Nebraska Housing Developers Association
ALL SEASONS AFFORDABILITY PROGRAM APPLICATION

Please provide the information below to determine whether you qualify as a borrower under the All Seasons Affordability Program. It will not be disclosed outside the Nebraska Housing Developers Association (NHDA) and FHLBank of Topeka without your consent, except to your employer for verification of income and employment and to financial institutions for verification of information, and as required by law. You do not have to provide the information, but if you do not, your application for a grant may be delayed or rejected.

<table>
<tr><td colspan="6">APPLICANT INFORMATION</td></tr>
<tr><td colspan="4">Applicant Name (Last) (First) (Middle)</td><td colspan="2">Phone
( )</td></tr>
<tr><td colspan="2">Property Address to be Rehabilitated:

Email Address:_____</td><td>City

County</td><td>State</td><td>Zip Code</td><td>Is this your primary residence? (Circle One)
Yes No</td></tr>
<tr><td colspan="3">Marital Status (Circle One)
Married Unmarried (single, divorced, or widowed) Separated</td><td colspan="2">No. of Dependents
(Living at home)</td><td>Ages</td></tr>
<tr><td colspan="5">Name and Address of Employer</td><td>Self-Employed?
___ Yes ___ No</td></tr>
<tr><td colspan="4">Business Phone No. Position/Title Type of Business
( )</td><td colspan="2">No. of Years on Job</td></tr>
<tr><td colspan="4">Have you received Post-Purchase Homeowner Education within the last year? (Circle One)
Yes No</td><td colspan="2">If so, who provided it and when?</td></tr>
<tr><td colspan="6">CO-APPLICANT INFORMATION</td></tr>
<tr><td colspan="4">Applicant Name (Last) (First) (Middle)</td><td colspan="2">Home Phone
( )</td></tr>
<tr><td colspan="2">Present Street Address

Email Address:_____</td><td>City</td><td>State</td><td>Zip Code</td><td>Is this your primary residence? (Circle One)
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ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pension(s), Retirement Funds, etc., received periodically **(Please circle appropriate one[s])**				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support **(need name & address where to send income verification)** **(Please circle appropriate one[s])**				
Other				
TOTALS				

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give the relationship of each household member to the head).

Member No.	Full Name	Relationship	Date of Birth
1			
2			
3			
4			
5			
6			

HVAC INFORMATION

How old is your current heating system?	_____ **years**	How old is your current cooling system?	_____ **years**
Is your current heating system under warranty? (Circle One)	**Yes or No**	Is your current cooling system under warranty? (Circle one)	**Yes or No**
What kind of heating system do you have? i.e. Furnace, Heat Pump, Other, None			
What kind of cooling system do you have? i.e. Window Air, Central Air, Other, None			
What % Efficiency is your current heating system	_____ **%**	What SEER is your current cooling system?	_____ **SEER**
Is your current heating system inoperable?	**Yes or No**	Is your current cooling system inoperable?	**Yes or No**
Are you requesting replacement of heating system, cooling system or both? (Circle One)	**Heating**	**Cooling**	**Both**
Have you had an HVAC company to your home recently to inspect either unit? (Circle One)	**Yes or No** Which one? **Heating or Cooling** **Both**	If so, what was the quote to fix your unit? Or Replace?	**$**_____ Fix $_____ Replace

SUPPORTING DOCUMENTATION

- ☐ Proof of Owner Occupancy: Copy of a utility bill and Copy of Driver's License
- ☐ Proof of Ownership: Copy of Warranty Deed or Quit Claim Deed
- ☐ Copy of Current Mortgage Statement (if applicable)
- ☐ Income Documentation: Paycheck stub within last 60 days (if applicable), Previous year's signed full tax return including all schedules, Social Security Award letter (if applicable) and/or documentation of any other form of income reported above.
- ☐ Documentation from HVAC Technician: Stating whether it is under warranty or not, age of each unit, efficiency & SEER of heating and cooling units. 2 estimates for replacement are required. All estimates must include the following statement **"The homes structure will accept the improvements as it relates to the scope of work."**
- ☐ Affidavit of Promotion of Empowerment
- ☐ Post Purchase Homeowner Education Certificate: Certificate from an approved REACH Affiliate or eHome America Online through an approved REACH Affiliate (if already completed within last year): Will need to compete prior to rehabilitation but can be completed after income eligibility is determined.
- ☐ Affidavit of Special Needs (if applicable)
- ☐ Documentation showing the unit is 3 bedrooms or larger (if applicable): County Assessor data sheet or Full Appraisal. If neither of those are available complete the Affidavit of 3 Bedroom or larger.

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We consent our employer(s) to provide third party income verification documentation as needed. I/We understand that any willful misstatement of material fact will be grounds for disqualification and any funding provided will be recaptured. I/We agree to comply with any request for additional documentation before and after project completion. I/We have read and agree to adhere to all items listed in the program guidelines & definitions. I/We understand that the Nebraska Housing Developers Association (NHDA) is the financial provider and is not liable for the rehabilitation work that is completed. I/We live in the unit as our primary residence. I/We understand our application may be denied or delayed in approval due to FHLBank of Topeka's requirement of NHDA to meet certain targets during the entire duration of the funding cycle.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

All applications and supporting documentation may be emailed to:
amber@housingdevelopers.org or rita@housingdevelopers.org

Or faxed to: 402-435-0331

Or mailed to:
Nebraska Housing Developers Association
3883 Normal Blvd, Suite 102
Lincoln, NE 68506