

DOWN PAYMENT ASSISTANCE APPLICATION

CONFIDENTIAL

**Fill out the application and return it to the address
below.**

Please return application as soon as possible.

Thank you!



Return Application to:

**Northeast Economic Development, Inc.
111 South 1st Street
Norfolk, NE 68701
(402) 379-1150**



Northeast Economic Development

111 S. 1st St.
Norfolk, NE 68701

Ph. 402-379-1150
Fax: 402-379-9207

Dear Down Payment Assistance Applicant:

Thank you for your interest to participate in the Northeast Economic Development, Inc. (NED, Inc.) Down Payment Assistance program.

In order to process your application, you will need to submit the following items to Northeast Economic Development, Inc. (NED, Inc.) at 111 South 1st Street, Norfolk, NE 68701. In addition to the following items, you will need to submit a copy of a pre-approval letter from a primary lender stating the amount of the primary lender's loan, the down payment assistance required for closing the loan, the type of loan they are approving, and that the home meets the required purchase price. The maximum purchase price for any existing home or new construction is \$200,160. If you have already chosen a home, you may also send a copy of your purchase agreement and good faith estimate. These items are required to determine your eligibility for the program.

1. Please complete every section of the enclosed application.
2. Please read and sign the enclosed lead-based paint notification form.
3. Please provide a copy of each of the following items listed in the chart below, if applicable.

Photocopies of these forms are appreciated.

Most recent year's income tax returns (FULL SET OF FORMS)
If self-employed – 2 most recent year's income tax returns (FULL SET OF FORMS)
Most current pay stubs of all working occupants of household (IF EMPLOYED)
Copy of most recent bank statement (ALL PAGES)
Sign and return enclosed Lead Based Paint Notification

If you have any questions about these forms, please feel free to call me at (402) 379-1150. We look forward to working with you.

Sincerely,

Jamie Arens
NED, Inc. Housing Specialist

DOWN PAYMENT ASSISTANCE LOAN APPLICATION

The information collected below will be used to determine whether you qualify as a borrower under the Down Payment Assistance Program. It will not be disclosed outside the Northeast Economic Development, Inc. (NED, Inc.) 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
A. APPLICANT INFORMATION				
Applicant Name (Last) (First) (Middle)		Date of Birth		Home Phone ()
Present Street Address & Mailing Address (i.e., PO Box)		City	State	Zip Code # of Years____ ___Own___ Rent
Former Street Address (if at current address less than 2 years)		City	State	Zip Code No. of Years____ ___Own___ Rent
Marital Status ___ Married ___ Separated ___ Unmarried (<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed)		# of Dependents		Dependent Ages
Name & Address of Employer or check box to right if not employed ⇒ <input type="checkbox"/> Not Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Other - <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired				
Business Phone # ()	Position/Title	Type of Business	# of Years on Job	Yrs. In this line of work
Name and Address of Previous Employer (if at position less than 2 years)			# of Years on Job	Business Phone ()
B. CO-APPLICANT INFORMATION				
Co-Applicant Name (Last) (First) (Middle)		Date of Birth		Home Phone ()
Present Street Address & Mailing Address (i.e., PO Box)		City	State	Zip Code #. Of Years____ ___Own___ Rent
Former Street Address (if at current address for less than 2 years)		City	State	Zip Code # of Years____ ___Own___ Rent
Marital Status ___ Married ___ Separated ___ Unmarried (<input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed)		# of Dependents		Dependent Ages
Name & Address of Employer or check box to right if not employed ⇒ <input type="checkbox"/> Not Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Other - <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired				
Business Phone # ()	Position/Title	Type of Business	# of Years on Job	Yrs. In this line of work
Name and Address of Previous Employer (if at position less than 2 years)			# of Years on Job	Business Phone ()
FOR OFFICIAL USE ONLY			Comments:	
Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Rejected			_____	

C. ANNUAL INCOME			
Source	Applicant	Co-Applicant	Other Household Member(s) 18 yrs. or Older
Salary			
Overtime Pay			
Commissions			
Fees			
Tips			
Bonuses			
Interest and/or Dividends			
Net Income from Business			
Net Rental Income			
Social Security (including SSI or SSD), Pension(s), Retirement Funds (Please circle appropriate one[s])			
Unemployment Benefits			
Workers Compensation, etc.			
Alimony and/or Child Support Please provide the Case Number and County where alimony and/or child support court order was filed. Please provide a copy of divorce decree that outlines child custody and support payments.	Amount: \$ _____ /mo. Case #: _____ County: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	Amount: \$ _____ /mo. Case #: _____ County: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	Amount: \$ _____ /mo. Case #: _____ County: _____ <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony
Welfare Payments (TANF, Food Stamps, ADC, etc.)			
Other			
TOTALS			

D. ASSETS				
Type	Current Estimated Cash Value of Acct(s)	Annual Income (i.e. Interest, dividends)	Bank or Investment Company Name & Address	Account #
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Certificate(s) of Deposit				
Stocks, Bonds, IRAs, etc.				
401(k) or other retirement/pension accounts				
Life Insurance Policies				
Other Assets/Investments				

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. Also list your monthly utilities, with average payment amount. Please attach a separate piece of paper if necessary.)

Type	Creditor's Name	Utilities (Gas, Electric, Cable, Garbage)	Monthly Payment	Unpaid Balance	Due Date

Monthly Alimony Paid \$ _____ Monthly Child Support Paid \$ _____ Monthly Child Care \$ _____

If you are 60 years of age or older do you 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	Balloon Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Balloon Amount \$ _____	Date Due
a. First Mortgage (P & I)	\$ _____	\$ _____	Describe any special circumstances relative to your housing or its financing:		
b. Other Financing secured by property (P & I)	\$ _____	\$ _____			
c. Hazard & Flood Insurance	\$ _____	\$ _____			
d. Real Estate Taxes	\$ _____	\$ _____			
e. Other (Please specify)	\$ _____	\$ _____			
f. TOTAL	\$ _____	\$ _____			

G. HOUSHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to the head, each member's age, social security # and check whether disabled).

Member #	Full Name	Relationship	Age	Social Security #	Disabled:
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>

- 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 of your income do you estimate that you spend on monthly housing expenses: (such as rent and utilities):

- 30% 50% **(please check one)**

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

I. HOW DID YOU FIND OUT ABOUT THIS PROGRAM

- | | |
|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Radio Ad |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Public Meeting |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Poster / Brochure |
| <input type="checkbox"/> Community Official | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper Ad | |

Are you working with a Realtor? Yes No If yes, who is your Real Estate Agent? _____

Real Estate Agency/Phone #: _____

Are you working with a Lender/Financial Institute? Yes No If yes, name of your Lender? _____

Name, address & Phone # of Financial Institute: _____

Do you currently own or have an interest in other real property? _____

I. Additional Requested Information _____

**DISCLOSURE OF RELATIONSHIP TO
NENEDD STAFF AND BOARD OF DIRECTORS**

APPLICANT/CO-APPLICANT: Please review the list below of NENEDD Staff Members and Board of Directors and indicate with a checkmark if you are related to any of the names on the list. ***Being related does not disqualify you for the Down Payment Assistance program.***

Staff Members:

_____ Jared Hahn
_____ Stephanie Hecht
_____ Jamie Arens
_____ Jeffrey Christensen
_____ Tina Engelbart
_____ Thomas Higginbotham
_____ Lisa Hurley
_____ Judy Joy
_____ Holly Quinn
_____ Patsy Taylor
_____ Anne Thietje-Pantoja
_____ Scott Owen
_____ Mickella Brabec
_____ Ryan Robinson
_____ Candice Alder

Board Members:

_____ Mike Crosley
_____ Chris Miller
_____ Donald Edwards
_____ Melissa Graham
_____ John Lohr
_____ Kelvin Wurdeman
_____ Kendrick Marshall
_____ Sue Fuchtman
_____ Jeffrey Scherer
_____ Hank Thieman
_____ Rick Uhlir
_____ Lisa Walters
_____ Tina Welding
_____ Gaylord Wilcox
_____ Ron Vonderohe
_____ Deb Eggleston

I/we acknowledge that I/we (**please check one and sign below**):

- are related*** to staff of the Northeast Nebraska Economic Development District or their Board of Directors listed above and indicated by a checkmark(s).
- are not related*** to staff of the Northeast Nebraska Economic Development District or their Board of Directors listed above.

Applicant

Date

Co-Applicant

Date

To: Owners, and Tenants & Purchasers
of Housing Constructed
before 1978

Notification

Watch Out For Lead-Based Paint Poisoning

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors and doorframes. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous – especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood level,

you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit or lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

- Cover all furniture and appliances
- Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
- Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. DO NOT BURN THEM;
- Do not leave paint chips on the floor in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important; and
- Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting

all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainting with two (2) coats of non-lead-based paint. Instead of scraping and painting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume, which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference.

Tenant and Homebuyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should co-operate with that office's effort to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead Paint Poisoning."

Date

Print Full Name

Signature

NENEDD/NED, INC. AUTHORITY TO VERIFY CREDIT INFORMATION

I/we hereby authorize the Northeast Nebraska Economic Development District (NENEDD) and/or Northeast Economic Development, Inc. (NED, Inc.) 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 and/or Northeast Economic Development, Inc. to make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

I/we also authorize release of all Social Security benefit information to the Northeast Nebraska Economic Development District and/or Northeast Economic Development, Inc.

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.

Right to Financial Privacy Act Certification: Northeast Nebraska Economic Development District (NENEDD) and/or Northeast Economic Development, Inc. (NED, Inc.) acting on behalf of HUD/FHA certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request to financial records, it is in compliance with the applicable provisions of the said Act.

NOTE: There may be a charge from your lending institution(s) for verification of financial information.

Applicant

Date

Co-Applicant

Date

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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 _____

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PROMOTIONAL USE AUTHORIZATION

I/we hereby authorize the Northeast Nebraska Economic Development District (NENEDD) and/or the Northeast Economic Development, Inc. (Northeast Economic Development, Inc.) to use my/our name, community, and/or picture in conjunction with any written article referencing my/our experience in the promotion of programs for which I/we have benefited. This material may include but not be limited to newspaper articles, radio releases, annual reports, program brochures, and organization publications. NENEDD and/or NED, Inc. will permit me/us to read every article which references my/our name and community prior to its use in any publication in the organizations effort to promote the programs.

I agree to the previous statements allowing promotional use of my/our name, community, and/or picture by NENEDD and/or NED, Inc.

Applicant Signature

Date

Co-Applicant Signature

Date

If the availability of an email address or facsimile number exists for you to review the written article, please provide the information below.

E-mail Address

Fax Number