



**CITY OF SOUTH SIOUX CITY
HUD HOUSING APPLICATION CHECKLIST
SUBMIT ALONG WITH THE APPLICATION**



Complete application, provide all information requested and return to City Hall, South Sioux City, 1615 1st Avenue, South Sioux City 68776. Your application will not be reviewed until it is complete. Completed applications are reviewed in the order in which they are received.

Print Full Name of Head of Household: _____

Please Initial: I Understand that:

_____ I am responsible for making photo copies of check stubs, bank statements, income tax returns, photo ID's, Social Security Cards, etc. and attaching them to this application. The City of South Sioux City will not make them for me.

_____ I cannot participate in this program if I currently own a home.

_____ The purchase price shall be the Appraised Value.

_____ All household members must be U.S. Citizens or legal resident.

_____ I must include information for ALL household members as part of this application **INCLUDING INFORMATION REGARDING INCOME AND HOUSEHOLD SIZE** regardless of relationship and regardless of whose name is on the loan. If any information is omitted from this application or falsely provided, I will be ineligible for this program. If this information is discovered after assistance is provided, I will be responsible for paying back all funds provided to me as part of this program.

_____ If I am married, both my spouse and I must be listed as co-applicants and all spouses and all adults in household must sign all paperwork.

_____ I must contact Center for Siouxland Consumer Credit Counseling after my initial application has been approved to enroll in the Home Buyer Education class. I will need to pay for the class and I must provide a certificate of Completion to South Sioux City within two weeks prior to closing.

_____ Written Verifications may be sent directly to my employer and all other sources of benefit or support Income including social security, public assistance or unemployment income.

_____ If I have had changes in my income or family size since my 2020 income tax return I must provide a Letter of explanation.

_____ This program provides down payment / closing cost assistance to home purchaser (amount dependent upon the buyer's circumstances and will be the minimum amount of cash needed to close) and if my circumstances require a need of less than \$1000, I will not be eligible for the assistance.

_____ I understand that I must be able to qualify for a loan without a co-signer.

_____ I have read and completed the application and have attached the following items to my packet:

- ☐ Signed Application (signed by each member in the household)
- ☐ Signed Student Certification (one for each adult member of the household)
- ☐ Signed Verification of Employment for ALL Adult Household Members
- ☐ Completed Monthly Expense Sheet
- ☐ Photocopy of two full months of income documentation for ALL ADULT HOUSEHOLD MEMBERS (ie, check stubs) INCLUDE ALL SOURCES OF INCOME, such as employment Income, social security income, disability income, unemployment income, seasonal employment income, "side job" employment income, tip income, commission income, bonus income, reimbursement from employer income, ect.
- ☐ Photocopy of Bank Statements from the past two months for all adult household members (checking and savings)
- ☐ Written Statement describing all deposits listed on the bank statements.
- ☐ Photocopy of 2019 Federal Income Tax Return for all adult household members, including W2's, 1099's, and any other attachments (If you don't have a copy and can't get one from your tax preparer, send a Form 4509 and \$50 to the IRS and they can send you one. This will take 75 days.)
- ☐ Copies of Three (3) years' Tax Returns if applicant is SELF EMPLOYED
- ☐ Photocopy of Photo ID's for all adult household members.
- ☐ Photocopy of Social Security Cards OR Green Cards for all household members.
- ☐ Written Explanation of changes in income or family size since the 2020 tax return, (if applicable)
- ☐ Written List of items that are in collection for all adult household members (if you have Nothing in collections, attach to this application a statement in writing indicating such)
- ☐ Copy of Credit Score and Report for each adult applicant. <http://www.annualcreditreport.com>
This report is FREE
- ☐ Pre-Qualifying Letter from a Local Lender.
- ☐ Completed W-9 for each Adult Applicant.
- ☐ Completed South Sioux City Release Form signed by all Adult Household Members.
- ☐ I acknowledge that this process is on a First Come – First Serve Basis. The first application Accepted that is fully compliant and meets all criteria will be accepted.

Signatures of all Adult Household Members:

Signature

Date

Signature

Date



South Sioux City HOME Assistance 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.	Full Name	Relationship to the Head of Household	Age
(Head of Household)			
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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Best time to schedule a face to face 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

Ethnicity: Hispanic or Non-Hispanic

☐

Race:

White

- ☐ Black/African American
- ☐ Asian
- ☐ 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

Ethnicity: Hispanic or Non-Hispanic

Race:

White

- ☐ Black/African American
- ☐ Asian
- ☐ 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	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 determine documents for each person eligibility for assistance through the South Sioux City HOME Assistance Program. We must have all person's information 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. Most recent 3 year's federal income tax returns and W-2's. If SELF-EMPLOYED - 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 (must equal at least two months time period) 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 the City of South Sioux City and the City of Sioux City who oversee the HOME program on behalf of the City of South Sioux City 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, South Sioux City, 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, South Sioux City, 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 if 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

REQUIRED DOCUMENTATION CHECKLIST

Please provide copies of the following items with your completed application for review:

- ____ **Application Completed**
- ____ **Verification of Employment Release form for all persons employed in the home – completed**
- ____ **Copies of Pay Stubs for the last 2 months for all employed individuals living in the home**
- ____ **Copy of 1 year's tax returns and W-2's for all those who received them in the home**
- ____ **Copy of 3 year's tax returns and W-2's for those SELF-EMPLOYED (only if applicable)**
- ____ **Copy of Letter from the Lender, if already pre-qualified**
- ____ **Photo ID for all those above the age of 18 who will be living in the home**
- ____ **Social Security Cards or Green Cards of all household members**

Additional Documents Required:

- ____ **Inspection Documentation/Certificate of Occupancy**
- ____ **Loan documentation – Purchase Agreement**
- ____ **Homeowner Education Counseling/Class Certification Documentation**