

A. HOUSEHOLD DATA

1. Head of Household: (FAMILY MEMBER #1)

Full Name _____ Age _____

Occupation _____

Employer _____

2. Spouse (FAMILY MEMBER #2)

Full Name _____ Age _____

Occupation _____

Employer _____

3. Names and Ages of all other household members

Family Member #3 _____ Age _____

Family Member #4 _____ Age _____

Family Member #5 _____ Age _____

Family Member #6 _____ Age _____

4. Are any members of the Household

i. Handicapped or disabled? ____yes ____no (check one)

(If yes please explain) _____

Does your home require the removal of architectural barriers ____yes ____no
(please check one)

B. HOUSEHOLD INCOME AND ASSET DATA

EMPLOYMENT INCOME - Provide your six past pay stubs for each family member working.

1. Family Member #1 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$ _____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

2. Family Member #2 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

3. Family Member #3 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

4. Family Member #4 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

5. Family Member #5 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

6. Family Member #6 _____

Employer Name and Address _____

Amount of Gross Income from wages (before taxes)

\$_____ hourly weekly bi-weekly monthly semi-monthly yearly
(circle one above)

SOCIAL SECURITY ____yes ____no (please check one)

Monthly Amount \$ _____

YOU MUST PROVIDE A COPY OF THE SOCIAL SECURITY STATEMENT WITH THIS APPLICATION

PENSION

____yes ____no (please check one)

Monthly Amount \$ _____ Account # _____

Name and Address _____

INVESTMENTS

____yes ____no (please check one)

Source _____

Address: _____

OTHER INCOME TO INCLUDE ALIMONY, CHILD SUPPORT ETC.

____yes ____no (please check one)

Type of Income _____ Monthly Amount \$ _____

Source _____

Address _____

CHECKING ACCOUNT

____yes ____no (please check one)

Balance \$ _____ Bank _____

Address _____

SAVINGS ACCOUNT

____yes ____no (please check one)

Balance \$ _____ Bank _____

Address _____

REAL ESTATE

Do you own any real estate? ____yes ____no

(please check one)

Legal Description _____

SECURITIES

____yes ____no (please check one)

Address _____

SELF EMPLOYED

____yes ____no (please check one)

Will be required to provide most recent federal tax return.

**AUTHORIZATIONS FOR RELEASE OF INFORMATION WILL BE REQUIRED. EMPLOYMENT AND BANKING AUTHORIZATIONS ARE INCLUDED WITHIN THIS APPLICATION. ADDITIONAL AUTHORIZATIONS WILL BE SENT TO YOU IN THE EVENT YOU HAVE A PENSION/INVESTMENTS OR OTHER FORMS OF INCOME.

If you are found eligible for this program and KCHDC provides you homebuyer assistance, you will be required to place KCHDC as second lien holder on your homeowners insurance policy with continual coverage provided for a period of ten (10) years or for the duration of the affordability period of this program.

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for residency with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____



PLEASE SIGN THE ATTACHED AUTHORIZATION(S). YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION IN ORDER TO DETERMINE YOUR ELIGIBILITY TO THE PROGRAM.

Program administrator
Keith County Housing Development Corporation
PO Box 599
Ogallala, NE 69153
(308)284-6077 - fax (308)284-6070

CJ Poltack – Program Administrator

EMPLOYEMENT VERIFICATION - HEAD OF HOUSEHOLD

Employer _____ phone _____

Address _____ social security # _____

_____ **fax number of employer** _____

Employee Name _____
(printed name)

I hereby authorize the release of my employment information.

_____ date _____
(signature of employee)

The individual named directly above is an applicant of the KCHDC Homebuyer Assistance Program that requires verification of income. The information you provide will remain confidential and will be used solely for the purpose of determining eligibility to the program. Your prompt response is greatly appreciated. **Please fax completed document to 308-284-6070.** Thank you.

_____ CJ Poltack - Program Administrator
Program Administrator KCHDC
PO Box 599
Ogallala, NE 69153
(308)284-6077 - fax (308)284-6070

This section to be completed by employer
We will send this to your employer!

Employee name: _____ Job Title: _____

Presently employed: ___yes ___no (check one) If no last date of employment: _____

Current Wage/Salary \$ _____ per hourly weekly bi-weekly semi-monthly yearly
(please circle one above)

Frequency of Pay: daily weekly bi-weekly semi-monthly monthly yearly
(please circle one above)

Average number of regular hours per week: _____ Year to Date Earnings \$ _____

Average number of overtime hours per week: _____ Overtime Rate of pay \$ _____

Commissions/bonuses, tips (explain): _____

Do you anticipate any change in the employee's rate of pay within the next 12 months? _____
If so effective date: _____

If employees work is seasonal, please indicate layoff periods: _____

_____ (signature of employer) _____ (printed name of employer) _____ (date)

KCHDC Homebuyer Assistance Program
CJ Poltack - Program Administrator
PO Box 599 - Ogallala
(308)284-6077 - fax (308)284-6070

EMPLOYMENT VERIFICATION - SPOUSE

Employer _____ phone _____

Address _____ social security # _____

_____ **fax number of employer** _____

Employee Name _____
(printed name)

I hereby authorize the release of my employment information.

_____ date _____
(signature of employee)

The individual named directly above is an applicant of the KCHDC Homebuyer Assistance Program that requires verification of income. The information you provide will remain confidential and will be used solely for the purpose of determining eligibility to the program. Your prompt response is greatly appreciated. **Please fax completed document to 308-284-6070.** Thank you.

Program Administrator
CJ Poltack - Program Administrator
KCHDC
PO Box 599 - Ogallala, NE 69153
(308)284-6077 - fax(308)284-6070

This section to be completed by employer
We will send this to your employer!

Employee name: _____ Job Title: _____

Presently employed: ___yes ___no (check one) If no last date of employment: _____

Current Wage/Salary \$ _____ per hourly weekly bi-weekly semi-monthly yearly
(please circle one above)

Frequency of Pay: daily weekly bi-weekly semi-monthly monthly yearly
(please circle one above)

Average number of regular hours per week: _____ Year to Date Earnings \$ _____

Average number of overtime hours per week: _____ Overtime Rate of pay \$ _____

Commissions/bonuses, tips (explain): _____

Do you anticipate any change in the employee's rate of pay within the next 12 months? _____
If so effective date; _____

If employees work is seasonal, please indicate layoff periods: _____

_____ (signature of employer) _____ (printed name of employer) _____ (date)

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BANK VERIFICATION

Bank _____ phone _____

Address _____ social security # _____

_____ **fax number of bank** _____

Account Holder Name _____
(printed name(s))

I hereby authorize the release of my banking information.

_____ date _____
(signature)

(signature)

The individual(s) named directly above are applicants of the KCHDC Homebuyer Assistance Program that requires verification of assets. The information you provide will remain confidential and will be used solely for the purpose of determining eligibility to the program. Your prompt response is greatly appreciated. **Please fax completed document to 308-284-6070.** Thank you.

Program Administrator

CJ Poltack - Program Administrator
KCHDC
PO Box 599 - Ogallala, NE 69153
(308)284-6077 - fax(308)284-6070

This section to be completed by financial institution
We will send this to your bank!

SAVINGS ACCOUNT:
Account# _____

SAVINGS ACCOUNT:
Account # _____

Current Balance _____

Current Balance _____

CHECKING ACCOUNT:

CHECKING ACCOUNT:

Account # _____

Account# _____

6 month avg balance _____

6 month avg balance _____

Please list other assets accounts below to include CD's Money Markets etc.

Account Type: _____ Bal \$ _____ Int Rate _____ Cash Value \$ _____

Account Type: _____ Bal \$ _____ Int Rate _____ Cash Value \$ _____

(signature) (printed name and title) (date)

(bank name) (address)

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