



TCEDA Housing Program

- Are you looking to move up to ownership if you're renting?
- Is your present home too small for your growing family?
- If you are eligible for the Homeowners Opportunity Program in Thayer County, this may be the time to get **AFFORDABLE HOUSING** for your family.



HOMEOWNERSHIP OPPORTUNITY PROGRAM (HOP)

- What is it?
- How can it work for you?

**Read the rest of this handout to see if you and your family qualify for this
DOWNPAYMENT ASSISTANCE**

**APPLICATION FOR
The HOMEOWNERSHIP OPPORTUNITY PROGRAM (HOP)
FOR THAYER COUNTY**

provided by the
THAYER COUNTY ECONOMIC DEVELOPMENT ALLIANCE (TCEDA)
TCEDA.org

SECTION ONE: APPLICANT DATA

Name of Applicant: _____ SS# _____

Spouse: _____ SS# _____

Applicant Birthday: _____ Spouse Birthday: _____

Current Address: _____

Phone: _____

How long have you lived at this address? _____ Years _____ Months

Previous address if less than 2 years at the above address:

Others living with you at this address:

<u>Name:</u>	<u>Age:</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION TWO: EMPLOYMENT DATA

Please Note: This information will be verified with employer.

Please include information on each member of household over 18:

<u>Employer Name/Address:</u>	<u>Position:</u>	<u>Years on Job:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If employed in current position for less than two years, please furnish information about previous:
Employer Name/Address: _____ Position: _____ Years on Job: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION THREE: APPLICANT INCOME DATA

Please Note: This information will be verified and the lending institution of your choice will obtain a credit report on each working member of the household. The TCEDA may also obtain a credit report.

Include **all Gross income** from all sources; sources may include wages, child support, alimony, social security, etc. Overtime and bonuses need not be included as they are not guaranteed income.

	<u>Source(s)</u>	<u>Monthly Income</u>	<u>Annual Income</u>
Applicant Income:	_____	\$ _____	\$ _____
	_____	_____	_____
Spouse Income:	_____	_____	_____
(Co-applicant)	_____	_____	_____
Other Sources:	_____	_____	_____
	_____	_____	_____
TOTAL HOUSEHOLD INCOME.....		\$ _____	\$ _____

ASSETS:

Liquid Assets – Bank, Savings & Loan (S&L) & Credit Union

Name of Bank, S&L or Credit Union: _____
 Address: _____ Current Balance: \$ _____

 Name of Bank, S&L or Credit Union: _____
 Address: _____ Current Balance: \$ _____

 Name of Bank, S&L or Credit Union: _____
 Address: _____ Current Balance: \$ _____

Liquid Assets - Stocks & Bonds

Company Name: _____
 Address: _____ Value: \$ _____

 Company Name: _____
 Address: _____ Value: \$ _____

Liquid Assets – Life Insurance

Company Name: _____

Address: _____

Net Cash Value: _____
Face Value: \$ _____

Liquid Assets – Life Insurance

Company Name: _____
Address: _____

Net Cash Value: _____
Face Value: \$ _____

Assets – Real Estate Owned

Address: _____

Market Value: \$ _____

Assets – Real Estate Owned

Address: _____

Market Value: \$ _____

Assets – Retirement Fund

Vested Interest in Retirement Fund: _____
Address: _____

\$ _____

Assets – Retirement Fund

Vested Interest in Retirement Fund: _____
Address: _____

\$ _____

Assets – Automobiles

Auto #1 Make/Model: _____
Auto #2 Make/Model: _____
Auto #3 Make/Model: _____

Year: _____ Value: \$ _____
Year: _____ Value: \$ _____
Year: _____ Value: \$ _____

2016 100% INCOME LIMITS for the HOP in THAYER County and Communities:

1 PERSON: \$42,400	5 PERSONS: \$65,400
2 PERSONS: \$48,400	6 PERSONS: \$70,200
3 PERSONS: \$54,500	7 PERSONS: \$75,100
4 PERSONS: \$60,500	8 PERSONS: \$79,900

Does your Gross Annual Household Income fall **below** these limits for your family size?

Yes _____ No _____

SECTION FOUR: APPLICANT DEBT DATA

Please include and provide details for rent, utilities, child support paid, alimony paid, charge accounts - any amount that is paid out monthly.

<u>Creditor:</u>	<u>Monthly Payment:</u>	<u>Unpaid Balance:</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

_____ \$ _____ \$ _____
_____ \$ _____

SECTION FIVE: MISCELLANEOUS DATA

Please answer the following questions by checking Yes or No as appropriate.

- 1. Have you owned residential real estate within the past three years? _____Yes _____No
- 2. Are you willing to attend a class on Homeownership? _____Yes _____No
- 3. Can you furnish a letter of recommendation from your landlord? _____Yes _____No
- 4. Do you presently budget your expenses? _____Yes _____No
- 5. Are there any outstanding judgments against any member of your household? _____Yes _____No
- 6. Has a member of your household been declared bankrupt within the past 7 years? _____Yes _____No
- 7. Are any members of your household currently party to a lawsuit? _____Yes _____No
- 8. Are you currently delinquent or in default on any loan of any kind? _____Yes _____No
- 9. Are you obligated to pay alimony, child support, or maintenance? _____Yes _____No
- 10. Are you a co-maker or endorser on any note? _____Yes _____No
- 11. Are you a United States citizen? _____Yes _____No

12. Address/Location of proposed property for purchase:

13. Do you have a proposed Purchase Agreement for the identified property? _____Yes _____No

14. Do you anticipate changes in the income of any household member during the upcoming 12 months? _____Yes _____No
Please explain any anticipated change: _____

SECTION SIX: APPLICANT CERTIFICATION

If preliminary approval is obtained for eligibility for the Homeownership Opportunity Program, please be advised that a loan application will need to be made and subsequently approved by a lending institution for long-term financing of the new home (1st Mortgage).

*****Please Note: This program requires a minimum 2% down payment from the buyer on the purchase price of a home. Assets in excess of \$5,000.00 may be required to be applied to closing costs and the down payment.***

CERTIFICATION

I/WE CERTIFY THAT THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SHOWN BELOW. IN THE EVENT THAT MY/OUR FINANCIAL CIRCUMSTANCES CHANGE BEFORE THE CLOSING OF THE LOAN ON A HOME, I WILL, WITHIN TEN DAYS, NOTIFY THAYER COUNTY ECONOMIC DEVELOPMENT ALLIANCE (TCEDA) AND RE-SUBMIT AN APPLICATION TO TCEDA..

I (We) hereby authorize the TCEDA to verify the following items:

- Incomes
- Employment
- Assets
- Deposits
- Information supplied to primary lender, including loan conditions and credit scores

We also understand that this federally funded program requires the following:

- "Housing Quality Standards" (HQS) Inspection for the proposed home to be purchased (Cost to be covered by Buyer and/or Seller)
- "Lead Hazard Paint Screening" for the proposed home to be purchased (Cost to be covered at program expense, not homebuyer or seller.)
- Homebuyer Education training

Signature: _____ Date: _____

Signature: _____ Date: _____

**Homeownership Opportunity Program (HOP)
Housing Survey**

If you have identified a home you are interested in purchasing, please complete the following.

Name(s): _____

Address of Home to be Purchased: _____

City/Zip: _____

Proposed Purchase Price: \$_____

Has the home been built in the last 6 months (circle one)? Yes No Don't Know

Was the home built before 1978 (circle one)? Yes No Don't Know

Have you signed a Purchase Agreement (circle one)? Yes No

If you have applied for financing, please complete the following:

Lead Lender: _____

Contact Name: _____

Address: _____

City/State/ZIP Code: _____

Phone: _____

Financing Application Date: _____

Has your financing been approved (circle one)? Yes No In Progress

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev Stat §§ 4-108 through 4-114, I attest as follows:

Applicant

I am a citizen of the United States.

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.

Applicant's Printed Name: _____
 First **Middle** **Last**

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.

Signature

Date

Co - Applicant

I am a citizen of the United States.

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.

Applicant's Printed Name: _____
 First **Middle** **Last**

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.

Signature

Date

**NAHP Program
Eligibility Release Form**

Organization requesting release of information:

**Thayer County
Economic Development Alliance (TCEDA)**

**c/o: TCEDA
Diane Wettstein
P.O. Box 254
329 Lincoln Avenue
Hebron NE 68370
(402) 768-7407
Date: _____**

Purpose: Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

*** Homeownership Opportunity Program (HOP) * ***
(2012- NAHP funded Down Payment Assistance)

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in the Program and the amounts of assistance necessary using funds. This information will be used to establish level of benefit on the Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a NAHP Program Eligibility Release Form prior to the receipt of benefits. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Adult Member of Household
Family Member #1 – Applicant
Printed Name: _____

Signature Date

Family Member #2
Printed Name: _____

Signature Date

Information Covered: Inquiries may be made about items initialed by applicant.

	Verification Required	Initials
Income (all sources)	√	
Assets (all sources)	√	
Child Care Expense		
Handicap Assistance		
Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction		
____ Full-Time Student		
____ Handicap/Disable Family Member		
____ Minor Children		

Authorization: I authorize the above-named Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (2) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (3) All adult household members will sign this form.

Adult Member of Household
Family Member #3
Printed Name _____

Signature Date

Family Member #4
Printed Name _____

Signature Date

SUPPORTING DOCUMENTATION

Please attach copies of the following documents with your application (check all that apply). Failure to attach proper documentation may result in a delay in processing your application for assistance.

- Copy of most recent FEDERAL tax return (all forms) for all household member 18 years of age or older (3 years if self-employed) plus all attachments DO NOT INCLUDE NEBRASKA TAX RETURN
- Copy of most recent W-2 forms for all wage earners 18 years of age or older
- Copy of two months most current wage statements/pay stubs for all adult wage earners 18 years of age or older
- Copy of most recent two months bank statement(s) for all accounts
- Copy of Benefit letters(s) from retirement/pension
- Copy of Benefit letters(s) from Social Security Administration
- Copy of Benefit letters(s) from ADC (Aid to Dependent Children)
- Copy of Benefit letters(s) from TANF (Temporary Assistance for Needy Families)
- Copy of Divorce decree
- Other: _____
- Other: _____
- Other: _____
- Other: _____

** Wage stubs are required to determine annual income and employment verifications may be sent to your Present employer to establish the most recent gross annual income.

APPLICATIONS AND RELATED INFORMATION TO BE MAILED TO:

Thayer County Economic Development Alliance
P.O. Box 254
329 Lincoln Avenue
Hebron NE 68370

