HOUSING CONSTRUCTION PROGRAM PROGRAM ELIGIBILITY RELEASE FORM

### **Organization Requesting Release of Information:**

Southeast Nebraska Development District 7407 O Street Lincoln, NE 68510 Phone: 402-475-2560

Fax: 402-475-2794 Date:

**Purpose:** Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Program

Privacy Act Notice: The Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility for the Program and the amounts of assistance necessary using Program funds. This information will be used to establish the level of benefit from the Program; to protect the Government's financial interest; and, to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies and, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Information Covered:** Inquiries may be made about items initialed by applicant(s).

	Verification Required	Applicant's Initials
Wages/Salaries	<b>√</b>	
Public Assistance	<b>√</b>	
Checking/Savings	<b>√</b>	
Retirement/Pension	<b>√</b>	
Social Security	<b>√</b>	
Stocks/Bonds	<b>✓</b>	
Annuities	<b>✓</b>	
Alimony	<b>√</b>	
Child Support	<b>√</b>	
Rental Properties	✓	

**Instructions:** Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**Authorization:** I authorize the above-named agency and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the program. I acknowledge that:

- 1. A photocopy of this form is as valid as the original.
- 2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
- All adult household members will sign this form.

Signatures:

# Applicant's Printed Name Applicant's Signature Date Co-applicant's Printed Name Co-applicant's Signature Date Adult Household Member #3 Printed Name Adult Household Member #4 Signature Date Adult Household Member #4 Signature Date

**Adult Household Member #5 Printed Name** 

Adult Household Member #5 Signature Date

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### **UNITED STATES CITIZENSHIP ATTESTATION FORM**

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

App	<u>llicant</u>	
	I am a citizen of the United States.  OR	
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:	
	, and I agree to provide a copy of my USCIS documentation upon request.	
Арр	licant's Printed Name:(first, middle, last)	
	(first, middle, last)	
Sign	nature:	
Date	9:	
<u>Co-</u>	<u>applicant</u>	
	I am a citizen of the United States.	
	OR	
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:	
	, and I agree to provide a copy of my USCIS documentation upon	
	request.	
Co-a	applicant's Printed Name:(first, middle, last)	
Sigr	nature:	
Dota		

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

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### SUPPORTING DOCUMENTATION

Please indicate which of the following documents you have included with your application (check all that apply). Failure to attach proper documentation may result in a delay in processing your application for assistance.

Copy of most recent FEDERAL tax return (all forms) for all household member 18 years of age or older (3
years if self-employed) plus all attachments DO <b>NOT</b> INCLUDE NEBRASKA TAX RETURN
☐ Copy of most recent W-2 forms for all wage earners 18 years of age or older
☐ Copy of two months most current wage statements/pay stubs for all adult wage earners 18 years of age or
older
☐ Copy of most recent two months bank statement(s) for all accounts
☐ Copy of Benefit letters(s) from retirement/pension
□ Copy of Benefit letters(s) from Social Security Administration
☐ Copy of Benefit letters(s) from ADC (Aid to Dependent Children)
□ Copy of Benefit letters(s) from TANF (Temporary Assistance for Needy Families)
☐ Copy of Divorce decree
□ Other:
□ Other:
□ Other:
□ Other:

# **Return requested items to:**

SENDD Attn: Nichole Jones 7407 O St. Lincoln, NE 68510



The Fair Housing Act protects people from discrimination when they are renting, buying, or securing financing for any housing. The prohibitions specifically cover discrimination because of race, color, national origin, religion, sex, disability and the presence of children.



Un mensaje de servicio público del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos en asociación con la Alianza Nacional de Equidad de Vivienda. La Ley Federal de Equidad de Vivienda prohíbe la discriminación por motivos de raza, color, religión, nacionalidad, sexo, situación familiar o discapacidad. Para más información, visita www.hud.gov/fairhousing.

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