



# HOMEOWNER APPLICATION

## ***MUST RETURN WITH PROOF OF INCOME***

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

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### **PLEASE READ BEFORE COMPLETING APPLICATION**

Rebuilding Together, Platte Valley East is a nonprofit agency that utilizes resources and funding from private individual and foundation donors and does not receive city, state, or federal funding. Rebuilding Together is engaged in making critical home repairs, as well as health and safety repairs and modifications to the homes of clients who meet our income requirements. The purpose of these repairs and modifications is to allow homeowners to remain safely in their homes.

Please review the following program guidelines prior to completing the application process. Contact our office in Cuming County at 402-380-3275, or by email at [carla@rebuildingtogetherpve.org](mailto:carla@rebuildingtogetherpve.org) to discuss any questions that you may have.

- *Applicants must both own and reside in the home for which they are applying for assistance. Applications may be submitted by a POA if proper documentation is provided, however, the homeowner must be residing in the home to receive assistance.*
- *Rebuilding Together DOES NOT provide assistance for rental properties.*
- *Rebuilding Together DOES NOT provide assistance for persons seeking to improve their homes for purchase or sale.*
- *Applicants must have purchased their home a minimum of 1 year prior to applying for assistance.*
- *Applicants must have maintained homeowner's insurance for a minimum of 1 year prior to applying for assistance.*
- *Applicants must not have any judgements or liens, other than a mortgage, on the property for which they are applying for assistance.*
- *Applicants must be current with property tax payments for 1 year prior to application.*
- *Rebuilding Together does NOT generally provide assistance for mobile homes. Please contact us to discuss your needs before completing the application process.*
- *Applicants must include income information from all person's listed on the title to the home and all other adult wage-earners residing permanently in the home.*

Rebuilding Together, Platte Valley East is a Non-Government agency. Compliance with the above program requirements does not guarantee acceptance into the program. Projects are completed based on need and available funding.

# INTENT TO LIEN

Rebuilding Together DOES NOT provide services for rental homes or for persons desiring to complete home repairs in an effort to sell their home. To ensure the proper use of our donor's resources and if your home is selected for repairs and modifications within the scope of our program, Rebuilding Together Platte Valley East may execute the following:

1. **Homes requiring \$1,000 to \$4,999** in expenses may have a contractor's lien placed on the property for a duration of 2 years from the date of completion. Should the client sell their home within 2 years of the date of project completion, all expenses incurred in materials and skilled labor will be reimbursed to Rebuilding Together from the proceeds of the sale.
2. **Homes requiring \$5,000 or more** in expenses may have a Deed of Trust and Promissory note filed against the title of the home in the amount of materials and skilled labor costs associated with the project. The amount of the Deed of Trust and Promissory Note shall decrease annually after 2 years and shall be forgiven completely after the 5<sup>th</sup> year. If the home is sold within the 5 year period, the amount remaining against the Deed of Trust and Promissory note shall be due from the proceeds of the sale.

**All persons whose names appear on the title to the home MUST sign and date.**

Homeowner #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT INFORMATION:**

Today's Date: \_\_\_\_\_

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

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

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

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

Marital Status:  Married  Single  Separated  Divorced  Widow/er

How did you hear about Rebuilding Together? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Ethnicity:

Hispanic or Latino or Spanish Origin (or)  Not Hispanic or Latino or Spanish Origin

Race:

American Indian or Alaska Native  Asian  Black or African American  White

Hispanic/Latino  Native Hawaiian or Other Pacific Islander  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 legally 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	Gender	Date of Birth	Relationship	Ethnicity

**HOME INFORMATION**

- \* Is your home (check all that apply)  1 Story  2 Story  Single Family  Multi-Family  
 Manufactured Home  Mobile Home  Condominium
- \* How many bedrooms? \_\_\_\_\_
- \* Do you own, or are you purchasing your home?  Yes  No
- \* Have you owned your home for more than 1 year?  Yes  No
- \* Purchase Closing Date \_\_\_\_\_
- \* Do you currently reside permanently in the home?  Yes  No
- \* Barring unforeseen circumstances, do you plan to stay in your home for more than 3 years?  Yes  No
- \* Are you current with your property taxes?  Yes  No
- \* Are you current with your mortgage payments?  Yes  No
- \* Have you had homeowner’s insurance for at least 1 year?  Yes  No
- \* Are there any judgments or liens against your property?  Yes  No

Briefly describe the repairs and/or modifications for which you are applying:

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

\*In 2019, the total amount of ALL income for ALL adult wage-earners in your household must be equal to or less than the following amounts, based on the number of permanent household members including any children who may only live part-time in the home. All persons over the age of 19 contributing to the household expenses must be included and income must be reported. (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
\$3175	\$3,629	\$4,083	\$4,533	\$4,900	\$5,263
Monthly	Monthly	Monthly	Monthly	Monthly	Monthly

\*Please contact us for income limits if you have more than 6 members of your household.

\*Please list applicable income amounts for the applicant and spouse or 2<sup>nd</sup> occupant below.

Type of Income	Applicant	Spouse or 2 <sup>nd</sup> occupant	Total (RT Use)
SSI			
SSDI (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:*

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

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**EXPENSES:** *Please list regular (monthly) expenses that lower your income.*

Mortgage payment: \$ \_\_\_\_\_ Approximate Utilities in Summer: \$ \_\_\_\_\_

Approximate Utilities in Winter: \$ \_\_\_\_\_ Monthly Non-reimbursed Medical Expenses: \$ \_\_\_\_\_

Other Regular Monthly Expenses (List type and amount): \_\_\_\_\_

Before we begin any work on your home, please take a few minutes to complete our homeowner survey regarding your current housing situation and to explain how *Rebuilding Together* can work with you to make it better. This information will help us more clearly understand your needs and expectations and to assess the effectiveness of our work.

**1. Please briefly describe the problem area(s) of your home that you feel need to be addressed by *Rebuilding Together*:**

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**2. Do you feel that any of these problem areas are affecting your health or the health of others living in your home?     Yes     No**

If yes, please describe: \_\_\_\_\_

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**3. Do you feel that any of these problem areas are affecting your safety or the safety of others living in your home?     Yes     No**

If yes, please describe: \_\_\_\_\_

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**4. Do you feel that any of these problem areas are making it difficult for you to continue living in your home? Are you concerned that you will have to move if they are not addressed?**

Yes     No

If Yes, please explain: \_\_\_\_\_

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**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 persons whose names appear on the title to the home 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 8 to:***

Rebuilding Together  
PO Box 92  
West Point, NE 68788  
Email: [carla@RebuildingTogetherPVE.org](mailto:carla@RebuildingTogetherPVE.org)

**Applications may be dropped off in person at 430 N Monitor Street in West Point. The office is not always staffed, please call for an appointment.**

For questions or more information, call 402-380-3275 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 not sufficient.
- 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 SSDI (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: \_\_\_\_\_  
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