



SENCA HOMES Pre-Application
Income Eligibility

The goal of the SENCA HOMES (Home Ownership Makes Economic Sense) Program is to assist income-eligible, first-time home buyers to purchase their first home. The first step in the application process is to provide the information requested below so that SENCA can ensure your family meets the program guidelines. If you have any questions why the information is necessary or how to obtain it, please call SENCA at (402) 862-2411 ext. 112

You will be notified in writing if you qualify for this program. Notification will also be provided to the lender of your choice. It is important to note that the bank will then research your credit history and take other steps to determine if you qualify for a mortgage. Approval by SENCA only indicates that you meet the income eligibility requirements for the SENCA HOMES program.

Name: _____ Social Security #: _____
Current Address: _____ Daytime Phone: _____
City, State, Zip: _____ Persons in Household: _____

Please provide the following information for any member of your household who is currently employed. The information below should be provided for any person who will be residing in the purchased home.

Table with 4 columns: Category, Yourself, Household Member, Household Member. Rows include Occupation, Employer, Employer's Address, Employer's Phone, Total Annual Salary, and Hire Date.

Attach a separate sheet to list any additional wage-earners, if required. All persons listed above must sign below and also sign the included "HOME Program Release Form". Their signatures authorize SENCA to verify the income information provided with this pre-application.

Signature Social Security # Date
Signature Social Security # Date
Signature Social Security # Date

Please list any other source of income and the annual amount s below. Include pension, Social Security , interest, child support, alimony, wages from part-time jobs, tips, et c.

Please list the names of all persons in your household and indicate their relationship to you (the buyer). Include only those persons who will be living with you when you move into your new home. Your list should include children, elderly parents, your spouse, etc.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If you have identified a home you would like to purchase, please provide the following information:

Address: _____ Realtor: _____

Asking Price: _____ Sale Status: _____

Please attach copies of the documents listed below and on the next page to your application. These documents will be used to verify your income and determine your eligibility for SENCA HOMES. Your application cannot be processed until this information is submitted. If you receive any income that is not listed below, please contact our office.

1. ***Income from wages, salaries, tips, etc..***

Please submit with four recent pay stubs if you are paid weekly or two recent pay stubs if you are paid bi-weekly. **If you do not have any recent paystubs, please list each employers name, address and phone above or on a seperate sheet and SENCA will contact them to verify your income.**

2. ***Income from the operation of a business***

You must provide a copy of your tax return from the last calendar year. Expenditures for business expansion or amortization of capital indebtedness will not be deducted from your projected net income.

3. ***Income and cash value of assets***

Please provide statements from banks and/or other financial institutions that clearly state the dollar amounts of your assets and the interest that is accrued from these assets. This includes all checking accounts (recent 6 months statements), savings accounts (current statement), credit union accounts, certificates of deposit, stocks, life insurance, real estate, etc. Statements must include the cash value, annual income from these assets, and interest rate. **If you do not have any recent statements, please list each institutions name, address and phone above or on a seperate sheet and SENCA will contact them to verify your income.**

4. ***Income and cash value of retirement and insurance***

You must provide current statements that show the amounts you receive from each of the following: Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, as well as any other types of benefits you receive on a periodic basis. Statements must include the cash value and annual income from these assets. If you will begin receiving any of these benefits within the next year, you must provide a statement that shows the monthly amount you will receive and the date the benefits will be awarded. **If you do not have any recent statements, please list each institutions name, address and phone above or on a seperate sheet and SENCA will contact them to verify your income.**

5. ***Income from TANF***

You must provide a current statement showing the amount you receive from the Department of Transitional Assistance. **If you do not have any recent statements, please list each institutions name, address and phone above or on a seperate sheet and SENCA will contact them to verify your income.**

6. ***Income from alimony or child support***

You must provide a copy of the court order awarding alimony or child support. This may be substituted by a written statement from the person providing alimony or child support. **If you do not have any recent documentation, please list each institutions name, address and phone above or on a seperate sheet and SENCA will contact them to verify your the amount.**

7. ***Armed Forces income***

You must provide stubs or a statement from the Armed Forces that show how much you receive on a weekly or monthly basis.

Southeast Nebraska Community Action Partnership, Inc.

SENCA HOMES V

PARTICIPATION AGREEMENT



DATE: _____

APPLICANT NAME(S): _____
(Include names of all individuals who will be purchasing the home.)

CURRENT ADDRESS: _____

TELEPHONE NUMBERS: _____

I have requested the Southeast Nebraska Community Action Partnership, Inc. (SENCA) to consider my application for assistance under its SENCA HOMES (Home Ownership Makes Economic Sense) Program. I understand that SENCA HOMES is designed to provide low-interest, deferred loans to persons with low-to-moderate income for gap financing to purchase a home. As part of my participation in SENCA HOMES, I understand and agree to the following:

1. I agree to comply with the rules, regulations, and requirements of the Nebraska Affordable Housing Program (NAHP) as established by the Nebraska Department of Economic Development, as well as the rules, regulations, and requirements of the Southeast Nebraska Community Action Council, Inc.'s and SENCA HOMES Program Guidelines.
2. I understand that to be eligible for SENCA HOMES, the requirements set forth in this agreement and the SENCA HOMES Program Guidelines must be met, and I certify that I do meet them.
3. I agree to furnish accurate and complete information for all household members as may be required to evaluate my application and eligibility for SENCA HOMES, which may include, but is not necessarily limited to: dates of birth, social security numbers, annual/monthly income, employment history, assets, creditors, credit history, credit reports, debts, expenses, child care/child support expenses, alimony, residency history, rent repayment history, utility bills, tax returns, W-2 forms, and any other related information SENCA may need to determine my eligibility for participation in SENCA HOMES. I further authorize SENCA and its staff to obtain verification of my loan application information from such specific third parties as (but not limited to): credit bureaus, employers, financial institutions, and landlords.
4. I hereby authorize SENCA and its staff to obtain specific third party reports and information relative to the property I may purchase which may include, but not limited to: title reports, inspection reports, cost estimates, and appraisals. I further authorize the lender of my choice, to release to SENCA all information concerning my eligibility/qualification for a first mortgage loan, including credit bureau reports, income and employment verifications, a copy of my completed/signed first mortgage residential loan application, and any other information that may be necessary to determine my eligibility/qualification for SENCA HOMES.
5. I understand and agree that my participation in SENCA HOMES is contingent upon my successful completion of a home buyer education class conducted by SENCA; that my completion of such a class does not guarantee either a loan commitment or loan approval from SENCA or any other Lender; that SENCA and other Lenders can only make such a commitment/approval after receipt of my formal loan application, and that ***any loan commitment/approval must be in writing.***

6. I understand and agree that I will submit a loan application to a first mortgage Lender and such Lender will make a final decision on my loan application. I understand and agree that ***I must be credit-approved by the first mortgage Lender prior to a final loan decision by the Southeast Nebraska Community Action Council, Inc.*** I understand that if I sign a real estate sales contract prior to obtaining written loan approval from both the Lender and SENCA, SENCA is under no commitment to approve my participation in SENCA HOMES; that the sales contract should include a provision that it is subject to approved financing. I understand and agree that the first mortgage Lender's credit-approval must be in the form of a written loan commitment/approval letter, and I will provide a copy of the approval letter to SENCA.
7. I understand and agree that if my first mortgage loan application is approved, I will grant the Lender a first lien on the property I purchase. Depending on factors such as my employment stability, income, debts, credit history, and other pertinent information, SENCA will determine whether I am eligible for participation in the SENCA HOMES Program. If SENCA approves my participation in SENCA HOMES, I understand and agree that SENCA will hold a lien on the home that I purchase.
8. I will notify SENCA and the Lender immediately of a signed, final real estate contract and provide them each with a complete copy. SENCA will then perform certain evaluations and inspections of the property, and I understand that the property must meet certain criteria. A summary of the significant criteria that the property must meet is set forth in the SENCA HOMES Program Guidelines. I understand and agree that if the property I wish to buy does not satisfy SENCA HOMES Program requirements, it will not be eligible for purchase under SENCA HOMES.
9. I understand and agree that I will need \$500 of unrestricted, verifiable funds of my own money, or a gift in that amount, to use as a down payment for the home purchase. Payments made for the earnest money deposit, appraisal, home owner's insurance, and credit report will be counted as part of the \$500.
10. I understand and agree that if the property I am purchasing was constructed prior to 1978, SENCA will conduct a lead based paint (LBP) visual assessment of the property, (to include all common areas for town homes and condominiums). I further understand that LBP issues must be addressed and clearance must be received prior to my occupancy of the home I am purchasing.
11. I understand and agree that if I purchase a home under SENCA HOMES, I will occupy the property as my principal residence for the duration of the affordability period as outlined on page 6 of the SENCA HOMES Program Guidelines. I understand and agree that because state funds are used in SENCA HOMES to help make a home affordable to me, there are rules and requirements that I must agree to that relate to the recapture and/or reuse of those funds in the event that I sell or transfer the home.
12. I understand that this Participation Agreement is not a commitment by SENCA to accept my participation in SENCA HOMES; that subsequent to my signing this Agreement, SENCA will perform certain evaluations of my qualifications and make a final determination concerning my eligibility for the program. If SENCA approves my participation in the program, I agree to sign any other documents relative to the provisions and requirements of this Agreement, the NAHP program, and the SENCA HOMES Program, as well as any other documents necessary to secure SENCA's interests, such as the Note and Subordinate Mortgage. I also agree to any deed restrictions that may not be outlined in this Agreement, but which may be a requirement of the program at the time of closing.

Southeast Nebraska Community Action Partnership, Inc.

SENCA HOMES

LBP ADDENDUM TO PARTICIPATION AGREEMENT



I understand and agree that I will be responsible for reimbursing SENCA for the cost of a completed Lead Based Paint Risk Assessment if I do not use the SENCA HOMES program for any of the following reasons:

1. I have withheld pertinent information from SENCA and the discovery of that information by SENCA causes me to become ineligible for the SENCA HOMES Program;
2. I fail to cooperate with the SENCA HOMES Program requirements; and/or
3. I choose to purchase the home without SENCA assistance despite both myself and the property being eligible for the SENCA HOMES Program.

I understand that I WILL NOT be responsible for reimbursing SENCA for the cost of a completed Lead Based Paint Risk Assessment if I do not or cannot use the SENCA HOMES Program for any of the following reasons:

1. I cannot proceed with the purchase of the home because I am unable to obtain financing;
2. The SENCA HOMES loan cannot be used with my primary mortgage due to underwriting or compatibility issues;
3. The home failed the lender's inspection;
4. The home does not satisfy SENCA HOMES Program requirements;
5. The appraised value of the home is too low; and/or
6. My lender, the seller, or the realtor(s) fail to cooperate with the SENCA HOMES Program requirements.

The cost for a Lead Based Paint Risk Assessment is as follows:

- Cass and Sarpy Counties: \$625.00
- Richardson and Pawnee Counties: \$675.00
- Cass, Johnson, Nemaha, and Otoe Counties: \$650.00

Applicant Signature

Date

Applicant Signature

Date

Program Staff Signature

Date



Nebraska Management Information System

Homeless Management Information System (HMIS)
Consumers Informed Consent & Release of Information Authorization

I understand information about me and/or my dependents listed below is entered into a database system called Clarity Human Services. This system helps to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided.

By signing this form, I authorize the following:

The information collected by this agency will be included in Clarity Human Services and only partner agencies, which have entered into an HMIS Agency Participation Agreement, may use it to:

- Produce a client profile at intake that will be shared with collaborating agencies
Produce aggregate level reports regarding use of services
Track individual program-level outcomes
Identify unfilled service needs and plan for enhancements
Allocate resources among agencies engaged in services

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, and/or other services.

The information may consist of the following PPI (Personal Protected Information):

- Name, Date of Birth, Social Security Number, Gender, Ethnicity and Race, Residence Prior to Project Entry, Homeless History, Family Composition, Income/Non-cash, Veteran Status, Domestic Violence, VI-SPDAT, Disabling Condition, Photo (if applicable), Housing information, Health Insurance Status, Client Location, Program Entry and Exit, Services Provided, Assessments

I Understand That:

- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies
Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
This release is valid for one year from the date of my signature below.
I understand I may withdraw my consent at any time.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System may be viewed prior to signing this form. List all Dependent Children under 18 in the household, if any (first, last and DOB).

- 1. 2.
3. 4.
5. 6.
7. 8.

- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file in HMIS if services received are funded by their Department/s.

Please initial one of the following levels of consent:

I give authorization to have Protected Personal and relevant Information for me and my dependents entered into the NMIS and shared between Partner Agencies.

Or

I do not consent to the inclusion of personal information in the NMIS about me and any dependents.

Consumer's Signature

Date

Agency Staff Name (print) Agency Staff Signature

Date

SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP
Release of Information Statement

I give the Southeast Nebraska Community Action Partnership (SENCA) staff permission to verify and/or share the information provided in my application for assistance in order to determine assistance eligibility. False information may mean my application for assistance will not be approved.

Verification and inquiries that may be requested include, but are not limited to:

- | | |
|----------------------------------|---|
| Residences and Rental Activity | Employment, Income and Assets |
| Credit and Criminal Activity | Payment History |
| Medical and Child Care Allowance | Counseling or support services utilized |
| Financial Assistance Activity | Medical Information |

The groups or individuals that may be asked to release the above information includes, but is not limited to:

- | | |
|---------------------------------------|----------------------------------|
| Previous & Current Landlords | Law enforcement Agencies |
| Past and Present Employers | Welfare Agencies |
| Credit Providers and Credit Bureaus | Medical and Child Care Providers |
| State Unemployment Agencies | Support and Alimony Providers |
| Schools and Colleges | Veterans Administration |
| Social Security Administration | Utility Companies |
| Banks and Financial Institutions | Domestic Violence Shelters |
| NE Homeless Assistance Program | Courts |
| Department of Health & Human Services | |

In summary, I understand that my signature authorizes:

- 1) use of this information to determine if I am eligible for services,
- 2) release of information about my background and current situation as it relates to the assistance I've applied for and/or any other services and referrals that I may be eligible for,
- 3) permission for demographic information to be used for statistical reports,
- 4) release of information regarding the following child/children _____ and,
- 5) release of SENCA staff or its representative from any and all liability by asking for information from any person.

My signature also verifies that I have received information about obtaining Child Support and an offer of assistance in obtaining said child support.

Client Authorizing Signature	Date	Expires
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Co-Client Authorizing Signature	Date	Expires
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SENCA Staff Signature	Date
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As an applicant for SENCA services, you do not have to sign this release of information. However, you improve the services and options available to you by allowing SENCA staff to discuss your situation with other needed agencies or individuals. You can void this release by submitting a written request at any time during the 12 months that this release is valid.

Southeast Nebraska Community Action Council handles all information with the strictest of confidentiality. Access to personally identifiable Protected Health Information (PHI) will be restricted to only those staff members who "need to know" this information in order to properly conduct and administer SENCA programs. Access to such information will be in full compliance with the Health Insurance Portability and Accountability Act (HIPAA). No PHI will be released or disclosed to any SENCA affiliate or other third party without the express written consent of the individual concerned.

United States Citizenship Attestation Form

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

<input type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> 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	_____
	<u>(first, middle, last)</u>
SIGNATURE	_____
DATE	_____

**SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP
INCOME VERIFICATION FORM**

Head of Household Name: _____

Social Security #: _____

Location: _____

County: _____

CHECK VERIFICATION TYPE:

- Income Tax Form
- W2 Forms
- Pay Stubs
- Employer Verification
- Bank/Savings Statements
- Other: _____

LAST 30 DAY INCOME/SOURCE OF INCOME:

Earned Income	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Self-Employment		\$ _____
Unemployment		\$ _____
Worker's Compensation		\$ _____
Pension or Retirement		\$ _____
Private Disability		\$ _____
SSA	_____	\$ _____
	_____	\$ _____
SSI	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
SSDI	_____	\$ _____
	_____	\$ _____
General Assistance		\$ _____
TANF		\$ _____
Veteran's Pension		\$ _____
Veteran's Disability		\$ _____
Alimony		\$ _____
Child Support		\$ _____
Contribution from Others		\$ _____
Other		\$ _____
TOTAL MONTHLY INCOME:		\$ _____

NON-CASH BENEFITS: (not all non-cash benefits will have a \$ amount)

- Food Stamps \$ _____
- Medicaid \$ _____
- Medicare \$ _____
- Kid's Connection \$ _____
- TANF Child Care Services \$ _____
- TANF Transportation Services \$ _____
- Veteran's Medical Services \$ _____
- Section 8 Housing Assistance \$ _____
- WIC \$ _____
- Other \$ _____

INCOME START DATE: _____

I affirm that all documentation I have shown this agency is legitimate and that I have listed all sources and amounts of income truthfully and completely. I understand that making false statements is punishable by law. By affixing my signature to this document, I give SENCA permission to verify my income as necessary.

Signature of Client: _____

Date: _____

To the best of my knowledge, I certify that I have examined this family's current income documentation and verify this documentation is correct.

SENCA Staff Signature: _____

Date: _____

Verification of Employment

<p>(Name of HOME Participating Jurisdiction) _____</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. weeks _____, or No. weeks _____ worked/Year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$_____ per _____</p> <p>Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, no. of days per year _____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability of [] and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$_____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Employment

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<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

VERIFICATION OF: Assets on Deposit

<p>(Name of HOME Participating Jurisdiction)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Accounts _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____		
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
	IRA, Keogh, Retirement Accounts				
	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					

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	<p>Savings Accounts</p> <p>_____</p> <p>_____</p>	<p>Current Balance</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>		
	<p>Certificate of Deposit Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>	
	<p>IRA, Keogh, Retirement Accounts</p>				
	<p>Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>	
	<p>Money Market Funds</p> <p>_____</p> <p>_____</p>	<p>Amount (Average 6-month Balance)</p> <p>_____</p> <p>_____</p>	<p>Interest Rate</p> <p>_____</p> <p>_____</p>		
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>				