

Southwest Nebraska
Community Betterment Corporation

P. O. Box 720 • Grant, Nebraska 69140
 308-352-4338 • Fax 308-352-2683
 swncbc@gpcom.net • www.southwestne.com

**Owner Occupied Rehab
 Housing Assistance Application**

Please complete the application form below. We will also need tax return statements from the past year or statements of benefits (social security, etc.). These documents are needed to verify income. Please return these documents to the following: SWNCBC, P.O. Box 720, Grant, NE 69140.

1. GENERAL INFORMATION

Date: _____

Applicant: _____

Social Security #: _____ Date of Birth: _____

Phone #: (H) _____ (W) _____

Cell Phone #: _____ Email Address: _____

Marital Status: Married ___ Single ___ Divorced ___ Separated ___ Widow(er) ___

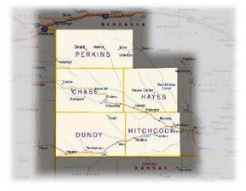
Co-Applicant: _____

Social Security #: _____ Date of Birth: _____

Phone #: (H) _____ (W) _____

Cell Phone #: _____ Email Address: _____

Marital Status: Married ___ Single ___ Divorced ___ Separated ___ Widow(er) ___



Serving:
Perkins County: Grant, Venango, Madrid, Elsie, Grinton, Brandon
Chase County: Imperial, Lamar, Champion, Enders, Wauneta
Hayes County: Hayes Center, Hamlet
Dundy County: Benkelman, Haigler, Parks, Max
Hitchcock County: Trenton, Stratton, Culbertson, Palisade, Beverly



2. RESIDENTIAL INFORMATION

Address: _____ P.O. Box #: _____

City/State/Zip Code: _____

Time lived at above address: _____

3. HOUSEHOLD COMPOSITION

(List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.)

Member No.	Full Name	Relationship to the Head of Household	Age
Head of Household			
2			
3			
4			
5			
6			
7			

Does anyone plan to live with you in the future that are not listed above?

YES No

4. EMPLOYMENT AND INCOME

Applicant (Primary Employment)

Month: \$ _____ Gross Annual Income: \$ _____

Employer: _____ Address: _____

Part-Time Full-Time Length of time at current employment: _____

Applicant (Secondary Employment)

Month: \$ _____ Gross Annual Income: \$ _____

Employer: _____ Address: _____

Part-Time Full-Time Length of time at current employment: _____

Co-Applicant (Primary Employment)

Month: \$ _____ Gross Annual Income: \$ _____

Employer: _____ Address: _____

Part-Time ____ Full-Time ____ Length of time at current employment: _____

Co-Applicant (Secondary Employment)

Month: \$ _____ Gross Annual Income: \$ _____

Employer: _____ Address: _____

Part-Time ____ Full-Time ____ Length of time at current employment: _____

Other Household Members 18 or older

Month: \$ _____ Gross Annual Income: \$ _____

Employer: _____ Address: _____

Part-Time ____ Full-Time ____ Length of time at current employment: _____

Other Income Sources:

Yearly

Child Support \$ _____

Pensions, Retirement \$ _____

Bonuses \$ _____

Commissions \$ _____

Alimony \$ _____

Interest and/or Dividends \$ _____

Net Income from Business \$ _____

Social Security \$ _____

Unemployment Benefits \$ _____

Worker's Compensation, etc. \$ _____

Social Services (ADFC, Food Stamps, etc..) \$ _____

Other \$ _____

Total Yearly Income for all sources \$ _____

5. ASSET INCOME

Family Member	<u>Asset Description</u> Checking, Savings, Credit Union Accounts, Stocks, Life Insurance, Retirement Accounts 401K Accounts, Real Estate	Current Cash Value of Assets	Actual Income from Assets

6. HOUSING NEED PRIORITIES

Briefly describe the rehab work that you are aware of that your house requires:

Number of bedrooms: _____

Special Needs (handicapped, elderly):

Are you currently participating in any self-sufficiency programs? Such as project self-sufficiency, etc.? No ___ Yes ____ If yes, describe the program:

Do you own a real estate property? ____ Yes ____ No

7. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

Borrower:

I do not wish to furnish this information

Co-Borrower:

I do not wish to furnish this information

Race/National Origin:

American Indian
 Black, Non-Hispanic
 White, Non-Hispanic
 Hispanic
 Other _____

American Indian
 Black, Non-Hispanic
 White, Non-Hispanic
 Hispanic
 Other _____

8. CERTIFICATION

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection on my application. Furthermore, I understand that the completion of the application in no way guarantees me that I will receive housing. I hereby authorize the agency to obtain a Credit Bureau Report in my name, and/or to request verification of income and residence.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

9. REFERRAL SOURCE

How did you hear about our services? (Please circle all that apply)

Mail-Out
 Word of Mouth
 Flyer
 Newspaper
 Real Estate Broker
 Radio
 Banker
 Other _____

INCOME GUIDELINES

Household Size	Perkins County	Chase, Dundy, Hayes & Hitchcock Counties
1	\$29,300	\$28,750
2	\$33,500	\$32,900
3	\$37,650	\$37,000
4	\$41,850	\$41,100
5	\$45,200	\$44,400
6	\$48,550	\$47,700
7	\$51,900	\$50,950
8	\$55,250	\$54,250

Counseling Disclosure Statement

I understand that Southwest Nebraska Community Betterment Corporation provides comprehensive housing counseling services including, but not limited to, pre and post purchase, reverse mortgage, foreclosure prevention and rental counseling. I understand that the agency will make recommendations to me regarding potential solutions that may suit my needs.

I understand that the agency does not have the authority to deny or approve any mortgage or reverse mortgage loan, foreclosure prevention workout, rental agreement or dispute resolution. I understand that I have the right to make the final decision regarding my housing needs and to see additional opinions regarding my options regardless of the agency's recommendations.

Any agency or lender that I am working with or that receives an application from me has my permission to discuss my situation with Southwest Nebraska Community Betterment's counseling staff. Additionally, I understand that Southwest Nebraska Community Betterment Corporation may need to contact my lender, landlord, employer and any other entity regarding my financial situation to verify and complete a full analysis of my application. I, therefore, give Southwest Nebraska Community Betterment Corporation permission to solicit and share information with any other these parties.

I hereby authorize Southwest Nebraska Community Betterment Corporation to obtain a copy of my credit report for the purpose of verifying creditor information and to better assess my financial situation. All information contained in my credit report will be considered confidential and used for legitimate business purposes only, as state in the Fair Credit Reporting Act.

Signature : _____ *Signature:* _____
Date: _____ *Date:* _____

**OFFICE USE ONLY
FOLLOW UP INFORMATION**

Dates Verifications Mailed: _____

Verifications Mailed By: _____

Additional Comments:

FOR OFFICE USE ONLY:

Applicant(s) is/are qualified for the DPA program: Area Medium Income:
_____ %

Letter of Acceptance was sent to applicant (s):

Date: _____

By: _____

Applicant(s) are not qualified: _____

Reason: _____

Letter of Denial was sent to applicant(s):

Date: _____

By: _____