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LINCOLN COUNTY CDC
HOME OWNERSHIP/DOWN PAYMENT ASSISTANCE APPLICATION

DATE _____

1. GENERAL INFORMATION

NAME: _____
SOCIAL SECURITY NUMBER: _____ Date of Birth _____
ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE: _____ HOME _____ CELL _____ WORK _____

CO-APPLICANT/SPOUSE: _____
SOCIAL SECURITY NUMBER: _____ Date of Birth _____
ADDRESS: _____
CITY.STATE: _____ ZIP CODE: _____
TELEPHONE: _____ HOME _____ CELL _____ WORK _____
MARITAL STATUS: ___ MARRIED ___ SINGLE ___ DIVORCED ___ SEPREATED
___ WIDOWED

DEPENDENTS: _____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____

2. RESIDENTIAL INFORMATION:

Landlord's Name: _____
Landlord's Address: _____
Time lived at this address: _____ Monthly Rent: \$ _____
Monthly Utilities: \$ _____
If lived at this address less than two years, previous address:

_____ Time lived at this address: _____ Months Rent: \$ _____ Monthly Utilities \$ _____
Previous Landlord Name/Address _____

3. EMPLOYMENT AND INCOME

Applicant: \$_____ Net Monthly Income \$_____ Annual Gross Income

Employer: _____

Employer Address: _____

Position: _____

_____ Full Time _____ Part Time Length of time employed _____

Previous Employer: _____

Address: _____

Position: _____

_____ Full Time _____ Part Time Length of time employed _____

Spouse/Co-Applicant:

\$_____ Net Monthly Income \$_____ Annual Gross Income

Employer: _____

Employer Address: _____

Position: _____

_____ Full Time _____ Part Time Length of time employed _____

Other Income

Child Support (Amount received monthly) Applicant \$ _____

Child Support (Amount received monthly) Co-applicant \$ _____

Pension/Disability/Social Security—Applicant \$ _____

Pension/Disability/Social Security—Co-applicant \$ _____

Other Sources of Income—Applicant \$ _____

Other Sources of Income—Co-applicant \$ _____

Savings Account: Amount: _____ Bank _____

Savings Account Number(s) _____

Address: _____

Expenses:

Student Loan: _____ Company \$ _____ /month

Credit Card: _____ Company \$ _____ /month

_____ Company \$ _____ /month

Finance Company: _____ \$ _____ /month

Auto Loan: _____ Company \$ _____ /month

Child Support: _____ \$ _____ /month

Day Care: _____ \$ _____ /month

Other Bills: _____ \$ _____ /month

_____ \$ _____ /month

Have you ever had a Bankruptcy? ___Yes ___No Year Discharged _____

Type of Bankruptcy: Chapter 7 ___ Chapter 13 ___

Do you have any judgments/collection accounts filed against you? ___Yes ___No

Comments: _____

4. Housing Priorities

Number of bedrooms: _____ Special housing needs: _____

Have you owned a home in the past three years? Yes No

Are you currently residing in public housing? Yes No

Are you currently participating in any self-sufficiency programs? Yes No

If yes, describe the program: _____

5. 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.

Applicant:

Race/National Origin

American Indian

Black, Non-Hispanic

White, Non-Hispanic

Other

Sex: Male Female

Co-applicant:

Race/National Origin

American Indian

Black, Non-Hispanic

White, Non-Hispanic

Other

Sex: Male Female

6. Certification

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false information may be grounds for rejection of 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 Signature: _____ Date _____

Co-applicant Signature _____ Date _____

7. Referral Source

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

Television

Lender

Real Estate Broker

Newspaper

Flyer

Other _____

