



# Ord Rolling Hills Subdivision

## Application for Down Payment Assistance

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

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING EACH PORTION OF THIS APPLICATION.**

You must use the CORRECT LEGAL NAME for each member of the household as it appears on their Social Security Card. ALL adult members of the household must sign this application certifying the accuracy of the information. Answer all questions, if a question does not apply to your household, write N/A.

Please Print

Applicant Name: \_\_\_\_\_ Phone #'s (home): \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ (applicant work #): \_\_\_\_\_

Current Address: \_\_\_\_\_ (co-applicant work #): \_\_\_\_\_  
Street Apt. # City State ZIP

How long at this current address? \_\_\_\_\_ Monthly housing payment: \_\_\_\_\_ Landlord or Lender \_\_\_\_\_

HOUSEHOLD INFORMATION: Number of people in household: \_\_\_\_\_ Adults + \_\_\_\_\_ Children = TOTAL household size: \_\_\_\_\_

Please list ALL adult household members who will be living in the unit that receives assistance from our program.

	<u>Legal Name (first, middle initial, last)</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list ALL dependent children who will be living in the unit that receives assistance from our program.

	<u>Legal Name (first, middle initial, last)</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Do you anticipate any change in household size within the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No If 'Yes,' what change?

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**EMPLOYMENT INFORMATION:** List all employers and any known potential employers of each adult household member for the next 12 months.

<u>Name (household member)</u>	<u>Employee ID Number (usually the Social Security #)</u>	<u>Employer / Company Name Address (Street, City, State, ZIP), and Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect to receive any employment income(s) other than those listed above in the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If 'Yes,' explain below.

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**INCOME INFORMATION:** List all money expected to be earned or received by everyone living in your household over the next 12 months. This includes money from **wages, self-employment, child support, alimony, Social Security** (including Medicare), **disability income, worker's compensation, retirement benefits, Aid to Dependent Children, veteran's benefits, rental property income, investment income** (including stocks, dividends, and interest from all bank accounts), **unemployment benefits**, and any other sources.

<u>Name (Household Member)</u>	<u>Type of Income</u>	<u>Source</u>	<u>Amount and how often</u>	<u>If hourly, hours per week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ASSET INFORMATION:

1. Does anyone in the household own or have interest in any real estate, mobile home, or personal property (gems, jewelry, antiques, boats, etc.) held as an investment? \_\_\_ Yes \_\_\_ No

If 'Yes,' explain and include value: \_\_\_\_\_

2. Has anyone in the household sold any real estate in the last 2 years? \_\_\_ Yes \_\_\_ No

If 'Yes,' explain and include value: \_\_\_\_\_

3. Does anyone in the household have any CDs or Money Market Funds? \_\_\_ Yes \_\_\_ No

If 'Yes,' how many? \_\_\_\_\_ At what bank are they held? \_\_\_\_\_

Account Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Does anyone in the household own any stocks and/or bonds? \_\_\_ Yes \_\_\_ No

If 'Yes,' how many? \_\_\_\_\_ At what bank are they held? \_\_\_\_\_

Account Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Does anyone in the household have checking accounts? \_\_\_ Yes \_\_\_ No

If 'Yes,' how many? \_\_\_\_\_ At what bank are they held? \_\_\_\_\_

Account Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Does anyone in the household have any savings accounts? \_\_\_ Yes \_\_\_ No

If 'Yes,' how many? \_\_\_\_\_ At what bank are they held? \_\_\_\_\_

Account Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Does anyone in the household have retirement savings accounts? \_\_\_ Yes \_\_\_ No

If 'Yes,' how many? \_\_\_\_\_ At what bank are they held? \_\_\_\_\_

Account Numbers: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Does anyone in the household own any type of motor vehicles? How many vehicles? \_\_\_\_\_ \_\_\_ Yes \_\_\_ No

Asset Detail Not Disclosed Above:

<u>Name (household member)</u>	<u>Type &amp; Location of Asset</u>	<u>Estimated Value</u>
_____	_____	_____
_____	_____	_____

1. Do you anticipate any changes to the status of these assets over the next 12 months?  Yes  No

If 'Yes,' explain: \_\_\_\_\_

2. Is the household currently, or ever been, involved in any litigation or legal action concerning delinquency of payment of taxes, loan payments, etc., any place within the United States? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

3. Has any member of the household disposed of any asset during the past 2 years? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_

4. Has any adult member of the household ever used any name(s) or Social Security Number(s) other than those currently used? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

5. Has any member of the household previously lived in any type of assisted housing? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

6. Has any member of the household ever been asked to repay money for knowingly misrepresenting information or committing fraud with regard to any federally assisted housing program? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

7. Does anyone outside the household pay for any household expenses or give you money? If 'Yes,' explain below.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**EXPENSE/DEBT INFORMATION:** Please list all recurring debt payments such as payments on **automobile loans** for automobiles, **personal expenses, medical expenses, and education**. Also list any debt payments made monthly on **credit cards** or **department store cards**. **Alimony** and **child support** must be included.

<u>Name (Household Member)</u>	<u>Type of Debt</u>	<u>How often is it paid</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have any further information you want considered, in this application, regarding income or expenses, please explain below and include documentation with this application.

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION:**

I/We certify that a complete copy of the Program Guidelines, for the type(s) of assistance I/we are applying, has been provided for our personal reference. I/We have read and understand all the terms as outlined in the Program Guidelines.

I/We certify that the information provided to Community Development Services, LLC on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and/or State Law and that false statements or information are grounds for termination of any further consideration or assistance under this program .

In the event that my/our household financial circumstances change prior to closing and signing a Loan Agreement, I/we will notify Community Development Services, LLC within ten (10) days of the change and resubmit the "Application for Assistance" for review and approval.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL OTHER ADULT MEMBERS OF THE HOUSEHOLD MUST ALSO SIGN**

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

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

**How did you hear about our program?** \_\_\_\_\_



***SEND COMPLETED APPLICATION TO:***  
  
Community Development Services, LLC  
53506 862 Road, Plainview, NE 68769  
Attn: Leigh Alexander or Chris Holton  
Phone: 402/582-3580

**The City of Ord does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin.**

**OPTIONAL HOUSEHOLD CHARACTERISTICS:** The following demographic information is strictly OPTIONAL and has NO bearing on eligibility for participating in our program.

Marital Status: \_\_\_ Single \_\_\_ Married      Head of Household: \_\_\_ Male \_\_\_ Female      Number of older adults (62+): \_\_\_\_\_

Are any members of your household disabled? \_\_\_ Yes \_\_\_ No      If yes, number of people with disabilities: \_\_\_\_\_

Race (applicant): \_\_\_ Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian

\_\_\_ Other: Please Specify \_\_\_\_\_

Race (co-applicant): \_\_\_ Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian

\_\_\_ Other: Please Specify \_\_\_\_\_