DOWN PAYMENT ASSISTANCE APPLICATION

CONFIDENTIAL

Fill out the application and return it to the address below.

Please return application as soon as possible.

# Thank you!

Return Application to:

Northeast Nebraska Economic Development District

111 South 1st Street

Norfolk, NE 68701

(402) 379-1150

# 

# 

Ph. 402-379-1150

Fax: 402-379-9207

111 S. 1st St.

Norfolk, NE 68701

# Dear Down Payment Assistance Applicant:

# Thank you for your interest to participate in the Greater Fremont Development Council’s (GFDC) Down Payment Assistance program.

# In order to process your application, you will need to submit the following items to GFDC fund administration Northeast Nebraska Economic Development District (NENEDD) at 111 South 1st Street, Norfolk, NE 68701. In addition to the following items, you will need to submit a copy of a pre-approval letter from a primary lender stating the amount of the primary lender’s loan, the down payment assistance required for closing the loan, the type of loan they are approving, and that the home meets the required purchase price. The maximum purchase price is $275,000. If you have already chosen a home, you may also send a copy of your purchase agreement and good faith estimate. These items are required to determine your eligibility for the program.

# **1. Please complete every section of the enclosed application.**

# **2. Please read and sign the enclosed lead-based paint notification form.**

# **3. Please provide a copy of each of the following items listed in the chart**

# **below, if applicable.**

# **~~Photocopies of these forms are appreciated.~~**

|  |
| --- |
| Last 3 year’s federal income tax returns, (including W-2s, 1098/1099 forms and all schedules). |
| Last 12 pay stubs of all working occupants of household (IF EMPLOYED) |
| Last 2 months of bank/federal credit union statements (ALL PAGES) |
| Most recent statement of other assets (CD’s, IRA’s, 401(k), life insurance, etc.). |
| Sign and return enclosed Lead Based Paint Notification |
| If applicable, case number and county for any alimony or child support received by any household member. Include copy of **complete** divorce decree |

# If you have any questions about these forms, please feel free to call me at (402) 379-1150. We look forward to working with you.

# Sincerely,

# Judy Signature Scan CROPPED

# Judy Joy

# Housing Loan Specialist

# DOWN PAYMENT ASSISTANCE LOAN APPLICATION

The information collected below will be used to determine whether you qualify as a borrower under the Down Payment Assistance Program. It will not be disclosed outside the NENEDD without your consent., except to your employer for verification of income and employment and to financial institutions for verification of information, and as required by law. You do not have to provide the information, but if you do not, your application for a loan may be delayed or rejected.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property to be Purchased** | **City** | | **State** | | **County** | | | | **Zip Code** |
| A. APPLICANT INFORMATION | | | | | | | | | |
| Applicant Name (Last) (First) (Middle) | | Date of Birth | | | | Home Phone  ( ) | | | |
| Present Street Address & **Mailing Address** (i.e., PO Box) | | City | | State | | | Zip Code | # of Years\_\_\_\_  \_\_\_Own\_\_\_ Rent | |
| Former Street Address (if at current address less than 2 years) | | City | | State | | | Zip Code | No. of Years\_\_\_\_  \_\_\_Own\_\_\_ Rent | |
| Marital Status \_\_\_ Married \_\_\_ Separated  \_\_\_ Unmarried ( single  divorced  widowed) | | | | # of Dependents | | | | Dependent Ages | |
| Name & Address of Employer **or check box to right if not employed ⇨**  **Not Employed**  **Disabled**  **Other -**  **Self-Employed**  **Retired** | | | | | | | | | |
| Business Phone # Position/Title Type of Business  ( ) | | | | # of Years on Job | | | | Yrs. In this line of work | |
| Name and Address of Previous Employer (if at position less than 2 years) | | | | # of Years on Job | | | | Business Phone  ( ) | |
| B. CO-APPLICANT INFORMATION | | | | | | | | | |
| Co-Applicant Name (Last) (First) (Middle) | | Date of Birth | | | | Home Phone  ( ) | | | |
| Present Street Address & **Mailing Address**  (i.e., PO Box) | | City | | State | | | Zip Code | #. Of Years\_\_\_\_  \_\_\_Own\_\_\_ Rent | |
| Former Street Address (if at current address for less than 2 years) | | City | | State | | | Zip Code | # of Years\_\_\_\_  \_\_\_Own\_\_\_ Rent | |
| Marital Status \_\_\_ Married \_\_\_ Separated  \_\_\_ Unmarried ( single  divorced  widowed) | | | | # of Dependents | | | | Dependent Ages | |
| Name & Address of Employer **or check box to right if not employed ⇨**  **Not Employed  Disabled  Other -**  **Self-Employed  Retired** | | | | | | | | | |
| Business Phone # Position/Title Type of Business  ( ) | | | | # of Years on Job | | | | Yrs. In this line of work | |
| Name and Address of Previous Employer (if at position less than 2 years) | | | | # of Years on Job | | | | Business Phone  ( ) | |

#### FOR OFFICIAL USE ONLY Comments:

Action Taken:  Approved  Conditionally Approved  Rejected

###### C. ANNUAL INCOME

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Applicant | Co-Applicant | Other Household  Member(s) 18 yrs. or Older |
| Salary |  |  |  |
| Overtime Pay |  |  |  |
| Commissions |  |  |  |
| Fees |  |  |  |
| Tips |  |  |  |
| Bonuses |  |  |  |
| Interest and/or Dividends |  |  |  |
| Net Income from Business |  |  |  |
| Net Rental Income |  |  |  |
| Social Security (including SSI or SSD), Pension(s), Retirement Funds  **(Please circle appropriate one[s])** |  |  |  |
| Unemployment Benefits |  |  |  |
| Workers Compensation, etc. |  |  |  |
| Alimony and/or Child Support  **Please provide the Case Number and County where alimony and/or child support court order was filed. Please provide a copy of divorce decree that outlines child custody and support payments.** | **Amount:**  $ /mo.  **Case #:**  **County:**  **Child Support**  **Alimony** | **Amount:**  $ /mo.  **Case #:**  **County:**  **Child Support**  **Alimony** | **Amount:**  $ /mo.  **Case #:**  **County:**  **Child Support**  **Alimony** |
| Welfare Payments (TANF, Food  Stamps, ADC, etc.) |  |  |  |
| Other |  |  |  |
| TOTALS |  |  |  |

##### D. ASSETS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Current Estimated  Cash Value of Acct(s) | Annual Income  (i.e. Interest, dividends) | Bank or Investment Company Name & Address | Account # |
| Checking Account(s) |  |  |  |  |
|  |  |  |  |  |
| Savings Account(s) |  |  |  |  |
|  |  |  |  |  |
| Credit Union Account(s) |  |  |  |  |
|  |  |  |  |  |
| Certificate(s) of Deposit |  |  |  |  |
| Stocks, Bonds, IRAs, etc. |  |  |  |  |
| 401(k) or other retire-  ment/pension accounts |  |  |  |  |
| Life Insurance Policies |  |  |  |  |
| Other Assets/Investments |  |  |  |  |

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**E. LIABILITIES & UTILITIES** (List outstanding obligations (your debts) including auto loans, charge accounts, credit

union loans, personal loans, real estate loans (except for the home you live in), and all

other loans. Also list your monthly utilities, with average payment amount. Please attach

a separate piece of paper if necessary.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | Creditor’s Name | Utilities  (Gas, Electric, Cable, Garbage) | Monthly Payment | Unpaid Balance | Due Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Monthly Alimony Paid $ Monthly Child Support Paid $ Monthly Child Care $ x  If you are 60 years of age or older do you spend more than 3% of your income on medical expenses?  Yes  No  If a “Yes” answer is given to any question below, please explain on an attached sheet:  1. Do you have any outstanding unpaid judgments?  Yes  No Amount (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. In the past 7 years, have you been declared bankrupt?  Yes  No  3. Are you a party in a law suit?  Yes  No | | | | | | |  |  |
|  |  |

**F. MONTHLY HOUSING EXPENSE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Monthly Payment | Unpaid Principal  Balance | Balloon Payment  Yes  No | Balloon Amount  $ | Date Due |
| a. First Mortgage (P & I) | $ | $ | Describe any special circumstances relative to your housing  or its financing: | | |
| b. Other Financing secured  by property (P & I) | $ | $ |
| c. Hazard & Flood Insurance | $ | $ |
| d. Real Estate Taxes | $ | $ |
| e. Other (Please specify) | $ | $ |
| f. TOTAL | $ | $ |

**G. HOUSHOLD COMPOSITION** (List the head of your household and all members who live in your home. Give relationship of

each family member to the head, each member’s age, social security # and check whether disabled).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member # | Full Name | Relationship | Age | Social Security # | Disabled: |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

1. Does anyone live with you now who is not listed above?  Yes  No

2. Does anyone plan to live with you in the future who is not listed above?  Yes  No

Please explain if you answer “Yes” to either question above.

What percentage of your income do you estimate that you spend on monthly housing expenses: (such as rent and utilities):

30%  50% **(please check one)**

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Date

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

Co-Applicant Date

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**DISCLOSURE OF RELATIONSHIP TO**

**NENEDD STAFF AND BOARD OF DIRECTORS**

APPLICANT/CO-APPLICANT: Please review the list below of NENEDD Staff Members and Greater Fremont Development Council Members and indicate with a checkmark if you are related to any of the names on the list. ***Being related does not disqualify you for the Down Payment Assistance program.***

Staff Members: Advisory Board Members:

Thomas Higginbotham

Tina Engelbart

Jeffrey Christensen

Judy Joy

Mandy Gear

Lowell Schroeder

Kristen Rosner

Martin Griffith

Jan Merrill

Brittany O’Brien

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

I/we acknowledge that I/we (**please check one and sign below**):

***are related*** to staff of the Northeast Nebraska Economic Development District or the Greater Fremont Development Council listed above and indicated by a checkmark(s).

***are not related*** to staff of the Northeast Nebraska Economic Development District or the Greater Fremont Development Council listed above.

Applicant Date

Co-Applicant Date

**U.S. Department of Housing and Urban Development**

Office of Community Planning and Development **ATTACHMENT 8**

**Notification**

To: Owners, and Tenants & Purchasers

of Housing Constructed

before 1978

Watch Out For Lead-Based Paint Poisoning

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

**Sources of Lead-Based Paint**

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

**Hazards of Lead-Based Paint**

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

**Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Is he or she eating normally? Does you child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

**Advisability and Availability of Blood Lead Level Screening**

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has a elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more informaiton. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is itentified as having an elevated blood level,

you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit or lead-based paint hazards.. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

**Precautions to Take to Prevent Lead-Based Paint Poisoning**

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

a). Cover all furniture and appliances

b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;

c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. DO NOT BURN THEM;

d) Do not leave paint chips on the floor in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and

e) Do not allow loose paint to reamin within your children’s reach since children may pick loose paint off the lower part of the walls.

**Homeowner Maintenance and Treatment of Lead-Based Paint Hazards**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leakes from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These comditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting

all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainting with two (2) coats of non-leaded paint. Instead of scraping and painint, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scrapping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume, which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

**Tenant and Homebuyer Responsibilities**

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint., water leaks from plumbing, or a defective roof. You should co-operate with that office’s effort to repair the unit.

I have received a copy of the Notice entitled “Watch Out for Lead Paint Poisoning.”

Date

Print Full Name

Signature

11-45 (95)

AUTHORITY TO VERIFY CREDIT INFORMATION

I/we hereby authorize the NENEDD to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for a Loan Application. I/we also authorize NENEDD to make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

I/we also authorize release of all Social Security benefit information to the NENEDD.

**Privacy Act Notice**: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor or borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but it you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

**Right to Financial Privacy Act Certification:** NENEDD acting on behalf of HUD/FHA certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request to financial records, it is in compliance with the applicable provisions of the said Act.

**NOTE: There may be a charge from your lending institution(s) for verification of financial information.**

Applicant Date

Co-Applicant 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:

**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.

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.

PRINT 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.

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.

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first, middle, last)

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GFDC Investment Fund**

**Acknowledgment Form**

By signing below, I/we acknowledge that I/we have received a copy of the GFDC’s Investment Fund for the Down Payment Assistance Program.

I/We agree to abide by all sections of the Investment fund and in the event that we have questions concerning the guidelines, I/we will contact NENEDD.

Applicant Date

Co-Applicant Date