

**CITY OF DAVID CITY
CDBG HOUSING REUSE PROGRAM**

City Hall
557 4th Street
David City, NE 68632
(402) 367-3135

AGREEMENT

To Whom It May Concern:

This is to certify that the undersigned has given permission to the City of David City's Housing Board to request and receive information required to verify employment, mortgages, and other liens, deed, trust accounts, savings accounts, credit accounts, financial status, and any other information necessary to complete the undersigned's application for a loan from the CDBG Program.

The undersigned hereby applies for a loan from the City of David City CDBG Housing Program. The undersigned agrees to comply with all provisions of the CDBG Program. The undersigned represents that all statements made in the Homebuyer Down payment Assistance and/or Rehabilitation Application are true and correct, and are made for the purpose of obtaining a CDBG loan. The undersigned further agrees that the David City Housing Board may verify information from any source named in the application.

I undersigned fully understand that it is a federal, state and local crime, punishable by fine or imprisonment or both, to knowingly make false statements concerning any of the facts in the application.

CERTIFICATION:

I/We certify that all information contained in this application is true and complete to the best of my/our knowledge and belief. It is understood and agreed that this information is given for the purpose of obtaining financial assistance through the City of David City' CDBG Reuse funds, and will be used for no other purpose.

Signature: _____

Date: _____

Signature: _____

Date: _____

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(402) 367-3135

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/we hereby authorize you to release to the City of David City the following information:

1. Previous and past employment history, including employer, period employed, title of position, income and hours worked.
2. Income from all sources, including, but not limited to, wages, unemployment benefits, pension benefits, interest income, income from rental properties, social security, disability, child support, maintenance, public assistance, and any other sources.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of the City of David City in determining my/our eligibility for a loan from the City's CDBG Housing Reuse Program, or to confirm information that I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed General Release of Information from will be kept on file with the City of David City.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Address

Address

City, State, Zip

City, State, Zip

Signature

Date

Signature

Date

**CITY OF DAVID CITY
CDBG HOUSING REUSE PROGRAM**

City Hall
557 4th Street
David City, NE 68632
(402) 367-3135

**LEAD HAZARDS ADVISORY
ACKNOWLEDGEMENT FORM**

I/we have received a copy of the EPA publication entitled "Protect Your Family from Lead in Your Home."

Signature of Applicant

Date: _____

Signature of Applicant

Date: _____

**CITY OF DAVID CITY
CDBG HOUSING REUSE PROGRAM**
City Hall
557 4th Street
David City, NE 68632
(402) 367-3135

NOTICE TO LOAN APPLICANT
DISCLOSURE OF CREDIT SCORE

In connection with your application for a loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores. The credit score is a computer generated summary calculated at the time of the request and based on information that a consumer reporting agency or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit-scoring technologies change. Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another. If you have questions about your credit score or the credit information that is furnished to you, contact the consumer reporting agency at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score. The consumer reporting agency plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application. If you have any questions concerning the terms of the loan, contact the lender:

City of David City, Nebraska
557 4th Street
David City, NE 68632
(402) 367-3135

For information on FICO scores, please contact the developer, Fair Isaac Corporation, at www.myfico.com or 1-800-777-2066.

TRANSUNIONP.O. BOX 1000CHESTER, PA 19022(800)888- 4213WWW.TRANSUNION.COM	EQUIFAXP.O. BOX 105851ATLANTA, GA 30348(800)685- 1111WWW.EQUIFAX.COM	EXPERIANP.O. BOX 2104ALLEN, TX 75013(888)397- 3742WWW.EXPERIAN.COM
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I undersigned fully understand that I have the right to request my credit report from the City of David City, Nebraska.

CERTIFICATION:

Signature: _____

Date: _____

Signature: _____

Date: _____

**CITY OF DAVID CITY
CDBG HOUSING REUSE PROGRAM
APPLICATION**

City Hall
557 4th Street
David City, NE 68632
(402) 367-3135

Which City of David City Housing Reuse Programs Loan are you applying for?

Owner-Occupied Housing Rehabilitation Application YES NO
Down Payment Assistance Application YES NO

PART 1: HOUSEHOLD INFORMATION

Section A - Please complete the following section for all household members age 18 or older who will occupy the property. Make copies if necessary for any additional household members.

Name of Primary Applicant: _____

Current Address (street, city, state, zip): _____

Phone Work (____) _____ Home (____) _____ Cell (____) _____

Email: _____

Birthday: _____ Gender: _____ Number of people to live in your household _____

Social Security #: _____ - _____ - _____

Are you a full-time student? YES NO Are you currently Employed? YES NO

Mailing Address (if different): _____

Name of Secondary Applicant: _____

Current Address (street, city, state, zip): _____

Phone Work (____) _____ Home (____) _____ Cell (____) _____

Email: _____

Birthday: _____ Gender: _____ Number of people to live in your household _____

Social Security #: _____ - _____ - _____

Are you a full-time student? YES NO Are you currently Employed? YES NO

Mailing Address (if different): _____

Name of Others: _____

Current Address (street, city, state, zip): _____

Phone Work (____) _____ Home (____) _____ Cell (____) _____

Email: _____

Birthday: _____ Gender: _____ Number of people to live in your household _____

Social Security #: _____ - _____ - _____

Are you a full-time student? YES NO Are you currently Employed? YES NO

Mailing Address (if different): _____

Section B – Other Information.

1. Do you or any household members currently own a home?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Can you furnish a letter of recommendation from your current landlord?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Do you presently budget your expenses?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Have you been separated or divorced within the last 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Are there any outstanding judgment against any member of your household?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Has a member of your household been declared bankrupt within the past 7 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Are any members of your household currently party to a lawsuit?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
8. Are you currently delinquent or in default on any loan of any kind?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
9. Are you obligated to pay alimony, child support, or maintenance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Are you a co-maker or endorser on any note?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
11. Are you a United States citizen?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Address/Location of proposed property for purchase:				
13. Do you have a proposed Purchase Agreement for the identified property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
14. Do you anticipate changes in the income of any household member during the upcoming 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain any anticipated changes:				
15. Are home improvements needed?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Improvements Needed	Roof	<input type="checkbox"/> YES <input type="checkbox"/> NO	Insulation	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Exterior siding/painting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Interior wall /ceilings/floors	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Furnace	<input type="checkbox"/> YES <input type="checkbox"/> NO	Foundation	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Water heater	<input type="checkbox"/> YES <input type="checkbox"/> NO	Windows – storms/permanent	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Plumbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Doors – storm/exterior	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Wiring/Electrical Service	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chimney	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Other (please specify) :			

PART 2: INCOME AND ASSET INFORMATION

Please complete a separate Income and Asset Section for EACH individual in the household who receives income or holds assets. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by children, or benefit income received by children.

On the following list, check YES if you receive the particular income, and check NO if you do not receive the income. You will need to provide verification for each item checked YES.

The following information is for: (Name) _____

Section A - Income Information.

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from pensions or retirement plans, stocks, etc. Failure to report household income is considered fraud and can have serious consequences.

Employment Income (Do not include employment income of children younger than 18)

Self-Employment	Type of Income	Received?	Gross Monthly Wages	
<i>Name of Business:</i>	Self-Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Employer # 1	Type of Income	Received?	Gross Monthly Wages	
<i>Name and Address of Employer:</i>	Wages/Salaries	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Overtime Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Commission	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Fees/Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Bonuses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Avg. # hours/week: _____				
Employer # 2	Type of Income	Received?	Gross Monthly Wages	
<i>Name and Address of Employer:</i>	Wages/Salaries	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Overtime Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Commission	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Fees/Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	Bonuses	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Avg. # hours/week: _____				

PLEASE ADD ALL EMPLOYMENT INCOME AND RECORD HERE \$ _____

Section B – Other Income Information.*Name:* _____**Benefit Income**

Type of Income	Receive?	Monthly Amount	Clarification (as necessary)
Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Worker's Comp	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Disability pay/benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Unemployment Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Severance Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Annuities	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Insurance Policy Payment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Retirement Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Armed Forces Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
PLEASE ADD ALL BENEFIT INCOME AND RECORD HERE: \$ _____			

Other Sources of Income

Type of Other Income	Received?	Monthly Amount	Clarification (as necessary)
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Lottery winnings paid periodic payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Other Income (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
PLEASE ADD ALL OTHER INCOME AND RECORD HERE: \$ _____			

Section C – Asset Information.

Name: _____

An asset is cash or no cash item that can be converted to cash.

Report the following assets: Cash held in saving accounts, checking accounts, safe deposit boxes, homes, etc. Equity in rental property or other capital investments. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty). Retirement and pension funds. Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Lump sum or one-time receipt, such as inheritances, capital gains, lottery winnings, victim’s restitution, insurance settlements and other amounts not intended as periodic payments. Mortgages or deeds of trust held by an applicant. **Do Not Report** necessary personal property such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.

Bank Accounts

Name of Institution	Type of Account	Current Balance
	Checking	\$
	Checking	\$
	Checking	\$
	Savings	\$
	Savings	\$
	Money Market	\$
	Money Market	\$
	Other (please specify)	\$
PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD HERE: \$ _____		

Other Assets

Name of Institution	Type of Investment	Current Value of Assets
	Individual Stocks	\$
	Bonds	\$
	Mutual Funds	\$
	Trust Funds	\$
	Retirement Accounts (i.e. IRA, Keogh, 401K, 403B, PERA)	\$
	IRA/Keogh/401K	\$
	Cash Value of life insurance policy	\$
	Gift Money for down payment – provide a copy of the gift letter	\$
	Estimated Proceeds from Sale of Home	\$
	Value of Other Property (please specify)	\$
	Other Asset (please specify; this includes mobile homes)	\$
PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD HERE: \$ _____		

Section D – Applicant Obligations

Name: _____

Alimony and Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving

Type of Support Income	Received?	Monthly Amount	Clarification (as necessary)
Alimony / Maintenance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
PLEASE ADD ALL SUPPORT INCOME AND RECORD HERE: \$ _____			

Other Obligations

Provide **ALL** Monthly Installments and Loan Payments

Name of Institution	Monthly Payment
Credit Card Payment (s)	\$
Current Mortgage/Rent	\$
Auto Loan (s)	\$
Electric/Gas/Water/Sewer	\$
Cable/Phone/Internet	\$
Student Loan (s)	\$
Homeowner's Insurance	\$
Property Taxes	\$
Medical Payment (s)	\$
Other	\$
PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD HERE:	
\$ _____	

Section E – Income and Eligibility Determination

Name: _____

1. Please check the box that represents your household size.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check the box the represents your total income, within the last twelve months, including Social Security, of all members of your family.

\$0.00 to \$32,150	\$32,151 to \$36,700	\$36,701 to \$41,300	\$41,301 to \$45,900	\$45,901 to \$49,550	\$49,551 to \$53,250	\$53,251 to \$56,900	\$56,901 to \$60,600	Greater Than \$60,601
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are you 65 years old or older? _____

4. Do you pay more than 50% of your income on housing cost? (*mortgage, taxes, insurance & utilities*) _____

5. What is the size, in square feet, of the home that you wish to purchase or rehabilitate? _____

6. How many bedrooms does the home that you wish to purchase or rehabilitate have? _____

7. How many bathrooms does the home that you wish to purchase or rehabilitate have? _____

8. Please check the box that represents the extent to which the home is in need of repair.

Severe
 Major
 Moderate
 Minimal

9. Is your home in need of any improvements to make it handicap accessible? _____

10. Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encourage to do so. The low provide that a lender may not discriminate on the basis of this information, whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to not the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

BORROWER

I do not wish to furnish this information

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race

White

Black/African American

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Asian

Multi-Racial

Sex

Female

Male

CO-BORROWER

I do not wish to furnish this information

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race

White

Black/African American

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Asian

Multi-Racial

Sex

Female

Male