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 Membe	rs who will be living i	n the unit that receives a	assistance from our program.
Legal Name (first, middle initial, last)	Social S	ecurity Number	Date of Birth
1:			
2:			
3:			
Please list ALL DEPENDENT CHILDREN w	ho will be living in th	e unit that receives assis	stance from our program.
Legal Name (first, middle initial, last)	Social S	ecurity Number	Date of Birth
1:			
2:			
3:			
4:			
5:			
6:			
7:			

Do you antic	cipate any change in family size within	the next 12 months?
	YESNO	
If Yes, What Change? (Examples: Hav	ing a baby, children moving out, getting marrie	d/divorced, taking or losing custody of children, etc.
EMPLOYMENT INFORMATION	notential employers of each adult hou	sehold member for the current tax year.
List all employers and any known p	octonial employers of caen addit not	senda member for the current tax year.
Household Member Name	Social Security Number	Employer Name & Address
Do you expect to receive any e	employment income(s) other than tho YES NO	se listed above in the next 12 months?
If Yes, explain:		
· ·	above have been employed in their cune and previous employer name(s) and	

INCOME INFORMATION

List all money currently being earned or received by everyone living in your household. This includes money from wages, self-employment, child support, alimony, Social Security (including Medicare), disability income, worker's compensation, retirement benefits, Aide to Dependent Children/TANF, veteran benefits, rental property income, investment income (including stocks, dividends, and interest from all bank accounts), unemployment benefits, military pay, education grants, scholarships, or other benefits and any other sources.

Household Member Name	Type of Income	Source	Amount
ASSET INFORMATION			
For all "YES" answers, please comple		elow.	
Do you or does anyone else in the ho			
Own or have interest in any re	eal estate, mobile home, or perso		-
etc.) held as an investment?		YES	
2) Sold any real estate in the las		YES	
	CD's, or Money Market Funds?	YES	
4) Own any stocks, bonds, or ot		YES	
5) Have bank checking account		YES	
6) Have any trust accounts, trea		YES	
7) Have savings bonds or a retire		YES	
8) Have any Whole or Universal	life insurance policies?	YES	NO
ASSET DETAIL			
	Location, Address & Phone Num	ber of each asset	Estimated Value

For all	"YES" answers, please explain on the lines on the next page.
1)	Is the household currently, or has it ever been, involved in any litigation or legal action concerning
	delinquency of payment taxes, loan payments, etc, any place place within the United States?
	YESNO
2)	Has any adult member of the household ever used any name(s) or Social Security Number(s) other than
	those currently being used on this application?
	YES NO
3)	Has any member of the household ever been asked to repay money for knowingly misrepresenting
·	information or committing fraud with regard to any Federally assisted housing program?
	YESNO
4)	Does anyone in the household receive income other than what is taxable income listed on tax returns?
,	YES NO
5)	Does anyone outside the household pay for any of the household expenses or give you money?
-,	YESNO
6)	Do you have any further information you want considered, in this application, regarding income or
٥,	expenses? (Please include documentation)
	YESNO
	125NO
ODTIO	NAL HOUSEHOLD CHARACTERISTICS
	lowing demographic information is strictly optional and has NO bearing on eligibility for participating in our
progra	
	Status: SingleMarried Head of Household:MaleFemale
	er of Older Adults (62+):
	members of your household disabled? YES NO If YES, Number of people with disabilities
	ant Race:CaucasianAfrican AmericanHispanicNative AmericanAsianOther
Applic	ant Race:CaucasianAfrican AmericanHispanicNative AmericanAsianOther
	TINFORMATION:
Please	list all creditors, present balance, and monthly payment
N	of One ditar
Name	of Creditor Present Balance Monthly Payment

PROJECT SUMMARY: Please describe the work that will be completed using the funds requested.			
		····	

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

Signature of Applicant	Date
Signature of Co-Applicant	
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 Unites States.	
-OR-	
I am a qualified alien under the Federal Immigration and Nationality Act; my immigration status and alien	
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	-



Please answer the questions below so Wayne Community Housing Development Corporation can serve the families who are in need of purchasing homes.

1)	How did you find out about the assistance that you will be receiving?		
2)	Is there a better way that non-profits like Wayne Community Housing Development Corporation can get the word out about our programs?		
3)	Is there a need for affordable housing, ie. Apartments, rent-to-own houses, new housing in the town that you are from?		
4)	Do you have any suggestions that might help future home buyers in the buying process?		
-\	December 2018 and 201		
5)	Do you have any additional comments you'd like to share?		

Wayne Community Housing Development Corporation Request for Verification of Employment

Date
Employer Email Address
Employer Phone
ppment
ation
eese@wayneamerica.org
Employee SS# ploys them. Please verify this by completing the information below we used solely for the purpose of determining eligibility for housing nunity Housing Development Corporation.
ORIZATION
ed employer to furnish Wayne Community Housing th the information requested below.
Date
ETED BY EMPLOYER
amed individual? ()YES ()NO Hours per Week:
per()hour ()week ()month ()year
Overtime hours expected next 12 months:
()Semi-Monthly ()Bi-Weekly ()Weekly
. shift differential, commission, bonuses, tips, etc.)
as of(date)
bove information in the next twelve (12) months?
Fitle Date

Printed Employer Name

Address

Phone

TO:	
Name of Financial Institution	Phone Number
Address	Fax Number
City, State, Zip RE:	
Applicant	SSN
Applicant I hereby authorize the release of my	SSN asset information:
Signature of Applicant(s)	Date
The individual(s) named directly above is/are an applicant of a housing program that requi confidential and will be used solely for the purpose of determining eligibility for occupat	·
RETURN TO: WCHDC 108 W. 3 rd St Wayne, NE 68787 ereese@wayneamerica.	ord
Financial Institution Completes Below	<u>uig</u>
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 Please list other asset accounts below (Certificates of De Account Number Balance Type of Account	Current % Rate posit, Money Market Accounts, etc.) Rate of Interest Cash Value
*Note: Cash Value is the Current Value Minus Any F	Penalties for Early Withdrawal
Signature Printed Name & Title	Date
Bank Name & Address	

Email

Fax#

Phone #