



CDS Inspections & Beyond

RANDY AND LEIGH ALEXANDER
53506 862 ROAD
PLAINVIEW, NE 68769-2118
Phone / Fax: 402-582-3580
E-mail: info@cdsne.com
Visit us at www.cdsne.com

Dear Housing Rehabilitation Funds Applicant:

Thank you for your interest in participating in the Housing Rehabilitation Program. The City of Plainview has contracted with our firm, CDS Inspections & Beyond, to administer the Nebraska Affordable Housing Program (NAHP) housing rehabilitation funds it received from the Department of Economic Development.

We understand that you may have many questions about the Housing Program, so we have included with this application a General Program Information sheet. It describes the types of home improvements covered through the Housing Rehab Program, as well as Program requirements. The income limits are also listed at the bottom of this sheet.

In order for us to determine your eligibility for the Program, you need to complete and return the attached application form entitled "Household Survey Information." In addition to the Household Survey, we will need documentation supporting your income and assets information, along with documentation that you meet other Program requirements. A Checklist of Required Documents is included with this application.

Your Application cannot be processed until we receive the applicable documentation outlined on the Checklist.

Once we receive your information and make a determination about your eligibility for the Housing Rehabilitation Program, we will contact you to discuss your loan level and terms and confirm your continued interest.

Please submit the Application and other documentation to the Plainview address at the top of this page. If you have an idea of some of the home improvements you would want to make with these funds, please list those items on the last page of the application in the space provided. Feel free to contact us at 402-582-3580 or info@cdsne.com if you have any questions about the program or these forms. We look forward to working with you.

Sincerely,

Leigh Alexander
Grant Administrator

CDS Inspections & Beyond.....Making Homes Healthy One at a Time

CDS INSPECTIONS & BEYOND

Randy & Leigh Alexander

53506 862 Road

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Phone / Fax: (402) 582-3580 Email: info@cdsne.com

General Information for the Plainview Owner-Occupied Housing Rehabilitation Program

The Program is designed to provide funds to eligible homeowners for home repairs and improvements, such as:

- Repair or Replacement of Windows, Doors and Siding;
- Roof repair or replacement;
- Water Heater, Furnace / AC;
- Insulation and Storm Windows;
- Repair of Walls, Ceilings and Floors;
- Accessibility changes for Persons with Disabilities; and
- Health and Safety related items, including reducing or eliminating Lead-Based Paint Hazards.

The primary Eligibility Requirements for the Program are as follows:

- Home must be an owner-occupied single-family home and NOT a mobile home;
- Home must be located in the City limits of Plainview;
- Household income cannot exceed HUD's Income Limits (see table at bottom of page)
- Property Taxes on home must be current;
- Applicants must have a net worth of less than \$40,000, excluding residence
- Homeowner must carry current dwelling insurance; and
- After the rehabilitation has been completed, the home must meet the minimum health and safety standards set by the Nebraska Department of Economic Development.

An eligible household will fall into one of three Program Levels, depending on its household income and size. The Program Levels vary depending on your income. **This program does NOT have any grant or forgivable funds available.** The maximum funds available for any one home cannot exceed \$25,000, but the actual amount allowed is based on the needs of the property.

Applicants who were beneficiaries of previous NE Affordable Housing Program funds are eligible for consideration only if the rehabilitation needs fall into one of the following categories: 1) Need threatens structural integrity of home; 2) Need is to address an imminent health and safety threat; and/or 3) Need is related to accessibility. Applications for return beneficiaries whose needs meet one or more of these 3 criteria will be considered once all other received applications have been processed and served to the extent allowable under the Program Guidelines.

INCOME THRESHOLD FOR HOUSEHOLD – Effective June 1, 2021								
Program Level	1 person*	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Maximum Income for Program Eligibility (80% of AMI)	\$46,500	\$53,150	\$59,800	\$66,400	\$71,750	\$77,050	\$82,350	\$87,650

* This refers to the number of persons that reside in the applicant household

**AMI = Area Median Income

CHECKLIST OF REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY DETERMINATION

This Checklist is provided to help you through the process of gathering the documentation we need in order to determine your income eligibility for the Housing Program. Please provide these items with your Household Survey. If not, this will delay the process for you.

- Copy of Social Security cards of all household members.**
- Copy of most recent bank statements.** Provide at least one full month's worth of activity for all bank accounts.
- Copy of most recent year's federal income tax return (full set of forms).** If you do not file taxes, please submit a signed, dated statement telling us why you are not required to file federal income tax returns.
- Copy of most current pay stubs of all occupants of household (if working).** If you are self-employed, we need a copy of your last three years' federal tax returns – complete sets. We average your income over the last 3 years to project ahead for the next year.
- Employer Verification Form for each working household member (see enclosure).** You must complete the top section, sign the middle section, and then forward to your employer as they need to fill out the bottom section. Your employer must return this to our office on your behalf. Please feel free to make additional copies if needed. If you are not employed, indicate such on the Household Survey.
- Asset on Deposit Form for each of your Banks (see enclosure).** You must complete the top section, sign the middle section, and then forward to your bank as they need to fill out the bottom section. Your bank must return this to our office on your behalf. Please feel free to make additional copies if needed. If you do not have any bank accounts, indicate such on the Household Survey.
- Documentation of Other Assets.** If you have an investment account, such as stocks, a retirement account or an IRA, we need a statement from the financial institution where this account is held giving us the balance of this account. If you have a whole life insurance policy, we need a statement from the insurance company reflecting its value. These assets must be considered with your application.
- Copy of paid receipt of real estate property taxes.** If you are homestead exempt and do not pay property taxes, we need a tax receipt showing no taxes are due, or we need a copy of the approved Homestead Exemption Application.
- Copy of the declarations page from your current homeowners' insurance policy.** If your home is not insurable due to its physical condition, we need a statement from an insurance agent identifying home improvements required in order to insure your home. You will be required to put funds in escrow to cover the cost of homeowners' insurance if you are approved for the Program and the repair items needed in order for your home to be insurable are a part of the rehab plan.
- Copy of your recorded Property Deed.** If you cannot locate this, please contact your County's Clerk.
- Documentation of Social Security Income, if applicable.** If you receive Social Security Benefits, we need a copy of the Social Security Benefits Statement you received from the Social Security Administration (usually in December) outlining your monthly benefits for the current / upcoming calendar year. **We cannot use your 1099 from the SSA.**
- Documentation of Child Support.** If you're receiving any child support or are eligible to receive child support, we need a statement from Health and Human Services documenting the payments you've received over the last 12 months.
- Signed Release for the Weatherization Program (see enclosure).**

Please feel free to contact us if you have any questions. We look forward to working with you.

CDS Inspections & Beyond
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HOUSING REHABILITATION PROGRAM APPLICATION

HOUSEHOLD SURVEY INFORMATION

Date: _____

(Feel free to use the back of these forms for additional space)

PERSONAL INFORMATION

Applicant's Name _____			
Age _____	First _____	Middle _____	Last _____
Social Security Number _____			
Marital Status: _____ Married _____ Unmarried (single, divorced, or widowed) _____ Separated			
Applicant Cell Phone _____		Applicant Home Phone _____	
Applicant Work Phone _____		Email Address _____	
Co-Applicant's Name _____			
Age _____	First _____	Middle _____	Last _____
Social Security Number _____			
Co-Applicant Cell Phone _____		Co-Applicant Work Phone _____	
Co-Applicant Email _____			

PROPERTY INFORMATION

Name property is listed under: _____			
Length of time you have lived in your current home: Years _____ Months _____			
Property Address _____		Mailing Address _____	
City _____	Zip Code _____	County _____	
Please indicate time period during which your home was built:			
Before 1940 _____	1940-1959 _____	1960-1977 _____	Unknown _____
Is your home located in a flood plain? Yes _____ No _____ (If unknown, check with County or City/Village Clerk)			
Has your residence ever been tested for lead-based paint? Unknown _____ No _____ Yes _____			
If yes, please advise when testing occurred and provide a copy of the report: Date Tested _____			

INFORMATION ON DEPENDENTS AND OTHER HOUSEHOLD MEMBERS (excluding self and spouse)

Name and Birth Date	Age	Gender	Lives at Home (yes or no)	Full-time Student (yes or no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT DATA (required for any household member age 18 or over)

Household Member _____	Employer _____	How Long _____	
Mailing Address _____	City _____	Zip _____	
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>		
Gross Income (before taxes): Per Month _____		Per Year _____	
<hr style="border: 1px solid black;"/>			
Household Member _____	Employer _____	How Long _____	
Mailing Address _____	City _____	Zip _____	
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>		
Gross Income (before taxes): Per Month _____		Per Year _____	
<hr style="border: 1px solid black;"/>			
Household Member _____	Employer _____	How Long _____	
Mailing Address _____	City _____	Zip _____	
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>		
Gross Income (before taxes): Per Month _____		Per Year _____	
<input type="checkbox"/> No members of my / our household are employed (mark box if applicable).			

OTHER INCOME (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker's Compensation, and any other source not listed)

Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____

ASSETS (Cash value of life insurance policies and revocable trusts, retirement / pension funds, cash held in checking / savings accounts, stocks, equity in rental property, personal property held as investments such as gems / jewelry / coin collection / antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances / capital gains / insurance settlements, and any other asset not listed)

Average Checking Balance \$ _____	Bank & Address _____
Savings Amount \$ _____	Bank & Address _____
Does the total cash value of your assets exceed \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Owned (other than home in which you reside) _____	Value \$ _____
<input type="checkbox"/> I / We do not have a Checking or Savings Account (mark box if applicable).	

MONTHLY HOUSING EXPENSES

	Monthly Amount	Balance Due	Name of Company
Current Mortgage/Rent Payment			
Electric/Gas/Water Bills			
Property Taxes		←Please divide your annual amount by 12 to get your monthly amount and include that here.	
Homeowner's Insurance			
Totals			

PREVIOUS HOUSING ASSISTANCE

Have you ever been assisted with Nebraska Affordable Housing Program (NAHP) Funds through any City, County or Regional Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Program? _____ When? _____
Note: This question refers to any NAHP assistance received and is not limited to your current home.



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The Weatherization Assistance Program is a federal program managed by the Nebraska Department of Energy through contracts with regional, non-profit organizations located in Wisner (Goldenrod Hills), Loup City (Central Nebraska Community Services), and Kearney (Community Action Partnership of Mid-Nebraska), among others. This Program can offer qualified applicants limited grant funds to assist with home weatherization. Your signature on this release form will allow our office to share information on your behalf with the Weatherization Assistance Program that covers your county to see if you qualify for home improvement funds through that Agency. We offer this referral as a service to you and will provide your information to the Weatherization Assistance Program only if you appear to be income eligible for assistance through that office. Our goal is to bring as many resources to your home improvement project as possible, so we may make the greatest impact. Therefore, we ask that you sign the authorization below.

.....

I understand that CDS Inspections & Beyond (CDS) is working together with the regional Weatherization Assistance Program that serves my community on my request for rehabilitation of my home and give both the Weatherization Assistance Program and CDS permission to solicit and share any and all information as it pertains to the processing of my application.

Signed,

Program Applicant / Homeowner Date

Program Co-Applicant / Homeowner Date

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a / we are citizen(s) of the United States.

— OR —

At least one member of our household is a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ , and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

EMPLOYER VERIFICATION FORM

(A SEPARATE FORM MUST BE SIGNED BY EACH INCOME-EARNING MEMBER OF THE HOUSEHOLD)

DATE: _____

EMPLOYEE: _____
Name

EMPLOYER: _____
Name

Street Address _____
City/State/Zip

Street Address _____
City/State/Zip

SS# _____

Phone _____ Fax _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require that the housing program administrator, verify employment of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the City to access all information requested, included but not limited to that listed below.

Applicant Date

1. Employment start date _____
2. Please indicate if employee is paid hourly wages or salary _____
3. \$ _____ gross per hour / week / month / year (Circle one)
4. # _____ hours worked per week
5. Annual anticipated tip earnings not recorded on employee's W2 \$ _____
6. Employee is paid – daily / weekly / bi-weekly / monthly (Circle one)
7. Overtime pay at 1 x hourly rate / 1-1/2 x hourly rate / other rate _____
8. Overtime hours are worked regularly / occasionally / rarely / never (Circle one)
9. If regular or occasional overtime, anticipated hours over next 12 months # _____
10. Year-to-Date Gross Earnings \$ _____
11. Anticipated gross salary over the next 12 months \$ _____
12. Is there any anticipated change of employment or job status, such as a raise, promotion, or lay-off in the near future? If yes, please explain and give anticipated date _____
13. Is employee currently off work due to lay-off, sick leave, work-related accident? If yes, please explain and give estimated date of return: _____

This form should be completed and signed by a bona fide representative of the employer such as timekeeper, bookkeeper, or accountant. **IN NO EVENT SHOULD IT BE COMPLETED BY THE EMPLOYEE.**

SIGNATURE/TITLE

DATE

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:
CDS Inspections & Beyond, 53506 862 Road, Plainview, NE 68769-2118
Phone: 402-582-3580. Fax: 402-582-3570. Email: info@cdsne.com

ASSETS ON DEPOSIT VERIFICATION FORM

DATE: _____

NAME: _____

BANK: _____
Name

Street Address City/State/Zip

Street Address City/State/Zip

SS# _____

Phone _____ **Fax** _____

REQUEST FOR VERIFICATION OF ASSETS ON DEPOSIT

Federal regulations require that the housing program administrator verify all assets on deposit of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the Grantee _____, to access all information requested, included but not limited to that listed below.

Applicant Date Co-Applicant Date

Checking / Savings / Money Market Funds Account No.	Average Monthly Balance for Last 6 Months	Current Interest Rate	
Certificates of Deposit / IRA / Retirement Account No.	Amount	Withdrawal Penalty	Current Interest Rate

This form should be completed and signed by an authorized representative of the depository.
IN NO EVENT SHOULD IT BE COMPLETED BY THE APPLICANT.

SIGNATURE / TITLE

DATE

PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:
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