

**Pre-Application to help determine Housing Stock needs in Auburn
Potential OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
City of Auburn, City Wide- 12- HO Pre-Application for Assistance**

Household Information		
Pre-Applicant/Co-Pre-Applicant		
Pre-Applicant's Name: _____	Age: _____	<input type="checkbox"/> Disabled
Co-Pre-Applicant's Name: _____	Age: _____	<input type="checkbox"/> Disabled
Mailing Address: _____	City: _____	ZIP: _____
Home Phone: _____	Work Phone: _____	
Message/Other Phone: _____		
E-mail Address: _____		
Other Household Members (list additional household members on separate sheet)		
Name: _____	Age: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	<input type="checkbox"/> Disabled

Property to Be Rehabilitated
Address & Legal Description of Property to Be Rehabilitated
Street Address: _____ City: _____ ZIP: _____
Lot(s): _____ Block: _____ Plat/Addition: _____
Year House Built: _____

Income
Income
\$ _____ Combined annual household incomes <i>(Use most recent Federal Income Tax Return if available.) Employer / 3rd Party verification will eventually be required for participation.)</i>
\$ _____ Annual gross earning from Pensions, Social Security, Disability Payments
\$ _____ Other (ADC Payments, Child Support, Alimony, Foster Care, etc.)
\$ _____ Anticipated Income (upcoming 12 months)

Rehabilitation Activities

What items in your home are in need of repair?

APPLICANT DECLARATIONS

I (We), the undersigned fee owner(s) of the property located at _____, in **AUBURN**, Nebraska, hereby make a PRE-application to the Proposed Owner-Occupied Housing Rehabilitation Program, sponsored by the City of Auburn (Operating Agency), to be considered for funding by the Nebraska Department of Economic Development (NDED).

I (We) agree to abide by all rules and regulations established for this rehabilitation program, including the right of the Operating Agency to inspect the property proposed for rehabilitation for the purpose of determining its suitability and condition, as well as to determine progress on the work being undertaken.

I (We) also understand that the receipt of this PRE-application by the Operating Agency in no way implies approval of the application or acceptance of the applicant for rehabilitation assistance and that approval of the application will depend upon eligibility requirements and the availability of program funds.

I (We) understand that if the proposed program is approved for the City of Auburn, a full application for assistance will then be required.

Signatures

I (We) hereby certify that I (we) do not have any income, savings accounts or any other assets that are not reported; and I (We) hereby verify that the above stated information is true and accurate to the best of my (our) knowledge:

Pre-Applicant

Date

Co-Pre-Applicant

Date

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- For best results, please submit this completed pre-application by **May 1, 2012** to:

**SEND D
PO Box 308
Humboldt, NE 68376**

- If you have questions, please call the SEND D office (402) 862-2201,
- E-mail: senddlisa@windstream.net