



SIMPCO
is Action

1122 PIERCE STREET • PO BOX 1077
SIOUX CITY IOWA 51102-1077

Funds for this program are provided by the **Nebraska Department of Economic Development Community & Housing Division** and meet the requirements of NDED and HUD.

New Neighborhoods Initiative Housing Program

Have you identified a property you would like to purchase? Y / N

If Yes, Property Address: _____ Date of Application: _____

GENERAL INFORMATION	Applicant	Co-Applicant
Last Name:		
First Name:		
Middle Name:		
Social Security No.:		
Date of Birth:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Type of Household: (Check All that Apply)	<input type="checkbox"/> Head of Household <input type="checkbox"/> Married Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years	<input type="checkbox"/> Head of Household <input type="checkbox"/> Married Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years
No. of Dependents:		
Present Address:		
City/State/Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		

GENERAL INFORMATION	Applicant	Co-Applicant
Education:	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equiv. <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equiv. <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree
Current Housing Arrangement:	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family/No Rent <input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner/Mortgage Paid Off	<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family/No Rent <input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner/Mortgage Paid Off
Number of Years at Residence	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.)			
Member No. (Head of Household)	Full Name	Relationship to the Head of Household	Age
2			
3			
4			
5			
6			
7			

Household Type (please circle one):

1. Single adult	2. Female headed single parent Household
3. Male headed single parent household	4. Married with children
5. Married without children	
6. Two or more unrelated adults	7. Other

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship _____	Age _____	Relationship _____	Age _____
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Most convenient time for an individual appointment? D: M T W Th F Time: _____AM _____PM

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 encouraged to do so. The law provides 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 note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosure satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Applicant

☐ I do not wish to furnish this information

Race:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian/Alaskan Native and White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native & African American
- ☐ Asian and White
- ☐ Black/African American and White
- ☐ Other

Foreign Born: Yes No

Sex: ☐ Female
 ☐ Male

Handicapped or Disabled? Yes No

How did you hear about this program? _____

If referred by a bank or realtor, which one? _____

Are you working with a Realtor? Yes No

If yes, who is the Real Estate Agent? _____

Real Estate Agency: _____

Are you working with a Lender/Financial Institution?: Yes No

If yes, which Lender? _____

Financial Institution: _____

Co-Applicant

☐ I do not wish to furnish this information

Race:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian/Alaskan Native and White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native & African American
- ☐ Asian and White
- ☐ Black/African American and White
- ☐ Other

Foreign Born: Yes No

Sex: ☐ Female
 ☐ Male

Handicapped or Disabled? Yes No

EMPLOYMENT (Primary)	Applicant	Co-Applicant
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
EMPLOYMENT (Secondary)	Applicant	Co-Applicant
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
Previous Employment	Applicant	Co-Applicant
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
Other Previous Employment	Applicant	Co-Applicant
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Household Annual Income
Salary (Primary Job)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Salary (Secondary Job)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Salary (Third Job/Overtime Pay)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Bonuses				
Commissions				
Child Support				
Alimony				
Interest and/or Dividends				
Net Income from Business				
Social Security				
Pensions, Retirement				
Unemployment Benefits				
Workers Compensation, etc.				
Welfare Payments				
Other				
TOTALS:				
Asset Income from "Asset Income Table" (from following page)				
TOTAL HOUSEHOLD INCOME:				

	Applicant		Co-Applicant	
Can you document your child support/alimony income? If yes, how long will it continue?	Yes	No	Yes	No
	_____		_____	
If your child or a family member receives SSI, how many more years will the payments continue?	_____		_____	
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

ASSET INCOME			
Family Member	Asset Description Checking ~ Savings~ Credit Union Accounts Stocks ~ Life Insurance	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets.....		3.	
4. Total Actual Income from Assets.....			4.
5. If line 3 is greater than \$5,000, multiply line by <u>2%</u> (Passbook Rate) and enter results here; otherwise, leave blank.			5.
6. Do you own any real estate property? ___Yes ___No			
6a. If you own real estate property you must sell it prior to receiving our assistance. Do you have a buyer for your property? ___Yes ___No			
6b. Planned closing date.....			
7. Are you about to receive additional funds (e.g., tax refunds, inheritance, property sales, etc.)? If yes, how much?			

LIABILITIES**Types: auto loans, charge accounts, credit union loans, personal loans, real estate loans, other loans**

Type of Liability	Creditor's Name	Monthly Payment	Unpaid Balance	Who's Debt? A=Applicant C=Co-Applicant B=Both

Living Expenses	Applicant	Co-Applicant
Current monthly rent or mortgage		
Utilities		
Telephone/Cell Phone		
Cable/Satellite TV		
Other Living Expenses		

	Applicant		Co-Applicant	
Do you have any outstanding judgments?	Yes	No	Yes	No
Have your payments been made on time?	Yes	No	Yes	No
Are you in a Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin?	<hr/>			
If yes, when will it be paid out?	<hr/>			
If yes, how much is the payment?	<hr/>			
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged?	<hr/>			
Are you a party in a lawsuit?	Yes	No	Yes	No

Required Documentation

The following documentation is required for determining eligibility for assistance through the South Sioux City New Neighborhoods Initiative Downpayment Assistance Program. We must have these documents for each person who will be living in the household regardless of whether or not they will be on the loan. Please provide copies of these items at time of application.

- _____ 1. Previous 3 years tax returns and W-2's.
- _____ 2. Previous 2 months bank statements from all accounts.
- _____ 3. Most recent 6 consecutive pay stubs from current employment of all wage earners in the household.
- _____ 4. Credit Report
- _____ 5. Divorce Decree / Child Support Order, if applicable.
- _____ 6. Social Security benefit documents, if applicable.
- _____ 7. Life insurance cash value records, if applicable.
- _____ 8. Most recent investment statements, if applicable.

Office Use Only

Notes: _____

Authorization

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification.

My/Our signature on accepting the terms and conditions of this application will serve as authorization for SIMPCO and/or the City of South Sioux City on behalf of the SSC New Neighborhoods Initiative to obtain all information and documents that they request. Such information includes, but is not limited to:

- (a) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my/our pursuit on a loan to purchase real property;
- (b) Obtain my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) Obtain a copy of the HUD-1 Settlement Statement, Appraisal, Real Estate Note(s), and URLA when I/we purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan;
- (d) I/We specifically authorize, if requested, SIMPCO, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Employment Documents or Verification of Income Documents from employers, lenders and all relative income sources.
- (e) I/We specifically authorize, if requested, SIMPCO, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Asset Documents from any related source to verify assets such as, but not limited to 401k, IRA's, other investment statements, checking and savings and life insurance with a cash value.

A written notice of income eligibility will be provided to all applicants that are deemed income eligible after reviewing income documents. In the event an applicant is not eligible, a written notice will be provided to the applicant disclosing the reason for non-selection.

THIS AUTHORIZATION ALSO SERVES AS ACKNOWLEDGMENT THAT THE HOME I/WE PURCHASE UTILIZING THE PROGRAMS OFFERED BY THE CITY OF SOUTH SIOUX CITY, NE WILL REMAIN OWNER-OCCUPIED AS MY/OUR PRINCIPAL RESIDENCE.

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO FOLLOW THE TERMS AND CONDITIONS.

Applicant

Date

Co-Applicant

Date