

Today's Date: \_\_\_\_\_



**Rural Workforce Housing Fund  
Application for Assistance**

Please complete this form. You must use the CORRECT LEGAL NAME for each member of the household as it appears on their Social Security Card. ALL adult members of the household must sign this application certifying the accuracy of the information.

**PLEASE PRINT**

**APPLICANT(S) INFORMATION**

Applicant Name: \_\_\_\_\_  
 Co-Applicant Name: \_\_\_\_\_  
 Email Address(es): \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 (include City, State, Zip Code)

**HOUSEHOLD INFORMATION**

Number of people in household: \_\_\_\_\_ Adults + \_\_\_\_\_ Children = \_\_\_\_\_ Total Household Size

Please list ALL ADULT Household Members who will be living in the unit that receives assistance from our program.

Legal Name (first, middle initial, last)	Social Security Number	Date of Birth
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

Please list ALL DEPENDENT CHILDREN who will be living in the unit that receives assistance from our program.

Legal Name (first, middle initial, last)	Social Security Number	Date of Birth
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____
7: _____	_____	_____







**PROJECT SUMMARY:**

Please describe the work that will be completed using the funds requested.

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**APPLICANT CERTIFICATION**

I/We certify that the information provided to Wayne Community Housing Development Corporation (WCHDC) on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State Law and that false statements or information are grounds for termination of any further consideration or assistance under any program offered by WCHDC.

I/We certify that my/our household:

- 1) Will occupy the assisted property as our principal residence.
- 2) Will maintain the property in accordance to all City ordinances.
- 3) Will provide WCHDC with required documentation needed to verify the credit score of the applicant.
- 4) Will repay the remaining balance of the loan should the home be sold.
- 5) Will name WCHDC as an additional "loss payee" on our property insurance policy.

I/We have carefully read and submitted the foregoing information provided on all pages of this statement to WCHDC named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with WCHDC. **This will serve as authorization for WCHDC to obtain all information and documentation that they request. Such information includes but is not limited to employment history and income, bank accounts and similar account balances, credit history and copies of income tax returns.** I/We agree that if any material change(s) occur(s) in my/our financial condition that I/we will in the event that my/our household financial circumstances change prior to closing and signed of a Loan Agreement, I/we will notify WCHDC withing ten (10) days of the change and resubmit the "Application for Assistance" for review and approval.

Due to the Patriot Act, WCHDC will require copies of 2 of the following forms of identification to verify legal status:

- 1) Social Security Card
- 2) Driver's License/State Issued ID Card
- 3) Birth Certificate
- 4) Green Card

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Signature of Applicant

Date

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Signature of Co-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:

\_\_\_\_ 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 State.**

\_\_\_\_\_  
Printed Name (First, Middle, Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







TO:

\_\_\_\_\_  
Name of Financial Institution Phone Number

\_\_\_\_\_  
Address Fax Number

\_\_\_\_\_  
City, State, Zip  
RE:

\_\_\_\_\_  
Applicant SSN

\_\_\_\_\_  
Applicant SSN

I hereby authorize the release of my asset information:

\_\_\_\_\_  
Signature of Applicant(s) Date

The individual(s) named directly above is/are an applicant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

RETURN TO:

WCHDC  
108 W. 3<sup>rd</sup> St  
Wayne, NE 68787  
[ereese@wayneamerica.org](mailto:ereese@wayneamerica.org)

Financial Institution Completes Below

\_\_\_\_\_  
Savings Account # Savings Account #

\_\_\_\_\_  
Current Balance Current Balance

\_\_\_\_\_  
Current % Rate Current % Rate

\_\_\_\_\_  
Checking Account # Checking Account #

\_\_\_\_\_  
6 Month Average Balance 6 Month Average Balance

\_\_\_\_\_  
Current Balance Current Balance

\_\_\_\_\_  
Current % Rate Current % Rate

Please list other asset accounts below (Certificates of Deposit, Money Market Accounts, etc.)

Account Number	Balance	Type of Account	Rate of Interest	Cash Value
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: Cash Value is the Current Value Minus Any Penalties for Early Withdrawal

\_\_\_\_\_  
Signature Printed Name & Title Date

\_\_\_\_\_  
Bank Name & Address

\_\_\_\_\_  
Phone # Fax # Email

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**Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**