

APPLICATION FOR ASSISTANCE

Today's Date: _____

*** THIS INFORMATION IS GOOD FOR SIX MONTHS. PLEASE INFORM NEHI OF ANY CHANGES DURING THAT TIME.

Please complete this form. You must use the correct legal name for each member of the household AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. ALL adult members of the household must sign this application certifying the accuracy of the information.

Please Print

Email address: _____

Applicant Name: Home phone # _____

Co-Applicant Name: _____ Work phone# _____

Street: _____ PO Box: _____ City: _____ State: _____ ZIP: _____

How long at this current address: _____ Amount of rent: _____ Landlord Name: _____

Highest Level of Education: Applicant, _____

Co-Applicant, _____

HOUSEHOLD INFORMATION

Number of people in household: _____ adults + _____ children = TOTAL household size: _____

Please list all adult members who will be living in the unit that receives assistance from our program.

<u>Legal Name</u> (first, middle initial, last)	<u>Social Security Number</u>	<u>Date of Birth</u>
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Please list all dependent children who will be living in the unit that receives assistance from our program.

<u>Legal Name</u> (first, middle initial, last)	<u>Social Security Number</u>	<u>Date of Birth</u>
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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5. _____	_____	_____
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Is anyone in the household a veteran? _____ Yes _____ No

Do you anticipate any change in family size within the next 12 months? _____ Yes _____ No
(Example: having a baby, children moving out, getting married or divorced, taking or losing custody of children)

If yes, what change? _____

EMPLOYMENT INFORMATION: List all employers and any known potential employers of each adult household member for the current year.

<u>Name (household member)</u>	<u>Employer (Company Name, Address, Phone No)</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any household member(s) listed above has/have been employed in their current position(s) for less than 2 years, provide household member(s) name and previous employer name(s) and address:

Do you expect to receive any employment income(s) other than those listed above in the next 12 months?

____ Yes ____ No If yes, please explain:

HAVE YOU EVER OWNED A HOME? ____ Yes ____ No

If yes, when was the last time you owned a home? _____

Please explain why you no longer own that home: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

INCOME INFORMATION: List all money currently being earned or received by everyone living in your household. This includes money from wages, self-employment, child support, alimony, Social Security/Medicare/SSI (If you receive any type of Social Security, fill out, sign and date the form on the last page of Application), pensions, annuities, workers compensation, retirement benefits, TANF / AFDC, veteran's benefits, rental property income, investment income (including stocks, dividends and interest from all bank accounts), unemployment benefits, business income, military regular pay, education grants, scholarships or other benefits, and any other sources.

<u>Name (Household Member)</u>	<u>Type of Income</u>	<u>Source</u>	<u>Amount /How Often</u>
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ASSET INFORMATION: For all "yes" answers, please complete "Asset Detail" information below.

Do you or does anyone else in the household.....

1. own or have interest in any real estate, mobile home or personal property held as an investment? _____ Yes _____ No
2. sold any real estate in the last 2 years? (PLEASE LIST BELOW) _____ Yes _____ No
3. have any savings accounts, CDs, or Money Market funds? (PLEASE LIST) _____ Yes _____ No
4. own any stocks, bonds or other securities? (PLEASE LIST BELOW) _____ Yes _____ No
5. have bank checking accounts? (PLEASE LIST) _____ Yes _____ No
6. have any trust accounts, treasury bills, or mutual funds? (PLEASE LIST) _____ Yes _____ No
7. have any savings bonds or a retirement account? (PLEASE LIST BELOW) _____ Yes _____ No
8. have any Whole or Universal life insurance policies? (PLEASE LIST BELOW) _____ Yes _____ No

ASSET DETAIL: If you need more room, you may use the back of this sheet.

<u>Name</u>	<u>Type, Location, Address & Phone No. of Each Asset</u>	<u>Estimated Value</u>
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For all "yes" answers, please explain on the lines below:

1. Is the household currently or ever been involved in any litigation or legal action concerning delinquency of payment of taxes? _____ Yes _____ No
2. Has any member of the household disposed of any asset during the past 2 years? _____ Yes _____ No
3. Has any adult member of the household ever used any name(s) or Social Security number(s) other than those currently being used? _____ Yes _____ No
4. Has any member of the household previously lived in any type of assisted housing? _____ Yes _____ No
5. Has any member of the household ever been asked to return money for knowingly misrepresenting information or committing fraud with regard to any federally assisted housing program? _____ Yes _____ No
6. Are there any legal charges pending against you or any member of the household that could impact your ability to purchase a house? _____ Yes _____ No
7. Does anyone in the household receive income other than what is taxable income listed on tax returns? _____ Yes _____ No
8. Does anyone outside the household pay for any of the household expenses or give you money? _____ Yes _____ No
9. Is there any further information you want considered in this application, regarding income, assets, or expenses? _____ Yes _____ No

CREDIT INFORMATION: Please list all creditors and for each one list your present balance and your monthly payment.

Name of Creditor

Present Balance

Monthly Payment

Have you applied for a home loan? _____

If yes, with whom? _____

Has that loan been pre-approved? _____

HOUSEHOLD CHARACTERISTICS: The following demographic information is strictly optional and has no bearing on eligibility for participating in our program.

Marital Status: _____ Single _____ Married

Head of Household: _____ Male _____ Female

Number of older adults (62+): _____

Number of people with disabilities: _____

Applicant Race: _____ Caucasian _____ African American _____ Hispanic _____ Native American _____ Asian _____ Other

Co-applicant Race: _____ Caucasian _____ African American _____ Hispanic _____ Native American _____ Asian _____ Other

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

NEHI CERTIFICATION: All information you share with us is confidential and will only be shared with those organizations you have given us permission to do so. (See Authorization Form)

APPLICANT CERTIFICATION: Please read carefully.

- I/We certify that the Program Guidelines for the assistance program(s) have been provided for our personal reference. I/We have read and understand the terms of the assistance, including the requirements that I/we
 - are first time homebuyers as defined in the Program Guidelines.
 - will occupy the assisted property as our principal residence, for at least 5 years.
 - will keep it up to code for a period of 5 years following purchase.
 - may NOT occupy the residence until the legal closing has taken place.
 - will repay the NEHI loan in full if the house is sold for any reason before it is paid off.
 - will name NEHI, Inc as an “additional mortgagee” on our property insurance.

I/We certify that the information provided to NEHI, Inc. on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State law and that false statements or information are grounds for termination of any further consideration or assistance under any program offered by NEHI.

This will serve as authorization for the NEHI, Inc. to obtain all information and documentation that they request. Such information includes but is not limited to employment history and income, bank accounts and similar account balances, credit history and copies of income tax returns.

Unless this sentence is marked through, this will also serve as authorization for NEHI, Inc. to use pictures of members of our household or our home in promotional materials.

X _____ X _____
Applicant Print Name Applicant Print Name

X _____ X _____
Applicant Signature Applicant Signature

Date _____ Date _____

Please return this application to:
NEHI, Inc / Northeast Housing Initiative, Inc
Email, nehiinc23@gmail.com

If you have questions, contact:
Megan Weaver, Executive Director or

Emily Nelson, Housing Assistant
Phone, 402-287-8022

NEHI needs each member of the family to complete, sign and date the Citizenship Form on page 7 (please make copies or call us for more / parents fill out and sign for small children).

We also need copies of two of the following pieces of identification to verify legal status of adult members: 1) social security card, 2) drivers license, 3) green card, 4) birth certificate.

To be eligible for NEHI's Purchase/Rehabilitate/Resell program, you will need to

1. be a first time homebuyer under NEHI's definition,
2. have gross income less than 120% of the current area median income projected for the next 12 months,
3. be pre-approved for an acceptable loan,
4. attend a REACH standard Homebuyer Education workshop,
5. have acceptable housing and debt ratios,
6. \$500 to put down as earnest money on the house you plan to purchase.

If these requirements seem insurmountable, talk to Megan or Emily for help.

We are here to help make this program work for you!

****Please be aware that NEHI cannot purchase a house that is currently being rented.**

United States Citizenship Attestation Form

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 State.

----- 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
