



# HOMEOWNER APPLICATION

**MUST RETURN WITH PROOF OF INCOME**

Required proof of income documentation are included in this document on page 5.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, NE Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status:  Married  Unmarried  Separated  Divorced  Widowed

## EMERGENCY CONTACT: *Friend or relative in the area to contact in case of emergency.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## BACKGROUND INFORMATION: *Please mark all that apply. Information used for reporting purposes only.*

Native American  Asian  African  African American  Hispanic/Latino  
 White/European  Other \_\_\_\_\_

Are you a veteran? \_\_\_ Yes \_\_\_ No Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Spouse of a veteran? \_\_\_ Yes \_\_\_ No Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Are you or anyone permanently residing in your home disabled? \_\_\_ Yes \_\_\_ No

Do you have a caseworker? \_\_\_ Yes \_\_\_ No Agency \_\_\_\_\_

Name \_\_\_\_\_ Phone or email \_\_\_\_\_

\*Please list medical conditions and/or disabilities for yourself as well as any other permanent resident in the home below: *(Please indicate if any person uses a cane, walker, wheelchair or any other mobility device.)*

---

---

---

---

**OTHER OCCUPANTS:** *Please list ALL additional persons living in the house full or part-time.*

Name	Date of Birth	Relationship

**HOME INFORMATION**

- \* Do you own, or are you purchasing your home? \_\_\_ Yes \_\_\_ No
- \* In whose name is the home titled? \_\_\_\_\_
- \* Do you currently reside permanently in the home? \_\_\_ Yes \_\_\_ No
- \* Do you plan to stay in your home for more than 3 years? \_\_\_ Yes \_\_\_ No
- \* Do you owe any back property taxes? \_\_\_ Yes \_\_\_ No
- \* Do you have homeowner's insurance? \_\_\_ Yes \_\_\_ No
- \* Are there any judgments or liens against your property? \_\_\_ Yes \_\_\_ No
- \* How many years have you owned your home? \_\_\_\_\_

Briefly describe what types of repairs or modifications you are seeking to obtain assistance in completing:

---

---

---

---

---

\*Is the total amount of **ALL** income for **ALL** adult wage-earners in your household equal to or less than (Please check the appropriate box per the size of household):

- |                                   |                                    |                                    |                                    |                                    |                                    |
|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1 Person | <input type="checkbox"/> 2 Persons | <input type="checkbox"/> 3 Persons | <input type="checkbox"/> 4 Persons | <input type="checkbox"/> 5 Persons | <input type="checkbox"/> 6 Persons |
| <b>\$1980</b>                     | <b>\$2,670</b>                     | <b>\$3,360</b>                     | <b>\$4,050</b>                     | <b>\$4,740</b>                     | <b>\$5,430</b>                     |
| Monthly                           | Monthly                            | Monthly                            | Monthly                            | Monthly                            | Monthly                            |

Monthly household income exceeds income limits set forth above. (Contact Rebuilding office 402-727-7047)

**EXPENSES:** *Please list expenses that lower your income.*

Monthly Non-reimbursed medical expenses. \$ \_\_\_\_\_

*This includes money you pay out-of-pocket for prescriptions, co-pays, insurance premiums, medical equipment and supplies, etc.*

Mortgage payment: \_\_\_\_\_ Approximate utilities in summer: \_\_\_\_\_ winter: \_\_\_\_\_

**INCOME / ASSETS:** Please read carefully and return ALL necessary income verification documentation with this application. Missing information will hinder the application process. Please contact us with any questions.

Type of Income	Applicant	Spouse or 2 <sup>nd</sup> occupant	Total (RT Use)
SSI			
SSD (disability)			
Salaries / Wages			
Alimony			
Child Support			
Investment income			
Other Income			

Please list all income and type (using above list) for all other adults living permanently in the home. List each type of income separately.

Use another sheet of paper if you require additional space.

Name	Type of income	Amount

Do you or any permanent resident of your home:

\* Own multiple houses or property for personal use or rental? \_\_\_Yes \_\_\_No

\* Own any stocks or bonds? \_\_\_Yes \_\_\_No

\* Have more than \$20,000 in any type of savings? \_\_\_Yes \_\_\_No

*If you answer yes to any of the above questions, please explain below:*

---



---



---



---

Please list any other sources of income or assets not listed above:

---



---



---

**AUTHORIZATION AND RELEASE STATEMENTS**

The undersigned applicant(s) (“Applicant”) declares that he/she has read and understands Rebuilding Together, Platte Valley East’s Homeowner Application (“Application”) and that the information that he/she has provided in the Application is true and correct to the best of his/her knowledge. The Applicant acknowledges and agrees that any information provided in the Application that is false, inaccurate, or misleading will void the application entirely and disqualify the applicant from Rebuilding Together, Platte Valley East’s Application selection process. Further, the Applicant agrees and authorizes Rebuilding Together, Platte Valley East, as well as its agents, employees, and representatives, to (a) distribute, share, and use any and all information that the Applicant provides in the Application to verify and/or confirm the truth of such information, (b) to assist and/or enable Rebuilding Together, Platte Valley East to evaluate whether to approve or select the Applicant’s Application and (c) to distribute and share any and all information that the Applicant provides with other community service organizations whose service may benefit the homeowner. The original copy of this application may be retained even if the application is not approved.

I understand that by filing this application, I am authorizing Rebuilding Together, Platte Valley East to evaluate my actual need for the repair program.

I understand that the evaluation may include home visits, employment verification, and title search.

\* All person’s listed on the title must sign this application unless deceased.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature Date Co-Applicant Signature Date

\_\_\_\_\_  
Printed name of Applicant Printed name of Co-Applicant

***Mail this document and all PROOF OF INCOME documentation listed on page 5 to:***

Rebuilding Together  
445 E 1<sup>st</sup> St  
Fremont, NE 68025

Email:  
[info@RebuildingTogetherPVE.org](mailto:info@RebuildingTogetherPVE.org)

For questions or more information call 402-727-7047  
between 9:00 a.m. and 4:00 p.m. Monday – Friday

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION FOR INCOME VERIFICATION PURPOSES. Failing to include the required documentation or withholding information will result in the delay or termination of the application process. PLEASE READ CAREFULLY to ensure you provide all information.**

**Required documentation for ALL APPLICANTS:**

- Current checking account statements for the ***MOST CURRENT 3 MONTHS***. You may black out all account numbers. We must be able to see the total of all deposits to verify income. Balance only information is insufficient.
- A copy of the most current federal income tax return for each adult wage-earner in the home. Summary sheets only with social security number blacked out.
- A copy of your most current mortgage statement showing current payment status.
- Proof of current homeowner insurance policy.
- Most current 3 pay stubs for each adult wage-earner that resides in the home **OR** most current Social Security statement for each individual that resides in the home.

**Documentation required ONLY IF APPLICABLE:**

- Your most current savings account statement. You may black out all account numbers. Balance information only is acceptable for savings accounts.
- Most current SSD (disability) statements for each individual that resides in the home.
- Alimony or Child Support payment information.
- Most current pension or retirement income statement.
- Earning statements from any and all other investment income.
  
- If you are seeking assistance with roof replacement***, you must provide proof that your insurance company has not and will not provide coverage for the project.

\* Please indicate any reason(s) you are unable to provide any of the above required documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_