# 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.

APPLICANT INFOR	RMATION					
Applicant Name	(Last)	(First)	(Middle)		Phone	
					( )	
Property Address to be	Rehabilitated:		City	State	Zip Code	Is this your primary residence? (Circle One)
Email Address:						Yes No
Marital Status (Circle One	)		-	No. of Depe (Living at hor		Ages
Married Unm	arried (single, divorced, o	or widowed) Seg	parated	(Living at not	line)	
Name and Address of I	Employer					Self-Employed? YesNo
Business Phone No.	Position/Ti	tle Type	of Business	No. of Years on Job		
Have you received Homebuyer Education within the last year? (Circle One)			If so, who provided it and when?			
Yes		No				
CO-APPLICANT IN	FORMATION					
Applicant Name	(Last)	(First)	(Middle	2)	Home Phone	2
Present Street Address			City	State	( ) Zip Code	Is this your primary
Tresent Succer redress			eny	State	Zip code	residence? (Circle One)
Email Address:		· · · · · · · · · · · · · · · · · · ·				Yes No
Marital Status (Circle On Married	e) Unmarried (single, div	orced, or widowed)	Separated	No. of Depe (Living at hos		Ages
Name and Address of I	Employer					Self-Employed?
						Yes No
Business Phone No.	Position/Ti	tle Type	of Business	No. of Year	rs on Job	
Have you Received Ho	mebuyer Education with	in the last year? (Circl	le One)	If so, who p	provided it an	d when?
Yes		No				

#### 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	Yes or No	If so, what was the quote to fix your unit? Or Replace?	\$ Fix
One)	Which one?		\$ Replace
	Heating or Cooling		
	Both		

# 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 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 if under warranty or not, age of each unit, efficiency & seer of heating and cooling units. 2 estimates for replacement are required. (If estimates are not available at the time of application will need to acquire them after income eligibility is determined.) 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
- Homebuyer 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 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 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.

Date: \_\_\_\_\_

Co-Applicant Signature:

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

Or faxed to: 402-435-0331

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