



Thank you for your interest in NeighborWorks Northeast Nebraska. The following pages include the information needed to apply for our Down Payment Assistance programs. Please complete this information for all adults and children who will be living in the home.

The final page is a Citizenship Attestation Form, we will need a copy of this form completed and signed by the borrower and co-borrower who will be purchasing the home. If you are not a citizen but are a qualified alien under the federal Immigration and National Security Act, please also supply copies of your USCIS documentation.

Please also supply the following documents for all members of the household:

- Last 3 years' tax returns (including W2s, 1098-1099 and all schedules)
- Last 2 months' bank statements from all accounts (statement must show account holders' name, name on bank, and partial account number)
- Last 12 pay stubs from current employment
- Divorce Decree and Child Support Order, if applicable
- Social Security benefit documents, if applicable
- Life insurance cash value records, if applicable (not necessary for term insurance)
- Most recent 401k, IRA, Roth IRA, or other investment statements, if applicable

Please complete each page and submit the application to one of our offices at:

213 South 1<sup>st</sup> Street  
Norfolk, NE 68701  
402-379-3311

2554 40<sup>th</sup> Avenue  
Columbus, NE 68601  
402-563-4300





NORTHEAST NEBRASKA

Homebuyer Application

213 South 1st Street
Norfolk, NE 68701
(402) 379-3311

2554 40th Avenue
Columbus, NE 68701
(402) 563-4300

Date of Application: \_\_\_\_\_

Type of Application:

Intending to Purchase
in this County: \_\_\_\_\_

\_\_\_\_ Face to Face Interview \_\_\_\_ Telephone
\_\_\_\_ Mail \_\_\_\_ Internet

Or: \_\_\_\_\_

\_\_\_\_ Interviewer

Table with 3 columns: GENERAL INFORMATION, Applicant, Co-Applicant. Rows include Last Name, First Name, Middle Name, Date of Birth, Marital Status, Type of Household, Home ownership, Dependents, Address, Phone, Work Phone, Email Address.

Most convenient time for an individual appointment:

Day: M T W Th F

Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

Best Contact Person \_\_\_\_\_

Best Phone Number \_\_\_\_\_



GENERAL INFORMATION	Applicant	Co-Applicant
Education:	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma / Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree
Current Housing Arrangement:	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family / No Rent <input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner / Mortgage Paid Off	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family / No Rent <input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner / Mortgage Paid Off
No. of Years at Residence:	_____ Years _____ Months	_____ Years _____ Months

HOUSEHOLD COMPOSITION			
List the full name for primary applicant first, then all adults and children who will live in your home. Note the relationship of each adult household member to the applicant. Note each child's relationship to adult(s).			
Member No.	First Name and Last Name	Relationship	Age
Applicant			
2			
3			
4			
5			
6			
7			
8			

Does anyone else live with you now that is not listed above? If so, who? \_\_\_\_\_

Does anyone else plan to live with you in the next 12 months? If so, who? \_\_\_\_\_

How did you hear about NeighborWorks® Northeast Nebraska? \_\_\_\_\_

Are you working with a Realtor?  Yes  No

If Yes, name of Real Estate Agent and Agency: \_\_\_\_\_

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

If Yes, name of Lender and Financial Institution: \_\_\_\_\_

**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 disclosure satisfies all requirements to which the lender is subject under applicable state law for the particular type of applied loan.)

Applicant	Co-Applicant
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race:</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> American Indian / Alaskan Native and White</p> <p><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native &amp; African American</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> Other</p> <p><b>Foreign Born:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Sex:</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>Handicapped or Disabled?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Race:</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> American Indian / Alaskan Native and White</p> <p><input type="checkbox"/> Native Hawaiian / Other Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native &amp; African American</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> Other</p> <p><b>Foreign Born:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Sex:</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>Handicapped or Disabled?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

ASSET INCOME for all members of the household.			
Family Member	Account Type (check, sav, IRA, life ins, 401K, etc)	Bank/Institution	Current Cash Value of Assets

Does the applicant own any real estate property?    Y    N      Does the co-applicant own any real estate property?    Y    N

Note: You must sell any real estate property prior to receiving our assistance.

Is any household member about to receive any additional funds? (tax refunds, inheritance, settlements, etc)    Y    N

Amount \_\_\_\_\_



PRIMARY EMPLOYMENT	Applicant	Co-Applicant	Other Household Member 18 or Older
Employer:			
Employer Address:			
City/State/Zip:			
Position/Title:			
Date of Employment:			
Wages			
Hourly Wage:	_____	_____	_____
Hours Per Week:	_____	_____	_____
<b>Annual Total:</b>	_____	_____	_____
SECONDARY EMPLOYMENT	Applicant	Co-Applicant	Other Household Member 18 or Older
Employer:			
Employer Address:			
City/State/Zip:			
Position/Title:			
Date of Employment:			
Wages			
Hourly Wage:	_____	_____	_____
Hours Per Week:	_____	_____	_____
<b>Annual Total:</b>	_____	_____	_____
PREVIOUS EMPLOYMENT (within last 12 mo.)	Applicant	Co-Applicant	Other Household Member 18 or Older
Employer:			
Position/Title:			
Dates of Employment:			
PREVIOUS EMPLOYMENT (within last 12 mo.)	Applicant	Co-Applicant	Other Household Member 18 or Older
Employer:			
Position/Title:			
Dates of Employment:			

**ANNUAL INCOME**

Source	Applicant	Co-Applicant	Other Household Member 18 or Older
Primary Wage (estimate from pg 4)			
Secondary Wages (estimate from pg 4)			
Overtime			
Bonuses			
Commissions			
Child Support			
<i>How long will this child support continue?</i>			
Alimony			
<i>How long will these alimony payments continue?</i>			
Interest / Dividends			
Net Income from Business			
Social Security			
Social Security Disability Income (SSDI)			
<i>Is this a permanent disability?</i>			
Supplemental Security Income (SSI)			
<i>How long will these SSI payments continue?</i>			
Veteran's/Private Disability			
<i>How long will these disability payments continue?</i>			
Pensions/Retirement			
Unemployment Benefits			
Workers Compensation			
Other (describe)			
<b>TOTALS:</b>			



**LIABILITIES of Applicant and Co-Applicant.**  
 (Types: auto loans, charge accounts, credit cards, personal loans, real estate loans, student loans, other loans)

Family Member	Liability Description	Creditor's Name	Monthly Payment	Unpaid Balance

Living Expenses	Applicant	Co-Applicant
Current Monthly Rent or Mortgage		
Utilities (gas, electric, water, garbage)		
Telephone / Cell Phone		
Cable / Satellite TV / Internet		
Other Living Expenses: Insurances      Entertainment Gasoline        Eating Out Groceries       Memberships Household Supplies		

Monthly Alimony Paid \_\_\_\_\_

Monthly Child Support Paid \_\_\_\_\_

	Applicant	Co-Applicant
Do you have any outstanding judgments?	___ Yes      ___ No	___ Yes      ___ No
Have your payments been made on time?	___ Yes      ___ No	___ Yes      ___ No
Have you declared bankruptcy in the last 7 years?	___ Yes      ___ No	___ Yes      ___ No
When was it discharged?	_____	_____
Are you currently a party in a lawsuit?	___ Yes      ___ No	___ Yes      ___ No







# Authorization

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001. 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 facts will be grounds for disqualification.

My/Our signature on accepting the terms and conditions of this application will serve as authorization for NeighborWorks<sup>®</sup> Northeast Nebraska to obtain all information and documents that they request. Such information includes, but is not limited to:

- (a) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my/our pursuit of a loan to purchase real property;
- (b) Obtain my/our credit report and review my/our credit file for informational inquiry purposes;
- (c) Obtain a copy of the Loan Estimate, Closing Disclosure, Credit Report, Appraisal, Real Estate Note(s), and URLA when I/we purchase a home, from the lender who is providing me/us with a mortgage loan and/or the title company that closed the loan;
- (d) I/We specifically authorize, if requested, NeighborWorks<sup>®</sup> Northeast Nebraska, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Employment Documents or Verification of Income Documents from employers, lenders, and all relative income sources;
- (e) I/We specifically authorize, if requested, NeighborWorks<sup>®</sup> Northeast Nebraska, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Asset Documents from any related source to verify assets such as, but not limited to 401K, IRA's, other investment statements, checking and savings and life insurance with a cash value.

A written notice of income eligibility will be provided to all applicants that are deemed income eligible after reviewing income documents. In the event an applicant is not eligible, a written notice will be provided to the applicant disclosing the reason for non-selection.

**This authorization also serves as acknowledgment that the home I/we purchase utilizing the programs offered by NeighborWorks<sup>®</sup> Northeast Nebraska will remain owner-occupied as my/our principal residence.**

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO FOLLOW THE TERMS AND CONDITIONS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household Member 18 or Older Signature

\_\_\_\_\_  
Date

# United States Citizenship Attestation Form

For the purposes 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 numbers are as follows:

\_\_\_\_\_, and I agree to provide a copy of my USCIS documentaiton 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 X \_\_\_\_\_ Date \_\_\_\_\_

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## 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 numbers are as follows:

\_\_\_\_\_, and I agree to provide a copy of my USCIS documentaiton 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 X \_\_\_\_\_ Date \_\_\_\_\_