

THREE RIVERS HOUSING DEVELOPMENT CORPORATION

APPLICATION FOR ASSISTANCE

Please complete this form in your own handwriting. 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.

A copy of your most recent Income Tax Return(s) must be provided with this application

Today's Date: _____

Please Print

Applicant Name: _____ Home Phone No. _____

Co-Applicant Name: _____ Applicant Work No. _____

Current Address: _____ Co-Applicant Work No. _____

City: _____ State _____ Zip Code _____

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

If less than two years at current address, give previous address _____

Household Information: Number of adults _____ + number of children _____ = _____

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

<u>Legal Name (first, middle initial, last)</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list **ALL dependent children** who will be living in the unit that receives assistance from our program.

<u>Legal Name (first, middle initial, last)</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
1. _____	_____	_____

2. _____

3. _____

4. _____

Do you anticipate any change in family size within the next 12 months? yes no

If yes, what change? _____

Do you expect to receive any employment income(s) other than those listed above in the next 12 months? Yes No If yes, explain below.

INCOME INFORMATION: List all other money currently being earned by everyone living in your household. This includes other money from wages, self-employment, child support, Social Security (including Medicare), disability income, workmen’s compensation, retirement benefits, Aid to Dependent Children, veteran’s benefits, rental property income, investment income (including stocks, dividends and interest from all bank accounts), unemployment benefits and any other sources.

<u>Name</u>	<u>Type of Income</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET INFORMATION: For all “yes” answers please complete “Asset Detail” information below.

- Does anyone in the household own or have interest in any real estate, mobile home or personal property (gems, jewelry, antiques, boats, etc.) held as an investment yes no
- Has anyone in the household sold any real estate in the last 2 yrs? yes no
- Does anyone in the household have any savings accounts, CD’s or Money Market Funds? yes no
- Does anyone in the household own any stocks and/or bonds? yes no
- Does anyone in the household have bank checking accounts? yes no
- Does anyone in the household own any types of motor vehicles? yes no
How many vehicles? _____

Asset Detail:

<u>Name</u>	<u>Type & Location of Asset</u>	<u>Estimated Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Is the household currently, or ever been, involved in any litigation or legal action concerning delinquency of payment of taxes, loan payments, etc., any place within the Unites States? If yes, explain below.

_____yes_____no

8. Has any member of the household disposed of any asset during the past 2 yrs? If yes, explain below.

_____yes_____no

9. Has any adult member of the household ever used any name(s) or Social Security Number(s) other than those currently being used? If yes, explain below.

_____yes_____no

10. Has any member of the household previously lived in any type of assisted housing? If yes, explain below.

11. Has any member of the household ever been asked to repay money for knowingly misrepresenting information or committing fraud with regard to any Federally assisted housing program?

_____yes_____no

12. Does anyone in the household receive income other than what is taxable income listed on tax returns? If yes, explain below.

_____yes_____no

13. Does anyone outside the household pay for any of the household expenses or give you money? If yes, explain below.

_____yes_____no

14. If you have any further information you want considered in this application regarding income or expenses, please explain below and include documentation with this application.

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

Marital Status: _____single _____Married Head of Household: _____Male _____Female

Number of adults over 62 _____

Are any members of your household disabled? _____ Yes _____ No If yes, how many? _____

Race of applicant: _____caucasian _____African American _____Hispanic _____Native American _____Asian
_____Other

APPLICANT CERTIFICATION:

I/We certify that a complete copy of the Program Guidelines, for the type(s) of assistance I/we are applying has been provided for our personal reference. I/We have read and understand all the terms as outlined in the Program Guidelines.

I/We certify that the information provided to the Three Rivers Housing Development Corporation 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 grounds for termination of any further consideration or assistance under any program offered by the Three Rivers HDC.

I/We certify that I/we am/are first time homebuyers. The “first-time homebuyer” refers to an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home, except that: Any individual who is a displaced homemaker may not be excluded from consideration as a first-time homebuyer under this paragraph on the basis that the individual, while a homemaker, owned a home with his or her spouse; and any individual who is a single parent may not be excluded from consideration as a first-time homebuyer under this paragraph on the basis that the individual, while married, owned a home with his or her spouse or resided in a home owned by the spouse.

In the event that my/our household financial circumstances change prior to closing and signing a Loan Agreement, I/We will notify Three Rivers HDC within ten (10) days of the change and resubmit the “Application for Assistance” for review and approval.

Signature of Applicant

Date

Signature of Co-Applicant

Date

REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____ **DATE:** _____
Name of Employer

Employer Street Address City, State, Zip Code

FROM: Three Rivers Housing Development Corporation
Attn: Pam Thomsen, Executive Director
P.O. Box 212
Tekamah, NE 68061
Phone: 402/374-2056 Fax: 402/374-1593

REF: _____ **SS#** _____

The individual named directly above has an application for assistance in purchasing a home that requires verification of income. The information provided will remain confidential and will solely be used for the purpose of determining eligibility for assistance from Three Rivers HDC.

AUTHORIZATION

I hereby authorize and request the above listed employer to furnish Three Rivers Housing Development Corporation with the information requested below.

Employee Signature Date

TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____

Presently Employed: ___ Yes Date First Employed _____ No ___ Last Day of Employment _____

Current Wage/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ YTD earnings \$ _____ through ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective _____

Employer's Signature Employer's Printed Name Date

Position/Title Phone Number Fax Number