

Further clarification of priority process for Lincoln County CDC Owner Occupied Rehab Program:

Lincoln County CDC Owner Occupied Rehab program application process is based upon first come, first served. This means when completed application with copy of most recent year's income tax return, copy of more current pay stubs, copy of homeowners insurance policy, copy of most recent bank statement, copy of property deeds is received by staff, then a letter will be sent to applicant advising them of where they are on the project waiting list. Lincoln County Community Development Corporation is administering this program. You may contact Lincoln County Community Development Corporation at 308-534-5095 for more information.

Thank you for your interest in participating in the Lincoln County CDC's Owner Occupied Rehab Program. Lincoln County CDC will administer these funds that were awarded by the Nebraska Department of Economic Development (DED). The Program application is attached.

In order for us to determine your eligibility for this Program, you need to complete and return the application form entitled "Household Survey Information." In addition to the application, we need you to provide us with the following documentation as these are necessary for eligibility determination.

All these forms can be photocopies

- Copy of most recent year's income tax return (full set of forms)
- Copy of most current pay stubs of all occupants of household (if working)
- Copy of current homeowners insurance policy
- Copy of most recent bank statements
- Copy of paid receipt of real estate property taxes
- Copy of Property Deed

Your Application cannot be processed until we receive this documentation. We are aware that some of this documentation does not apply to all applicants (for example, those who have a homestead exemption do not pay real estate property taxes). If you believe this is the case for you, please indicate such when you return the other information to us.

One of the program requirements for Lincoln County CDC's Housing Rehabilitation Program is that we encourage all homeowners who appear eligible for USDA-Rural Development housing rehabilitation funds to make application to USDA-RD. If USDA-RD approves you, then you may have access to either a low-interest loan or a grant, depending upon your age and household income. Therefore, we have included with this application a form for you to sign authorizing us to share information with USDA-RD. If you authorize us to share your information and we determine you are eligible for the Lincoln County CDC Owner Occupied Rehab Program, we will then forward your name and income information to USDA-RD and they will contact you regarding their application.

Please submit the your completed application and other documentation to the Lincoln County CDC, PO Box 1413, North Platte, NE 69101. Please also list on page 2 of the application some of the home improvements you would want to make with these funds. Feel free to call us at 308-534-5095 if you have any questions about the program or these forms. We look forward to working with you.

Below is a list of home improvements I would consider if I were to be awarded housing rehabilitation funds under this program:

(Please list these in order of priority)

1. _____

2. _____

3. _____

4. _____

5. _____

HOUSING REHABILITATION PROGRAM APPLICATION

HOUSEHOLD SURVEY INFORMATION

Date: _____

(Feel free to use the back of these forms

for additional space)

PERSONAL INFORMATION

Applicants

Name: _____

Age _____ First _____ Middle _____ Last _____
Social Security Number _____

Marital Status: _____ Married _____ Unmarried (single, divorced, or
widowed) _____ Separated

Co-Applicant's

Name _____

Age _____ First _____ Middle _____ Last _____
Social Security Number _____

Home Phone _____ Work Phone Applicant _____ Work Phone Co-
Applicant _____

PROPERTY INFORMATION

Name property is listed
under: _____

Length of time you have lived in your current home: Years _____ Months _____

Property Address _____

Mailing Address _____

City _____ Zip Code _____ County _____

Please indicate time period during which your home was built:

Before 1940 _____ 1940-1959 _____ 1960-1977 _____

Unknown _____

Is your home located in a flood plain? Yes _____ No _____ (If unknown, check with County or City/Village Clerk)

Has your residence ever been tested for lead-based paint? Unknown _____
No _____ Yes _____

If yes, please advise when testing occurred and provide a copy of the report:
Date Tested _____

DEPENDENT INFORMATION (excluding self and spouse)

Name and Birth Date	Age	Gender	Lives at Home (yes/no)	Full-time Student (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT DATA (required for any household member age 18 or over)

Family Member _____	Employer _____
How Long _____	
Mailing Address _____	City _____
Zip _____	
Occupation _____	Number of scheduled work hours per week _____
	(full-time is 40 hours per week)
Gross Income (before taxes):	Per Month _____ Per Year _____
<hr/>	
Family Member _____	Employer _____
How Long _____	
Mailing Address _____	City _____
Zip _____	
Occupation _____	Number of scheduled work hours per week _____
	(full-time is 40 hours per week)
Gross Income (before taxes):	Per Month _____ Per Year _____
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Family Member _____ Employer _____
 How Long _____
 Mailing Address _____ City _____
 Zip _____
 Occupation _____ Number of scheduled work hours per week _____
 (full-time is 40 hours per week)
 Gross Income (before taxes): Per Month _____ Per Year _____

OTHER INCOME (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker's Compensation, and any other source not listed)

Family Member _____ Source _____ Monthly Amount _____
 Family Member _____ Source _____ Monthly Amount _____
 Family Member _____ Source _____ Monthly Amount _____

ASSETS (Cash value of life insurance policies and revocable trusts, retirement / pension funds, cash held in checking / savings accounts, stocks, equity in rental property, personal property held as investments such as gems / jewelry / coin collection / antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances / capital gains / insurance settlements, and any other asset not listed)

Asset Description & Value _____
 Checking Balance \$ _____ Bank & Address _____
 Savings Amount \$ _____ Bank & Address _____
 Do you have assets that generate over \$5,000 worth of income annually?
 _____ Yes (please explain) _____ No

 Real Estate Owned (other than home in which you reside) _____
 Value \$ _____

MONTHLY HOUSING EXPENSES

	Monthly Amount	Balance Due	Name of Company
Current Mortgage/Rent Payment			

Electric/Gas/Water Bills			
Property Taxes		←Please divide your annual amount by 12 to get your monthly amount and include that here.	
Homeowner's Insurance			
Totals			

OTHER

Is any member of the household physically or mentally disabled? _____ Yes
 _____ No
 If yes, please explain _____

SIGNATURES

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge.

I (we) understand that whenever changes occur in the information provided, I (we) need to report them immediately to Lincoln County CDC clerk.

I have received a copy of the program guidelines which has information about the Owner Occupied Rehab Program.

I (we) understand that this is a multi-agency form. I (we) do authorize the release of this information to be used for referrals/services for which I (we) may be eligible.

 Signature and Date

 Signature and Date