

# MEADOW RIDGE LOAN APPLICATION

Client # \_\_\_\_\_

Date: \_\_\_\_\_

The information collected below will be used to comply with the terms of the Nebraska Department of Economic Developments Subdivision Development Program for Meadow Ridge. It will not be disclosed outside the City of Norfolk without your consent, except to your employer for verification of income and employment and to financial institutions for verification of information, and as required by law. You do not have to provide the information, but if you do not, your application for a loan may be delayed or rejected.

|   |                |                                       |                     |   |
|---|----------------|---------------------------------------|---------------------|---|
| Property to be Purchased  | City           | State                                 | County              | Zip Code                                |
| <b>A. APPLICANT INFORMATION</b>   |                |                                       |                     |   |
| Applicant Name (Last) (First) (Middle)  |                |                                       | Home Phone<br>( )   |   |
| Present Street Address & Mailing Address (i.e., PO Box)                                     | City           | State                                 | Zip Code            | No. of Years ____<br>____ Own ____ Rent |
| Former Street Address (if at current address for less than 2 years)                         | City           | State                                 | Zip Code            | No. of Years ____<br>____ Own ____ Rent |
| Marital Status<br>____ Married ____ Unmarried (single, divorced, or widowed) ____ Separated |                | No. of Dependents<br>(Living at home) |                     | Ages                                    |
| Name and Address of Employer  |                |                                       |                     | Self-Employed?<br>____ Yes ____ No      |
| Business Phone No.<br>( )   | Position/Title | Type of Business                      | No. of Years on Job | Yrs. in this line of work               |
| Name and Address of Previous Employer (if at position less than 2 years)                    |                |                                       | No. of Years on Job | Business Phone<br>( )                   |
| <b>B. CO-APPLICANT INFORMATION</b>  |                |                                       |                     |   |
| Applicant Name (Last) (First) (Middle)  |                |                                       | Home Phone<br>( )   |   |
| Present Street Address  | City           | State                                 | Zip Code            | No. of Years ____<br>____ Own ____ Rent |
| Former Street Address (if at current address for less than 2 years)                         | City           | State                                 | Zip Code            | No. of Years ____<br>____ Own ____ Rent |
| Marital Status<br>____ Married ____ Unmarried (single, divorced, or widowed) ____ Separated |                | No. of Dependents<br>(Living at home) |                     | Ages                                    |
| Name and Address of Employer  |                |                                       |                     | Self-Employed?<br>____ Yes ____ No      |
| Business Phone No.<br>( )   | Position/Title | Type of Business                      | No. of Years on Job | Yrs. in this line of work               |
| Name and Address of Previous Employer (if at position less than 2 years)                    |                |                                       | No. of Years on Job | Business Phone<br>( )                   |

**FOR OFFICIAL USE ONLY**

Assigned to: \_\_\_\_\_ Comments: \_\_\_\_\_

Action Taken: \_\_\_\_ Approved \_\_\_\_ Conditionally Approved \_\_\_\_ Rejected \_\_\_\_\_

**C. ANNUAL INCOME**

| Source  | Applicant | Co-Applicant | Other Household Member 18 or Older | Total |
|---|-----------|--------------|------------------------------------|-------|
| Salary  |           |              |                                    |       |
| Overtime Pay  |           |              |                                    |       |
| Commissions   |           |              |                                    |       |
| Fees  |           |              |                                    |       |
| Tips  |           |              |                                    |       |
| Bonuses   |           |              |                                    |       |
| Interest and/or Dividends   |           |              |                                    |       |
| Net Income from Business  |           |              |                                    |       |
| Net Rental Income   |           |              |                                    |       |
| Social Security, Pensions, Retirement Funds, etc., received periodically<br><b>(Please circle appropriate one[s])</b> |           |              |                                    |       |
| Unemployment Benefits   |           |              |                                    |       |
| Workers Compensation, etc.  |           |              |                                    |       |
| Alimony, Child Support  |           |              |                                    |       |
| Welfare Payments  |           |              |                                    |       |
| Other   |           |              |                                    |       |
| <b>TOTALS</b>   |           |              |                                    |       |

**D. ASSETS**

| Type                      | Cash Value | Annual Income | Bank Name | Account No. |
|---------------------------|------------|---------------|-----------|-------------|
| Checking Account(s)       |            |               |           |             |
| Savings Account(s)        |            |               |           |             |
| Credit Union Account(s)   |            |               |           |             |
| Certificate(s) of Deposit |            |               |           |             |
| Stocks                    |            |               |           |             |
| Life Insurance            |            |               |           |             |
| Other                     |            |               |           |             |
| Real Estate               |            |               |           |             |
| Estimated Value           |            |               |           |             |
| Mortgage Balance          |            |               |           |             |

**E. LIABILITIES & UTILITIES** (List outstanding obligations (your debts) including auto loans, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans).

| Type | Creditor's Name | Utilities<br>(Gas, Electric, Cable, Garbage) | Monthly Payment | Unpaid Balance | Due Date |
|------|-----------------|--|-----------------|----------------|----------|
|      |                 |  |                 |                |          |
|      |                 |  |                 |                |          |
|      |                 |  |                 |                |          |
|      |                 |  |                 |                |          |
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|      |                 |  |                 |                |          |

Monthly Alimony \$ \_\_\_\_\_ Monthly Child Support \$ \_\_\_\_\_ Monthly Child Care \$ \_\_\_\_\_  
 If you are 60 years of age or older and spend more than 3% of your income on medical expenses \_\_\_\_\_ Yes \_\_\_\_\_ No

If a "Yes" answer is given to any question below, please explain on an attached sheet:

- Do you have any outstanding unpaid judgments? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount (if applicable) \$ \_\_\_\_\_
- In the past 7 years, have you been declared bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you a party in a law suit? \_\_\_\_\_ Yes \_\_\_\_\_ No

**F. MONTHLY HOUSING EXPENSE**

| Item                      | Monthly Payment | Unpaid Principal Balance |
|---------------------------|-----------------|--------------------------|
| a. Rent                   |                 |                          |
| b. Renters Insurance      |                 |                          |
| c. Other (Please specify) |                 |                          |
| d. TOTAL                  |                 |                          |

**G. HOUSHOLD COMPOSITION**

| Member No. | Full Name | Relationship | Age | Social Security No. |
|------------|-----------|--------------|-----|---------------------|
| 1          |           |              |     |                     |
| 2          |           |              |     |                     |
| 3          |           |              |     |                     |
| 4          |           |              |     |                     |
| 5          |           |              |     |                     |
| 6          |           |              |     |                     |
| 7          |           |              |     |                     |

- Does anyone live with you now who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Does anyone plan to live with you in the future who is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please explain if you answer "Yes" to either question above.

What percentage you do estimate that you spend on monthly housing expenses: (such as rent and utilities)  
 30%-49%     50% and above

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**H. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's 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. The law provides that a lender may not discriminate on the basis of this information, whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

**BORROWER**

- I do not wish to furnish this information
- Ethnicity:**  Hispanic or Latino  
 Not Hispanic or Latino
- Race:**  White  
 Black/African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & White  
  
 Asian & White  
 Black/African American & White  
 American Indian/Alaskan Native & Black African American  
 Other Multi-Racial
- Sex:**  Female  
 Male

**CO-BORROWER**

- I do not wish to furnish this information
- Ethnicity:**  Hispanic or Latino  
 Not Hispanic or Latino
- Race:**  White  
 Black/African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & White  
  
 Asian & White  
 Black/African American & White  
 American Indian/Alaskan Native & Black African American  
 Other Multi-Racial
- Sex:**  Female  
 Male

|  |
|--|
| <p><b>To be Completed by Interviewer</b></p> <p>This application was taken by:</p> <input type="checkbox"/> Face-to-face interview<br><input type="checkbox"/> Mail<br><input type="checkbox"/> Telephone<br><input type="checkbox"/> Internet |
|--|

|   |   |
|---|---|
| <b>Interviewer's Name (Print or type)</b> |   |
| <b>Interviewer's Signature</b>            |   |
| <b>Date</b>                               | <b>Interviewer's Phone #</b><br>(    )    - |

Are you working with a Realtor?  Yes  No

If yes, who is the Real Estate Agent? \_\_\_\_\_

Real Estate Agency: \_\_\_\_\_

Are you working with a Lender/Financial Institute?  Yes  No

If yes, which Lender? \_\_\_\_\_

Financial Institute: \_\_\_\_\_

Do you currently have an interest in other real property? \_\_\_\_\_

**I. Additional Requested Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORITY TO VERIFY CREDIT INFORMATION**

Client # \_\_\_\_\_

I/we hereby authorize the Northeast Nebraska Economic Development District on behalf of the City of Norfolk to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for a Loan Application. I/we also authorize Northeast Nebraska Economic Development District to make copies of this letter for distribution to any party with which I have financial or credit relationship and that party may treat such copy as an original.

I/we also authorize release of all Social Security information to the Northeast Nebraska Economic Development District.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor or borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

# 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.

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.

PRINT NAME

\_\_\_\_\_  
(first, middle, last)

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.

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.

PRINT NAME

\_\_\_\_\_  
(first, middle, last)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_