

Southeast Nebraska Community Action Partnership, Inc.
SENCA OWNER-OCCUPIED HOUSING REHABILITATION



OOOR PRELIMINARY APPLICATION

Applicant: _____ Social Security Number: _____

Co-applicant: _____ Social Security Number: _____

Street Address: _____

Mailing Address: _____

County Applicant(s)' Home Is In: _____

Telephone Number: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Number of Persons in the Household: _____

Ages: _____

PLEASE FILL IN THE BLANKS AND CHECK [X] THE APPROPRIATE BOXES:

YES NO

Do you own your home? YES NO

Are you buying your home on contract? YES NO

Is the property to be rehabbed your primary residence?

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

Is it your intention to make this your primary residence for at least the next 10 years? YES NO

Do you live in a mobile home? YES NO

Mortgage Holder(s) Name(s): _____

Address: _____

Phone Number: _____

Loan Account Number: _____

Monthly Payment: \$ _____

Do you or anyone else in the household received Social Security? YES NO

Is anyone in your home disabled? YES NO

If yes, briefly describe their relationship & their disability:

Is any other Agency providing assistance regarding accessibility issues? YES NO
If yes, please provide the following:

Agency's Name: _____

Phone Number: _____

How many people in your home have an income? (Include children over the age of 18.) _____

Are you receiving child support payment(s)?
If yes, what is the total amount per month? \$_____

Is anyone in your home receiving any other benefits? (Include disability payments, retirement, unemployment, social service benefits, etc.)

Please supply the following REQUIRED information and documents. Return these documents along with this application for our files.

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT ALL OF THE REQUIRED INFORMATION

1. Proof of Income & Assets: Check all boxes that apply to your household. Documents like pay stubs, bank statements, and social security letters will be required for verification. Some categories require third party verifications.

- | | | |
|--------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Business Income | <input type="checkbox"/> Assets on Deposit |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pensions & Annuities | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Military Income | <input type="checkbox"/> VA Benefits | <input type="checkbox"/> Social Security Benefits |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Recurring Cash Benefits | |
| <input type="checkbox"/> Other: _____ | | |

2. Legal Descriptions & Assessment Value of Your Property: Please remit a copy of your property tax statement with the legal description & property assessment value on it.

3. Deed of Trust OR Deed: If you currently have a mortgage remit a copy of your Deed of Trust. If your home is paid for remit a copy of your Deed.

4. Proof of Homeowner's Insurance: Notify your insurance company & have them fax a copy of your policy's coverage to 402-862-2428 - Attention Gin Christiansen.

6. Authorization Letter: Complete, sign, date, & return.

7. Photo ID: Submit a copy of a photo ID, such as a driver's license, for the applicant & co-applicant.

Note: *Should the SENCA OOR program determine that your application meets the basic eligibility criteria, the initial determination will be forwarded to the USDA Rural Development home repair loan/grant program and/or the SENCA Weatherization program to determine potential eligibility for those programs.*

Please answer the following:

Have you applied for any other housing rehab assistance programs? _____ Yes _____ No

If yes, what program have you applied for? _____

If yes, what is the status of your application? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE PROPERTY TO BE REHABILITATED:

What is the approximate age of your home? _____

How many bedrooms? _____

How many bathrooms? _____

What is the heating source(s) for your home? _____

What are the basic expenses per **MONTH** for your home?

Electric	\$ _____
Gas	\$ _____
Water/Sewer	\$ _____
Fuel Oil	\$ _____
Coal/Wood	\$ _____
Kerosene	\$ _____
Real Estate Tax	\$ _____
Homeowners Insurance	\$ _____
Other	\$ _____

TOTAL EXPENSES PER MONTH \$ _____

PLEASE LIST IMPROVEMENTS NEEDED TO YOUR HOME: (Attach additional sheets if necessary.)

My/Our signature(s) below certifies that the information contained in this application is accurate and complete to the best of my/our knowledge. I hereby grant permission to Southeast Nebraska Community Action Partnership, Inc. (SENCA) to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential, and is provided solely for the purposes of determining my/our eligibility for assistance under the Owner-Occupied Housing Rehabilitation program. No information contained herein will be released to any other local, state, or federal agency for any purpose without my express written consent, except as it may pertain to my receipt of the funding resources made available through this application.

I/We do certify that all information written or verbal that is remitted to Southeast Nebraska Community Action Partnership, Inc., now or in the future, for the purpose of obtaining funds from the Owner-Occupied Housing Rehabilitation program the I/We are applying for are true to the best of my/our knowledge. I/We understand that any knowingly and/or willfully falsified documentation or statement(s) may be grounds for denial for participation in the Owner-Occupied Housing Rehabilitation program applied for, and that any and all Rehabilitation Construction in progress will cease immediately. I/We understand and agree that any program funds obtained under knowingly and/or willfully falsified documentation or statement(s) will be reimbursed immediately and in full to Southeast Nebraska Community Action Partnership, Inc.

Applicant Printed Name

Co-Applicant Printed Name

Applicant Signature

Co-Applicant Signature

Date

Date