

Dear Loan Applicant:

The City of Lincoln provides loans to individuals interested in residential improvement projects. Our current loan products are all at 0% interest. Repayment terms depend on which program best suits your income level and type of improvements needed. All loan programs use the enclosed application form and all require submission of the following documents along with your completed and signed application:

- 1) Copy of your most recent Federal Income Tax Return, not just a W-2 form. It must be a copy of the IRS forms, IRS schedules, and IRS attachments. If you are not required to file a tax return, please provide a signed, dated statement to that effect;
- 2) Copy of the most recent documentation to verify present income source(s) i.e. paystubs and/or copies of benefits statements;
- 3) a) Documentation of limits of homeowner insurance coverage b) Proof of payment of insurance if not escrowed through your mortgage payments;
- 4) Verification of the balance(s) on the mortgage(s) on your property. Be sure to include all mortgages or equity loans you may have. A statement from the lenders will suffice; and
- 5) Each adult (19 years and older) in the household must complete and sign an Attestation Form. A parent or guardian must complete and sign the bottom portion of one of the forms for children under age 19. Make copies of a blank form if you need more.

It is important you send the requested information with your application, because if follow-up letters are needed for us to receive the documentation, processing of your application will be delayed.

Following our review of the materials submitted, your application will be assigned to one of our Rehabilitation Specialists. Your Rehabilitation Specialist will contact you to set an appointment to come to your residence and determine the scope of our potential assistance and discuss our loan programs with you.

If you have any questions regarding completion of your application or our loan programs, please call 402-441-7864 and ask for Mary or Justin.

**City of Lincoln
Urban Development Department
555 South 10th Street, Suite 205
Lincoln, Nebraska 68508**

1 - 4 APPLICATION

Property Address:			Zip code:		
Number of units:		# of Persons in Household:		Years/Months Owned:	
APPLICANT #1			APPLICANT #2		
Name		Birth Date	Name		Birth Date
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed		
# of dependents, if different than those listed by Applicant #2:		Ages	# of dependents, if different than those listed by Applicant #1:		Ages
Employer			<input type="checkbox"/> Self Employed		
Position/Title		Years/Months on job	Position/Title		Years/Months on job
Social Security Number	Home Phone	Cell Phone	Social Security Number	Home Phone	Cell Phone
E-mail (optional):			E-mail (optional):		

GROSS MONTHLY INCOME

	Applicant #1	Applicant #2	Other wage-earner	
Base Income	\$	\$	\$	Use this space to add any additional information regarding household income not already listed. All wage-earners must report their income, not just those that will be signing the loan or that are on the title to the property
Overtime	\$	\$	\$	
Bonuses	\$	\$	\$	
Commissions	\$	\$	\$	
Dividend/Interest	\$	\$	\$	
Other - describe in box to the right	\$	\$	\$	
TOTAL:	\$	\$	\$	

LIST IMPROVEMENTS YOU WISH TO MAKE WITH THIS LOAN:

OUTSTANDING DEBT OR LIABILITIES (Banks, Finance Companies, Stores, Credit Unions, etc.)			
Name of Creditor	Security	Balance	Monthly Payment
	1 st Mortgage	\$	\$
Do you have homeowner's insurance? Y or N Are the premiums escrowed or paid by you directly? If paid directly by you, how much is the yearly premium?			
	2 nd Mortgage	\$	\$
	Car Loan	\$	\$
	Credit Card	\$	\$
	Credit Card	\$	\$
		\$	\$
Other Obligations (Include Student Loans, Alimony, Child Support Paid, Maintenance, etc.)			
THESE QUESTIONS APPLY TO BOTH APPLICANT #1 AND APPLICANT #2			
		Borrower Yes No	Co-Borrower Yes No
● Are there any outstanding judgments against you?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
● Have you declared bankruptcy in the last 7 years?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
● Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
● Are you a party to a law suit?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
● Are you obligated to pay alimony, child support or separate maintenance?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
● Are you a co-maker or endorser of a note?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If a YES answer was given to any question above, please write an explanation on the back of this page.			
INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
APPLICANT #1		APPLICANT #2	
Ethnicity: (select <i>only one</i>) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: (select <i>only one</i>) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: (select <i>one or more</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Race: (select <i>one or more</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: (select <i>only one</i>) <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: (select <i>only one</i>) <input type="checkbox"/> Female <input type="checkbox"/> Male	
APPLICANTS' CERTIFICATION			
I/We certify that all information in this Pre-Application, and all information furnished in support of this Pre-Application, is given for the purpose of obtaining a rehabilitation loan and is true and complete to the best of my/our knowledge and belief. I/We intend to occupy the property as our primary residence. You are authorized to check my credit, employment history, obtain and share information from other City departments and with above-mentioned lenders.			
Applicant #1 _____	Date _____	Applicant #2 _____	Date _____

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purposes 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 the USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

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. I understand and agree that lawful presence in the United States is required and the Applicant may be disqualified or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

PRINT NAME: _____
(First, Middle, Last)

SIGNATURE: _____

DATE: _____

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To comply with 24 CFR Part 5 §5.216 and §5.508 and Neb. Rev Stat. §§ 4-108-4-114, please provide the following information for your dependents.

Age	Social Security Number	A U. S. Citizen? (Please circle your response)
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

Parent/Guardian