LINCOLN
Urban Development

Re: City of Lincoln Healthy Homes Production Grant

Thank you for your interest in the City of Lincoln Healthy Homes Production Grant. This program is for owner-occupied properties to alleviate housing-related health and safety hazards. Preference will be given to properties with families with children, older adults sixty-two (62) years and older, or families with persons with disabilities whose gross annual income meets the limits specified for the program. **The primary focus of this program is to address the following**: Addressing causes of mold growth (plumbing leak, water intrusion, etc), addressing radiation (radon), electrical systems, carbon monoxide, smoke alarms, roof repair, entry by Intruders (exterior doors/locks), climate control (HVAC/broken windows).

Applications can be emailed to vgkirshman@lincoln.ne.gov or mailed to or dropped off at the address below:

Attn: Vayda Kirshman, Community Resource Specialist
Urban Development Department
555 S. 10th Street Ste 205
Lincoln, NE 68508

Following receipt of a complete application, staff will follow up to obtain or clarify any missing details. If your application meets the program requirements an appointment will be made to meet at your residence to develop a scope of our potential assistance and discuss the program with you.

If you have questions regarding completion of your application or the grant program, please call Vayda at 402-441-7808 or send an email to vgkirshman@lincoln.ne.gov.

There may be a waiting list to receive assistance. All information provided is confidential and must be retained by the City of Lincoln Healthy Homes Program. If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time.

Sincerely,

City of Lincoln

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Required documents for OWNER-OCCUPANTS

- ☐ Completed and signed Application;
- ☐ Copy of photo ID of all applicants;
- ☐ Copy of your most recent federal income tax return, not just W-2 forms (if you are required to file)
- ☐ Current pay stubs (recent 2 pay stubs) and/or copies of benefits statements to document all income into the household;
- ☐ Current bank statement (2 Months);
- ☐ Signed Authorization page;
- ☐ Declarations page, i.e. summary page of your homeowners insurance policy showing dates and limits of coverage;
- ☐ Verification of the balance(s) of the mortgage(s) on the property; to include any home equity loans you may have. A monthly statement from the lenders will suffice; and

It is important you send the requested information with your application or processing of your application will be delayed.

City of Lincoln Healthy Homes Production Grant

Office Use:

App#

For further information or assistance call the Urban Development Department at (402)441-7808.

Part I: Property Information

Property Address:

Approximate year of initial construction:

Part 2: Applicant Information

Applicant #1 Birthdate SS#

Primary phone # Work phone #

Email

Preferred method of contact:

Marital Status : Married ◯ Single ◯ Divorced ◯ Widowed ◯

Race (circle all that apply): American Indian/Alaskan Native ◯ Asian ◯ Black/African American ◯

Native Hawaiian/Other Pacific Islander ◯ White ◯ Other ◯

Hispanic? _____

If there is more than one owner, complete the following:

Applicant #2_____ Birthdate _____ SS#_____

Primary phone # _____

Work phone # _____ Email address _____

Preferred method of contact :

Marital Status : Married ◯ Single ◯ Divorced ◯ Widowed ◯

Race (circle all that apply): American Indian/Alaskan Native ◯ Asian ◯ Black/African American ◯

Native Hawaiian/Other Pacific Islander ◯ White ◯ Other ◯

Hispanic?

If there are additional owners, please attach a separate sheet or continue on back and check here. ☐

Has the property ever been tested for lead-based paint? When? If yes, did it test positive?

Do you have a code violation? _____ If yes explain in the space below:

Part 3: Financial Information

Name & Address of Mortgage Co. _____

Are you and other owner(s) current (up to date) on all **mortgage** payments on the property? _____

If not, please explain: _____

Are you and other owner(s) current on all **real estate taxes and assessments** levied on the property? _____

If not, please explain: _____

Are you and other owner(s) current on all **State & Federal Taxes** and assessments on the property? _____

If not, please explain: _____

Have you or any other owner(s) filed for **bankruptcy** during the past 7 years? _____

If yes, please explain: _____

Household Income – List all persons in your household aged 18 years and older. Include wages, taxable assistance (such as unemployment), alimony, social security, pensions/retirement, etc. Also include monies received on behalf of children under the age of 18 years such as child support and social security. If more space is needed, attach a separate sheet and check here. ☐

Name	Employed? If yes, how long at current job?	Type of Income (wages, social security, etc.)	Amount Received	How often received (weekly, every two weeks, etc.)	Name and Address of employer, if applicable

Below are the priority repairs for the grant program. Please check all that apply to your home repair needs:

- ☐ Addressing causes of mold growth (plumbing leak, water intrusion, etc.)
- ☐ Radiation (Radon)
- ☐ Electrical systems, Carbon Monoxide & Smoke Alarms
- ☐ Roof repair
- ☐ Entry by Intruders (Exterior Doors/Locks)
- ☐ Climate Control (HVAC/Broken Windows)

Please list any additional areas of concern that relate to the health and safety of the residence:

CERTIFICATIONS

The undersigned hereby makes a preliminary application to the City of Lincoln (the "City") for aid for the Healthy Homes Production Grant. The undersigned acknowledges that this application is made pursuant to a program offered by the City and that the methods for rehab activitiesand other permitted costs will be determined by the City. The undersigned further agrees to permit the correction of housing -related health and safety hazards in the property by a contractor approved by the City through a bid process.

Homeowners agree to maintain the property and retain home insurance, adding the City as an insured for the contract term. Homeowners agree to maintain tax payments and mortgage payments.

The undersigned understands that failure to comply with the program requirements may result in recapture, by the City, of the monies advanced.

The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct, and complete.

_____ _____

Applicant #1 signature Date Applicant #2 signature Date

AUTHORIZATION

Initial and sign:

_____ I hereby give my permission and consent for a representative of the City of Lincoln Healthy Homes Production (HHP) grant staff to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the City of Lincoln HHP. I hold the City of Lincoln and its partners harmless and free from any claims in connection with the consent and use of photographs. This consent is valid indefinitely unless revoked in writing.

_____ I understand that I am a voluntary participant in this program, and if I am approved for the Lincoln HHP, I and my household members and pets may need to vacate my residence for health and safety reasons for a period of time while rehab activities occur. Living arrangements for people and pets during the time of construction may be the responsibility of the owner of the property.

_____ I authorize and direct any federal, state, local agency, organization, business, or individual to release to the City of Lincoln any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the HHP. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

_____ I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity, employment, income, assets, residence, ownership, property taxes, etc.

_____ The groups or individuals that may be asked to release information related to me or my household include but are not limited to: courts and post offices, schools and colleges, law enforcement agencies, support and alimony providers, Veteran's Administration, retirement systems, utility agencies, Social Security Administration, medical and childcare providers, credit providers and credit bureaus.

_____ I understand that if I am buying the property on contract, I must ensure that the Contract Holder is able and willing to sign any deed of trust and promissory note as required.

_____ I have been given the opportunity to ask questions about the information requested in this application.

_____ I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed.

_____ I understand this program has limitations and is not capable of addressing all areas of concern. Areas of primary focus will be addressed first and when possible subsequent areas could be addressed as funds allow.

I certify under penalty of law that the information contained in this declaration and in any attached supporting documentation is true, accurate and complete to the best of my knowledge and ability. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I understand that any false information provided on or attached to this application will cause me to be disqualified for the City of Lincoln HHP.

_____

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:

G I am a citizen of the United States.

OR

G 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 Unites 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

FEDERAL INCOME TAX CERTIFCATION ATTESTATION FORM

I attest as follows:

A. I/we certify that I/we have filed a federal income tax return for the year indicated below, and a copy of the same is included with my/our application for financial assistance from the City of Lincoln.

OR

B. I/we certify that I/we did not file a federal income tax return for the year indicated below and therefore, I/we cannot provide a copy of a federal income tax return to the City of Lincoln.

- Year I/we did OR did not file a federal income tax return: _____

- Reasons I/we did not file a federal income tax return:

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: _____