

CITY OF FAIRBURY NEBRASKA
Owner-Occupied Housing Rehabilitation Program
Application for Assistance

Household Information			
Applicant/Co-applicant			
Applicant's Name: _____	Age: _____	SS No.: _____	<input type="checkbox"/> Disabled
Co-applicant's Name: _____	Age: _____	SS No.: _____	<input type="checkbox"/> Disabled
Mailing Address: _____	City: <u>Fairbury</u>	ZIP: <u>68352</u>	
Home Phone: _____			
Work Phone: _____			
Message/Other Phone: _____			
Email Address: _____			
Other Household Members (list additional household members on separate sheet)			
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled

Property to Be Rehabilitated	
Address & Legal Description of Property to Be Rehabilitated	
Street Address: _____	City: <u>Fairbury</u>
	ZIP: <u>68352</u>
Lot(s): _____	Block: _____ Plat/Addition: _____
	County: <u>Jefferson</u>
¼ Section: _____	¼ Section: _____ Section: _____
	Township: _____ Range: _____
Mortgage #1	
Mortgage Holder: _____	Account No.: _____
Address: _____	Phone: _____
City/State/ZIP: _____	Monthly Payment: \$ _____
Type of Mortgage: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Rural Development <input type="checkbox"/> Land Contract (Ineligible) <input type="checkbox"/> Other	
Mortgage #2	
Mortgage Holder: _____	Account No.: _____
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 Rehabilitated: \$ _____	Annual Property Taxes: \$ _____

Employment

Applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Co-applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
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): \$ _____ (Attach copy of benefits letters)

Annual Income from Benefits/Pensions: \$ _____ (Attach copy of recent statements)

Annual Income from Annuities: \$ _____ (Attach copy of recent statements)

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 Annual Household Income (Total of Above): \$ _____

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 Accounts

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: \$ _____

APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the City of Fairbury Housing Rehabilitation Program and authorize the City and/or its representative (Southeast Nebraska Development District-SEND) 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 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 and/or its representative in no way implies approval of the application or acceptance of the application for rehabilitation assistance 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.

I (We) understand that the City and/or its representative may forward my (our) application for assistance to the United States Department of Agriculture (USDA) Rural Development and/or the State of Nebraska Low Income Weatherization Assistance Program.

Signatures

I (We) hereby certify that I (we) do not have any income or any other assets that are not reported on this form. I (We) hereby further certify that the above information is true and accurate to the best of my (our) knowledge.

Applicant

Date

Co-applicant

Date

Voluntary Information

The following information is requested to verify compliance with Federal laws prohibiting discrimination on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way.

Indicate the total number of family members in each of the following categories:

- _____ 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 African American
- _____ Other Multi-Racial

UNITED STATES CITIZENSHIP ATTESTATION FORM

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

Applicant

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.

Applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

Co-applicant

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-applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

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.

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 **NOT** 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 most recent Homeowners Insurance Policy
- Copy of most recent Mortgage Statement
- 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: Cole Hartgerink
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.

