

FIRST TIME HOMEBUYER EDUCATION APPLICATION

Applicant #1 ALL adult members of the Household are considered Applicants. Date _____

Name _____ Phone _____ Work Phone _____
FIRST M.I. LAST (If calls allowed at work)
Address _____ Months at current address _____
CITY ZIP
Social Security # _____ Birth Date _____ Are you Disabled? Yes No

Are you a Veteran? Yes No Are you Foreign Born? Yes No

Are you an American Citizen? ____ Yes ____ No Are you a Resident Alien? ____ Yes ____ No

Marital Status: Married/Partnered Single

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. The information is not used in determining eligibility for this program. You are not required to furnish this information, but are encouraged to do so. If you choose not to furnish it, under Federal regulations we are required to note race and sex on the basis of visual observation or surname. I choose not to furnish this information.

Sex M F

Race:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African |
| <input type="checkbox"/> American Indian/Alaska Native & White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other | |

Are you of Hispanic or Latino culture or origin? Yes No

Years of Education

- Below High School Diploma Two years College Masters Degree Unknown
 High School Diploma or Equivalent Bachelors Degree above Masters Degree

Are you a Migrant Farm worker? Yes No

Present Employer _____ Date Employment Began _____ Gross Income \$ _____

If less than two years at present job, list previous employer and employment dates.

Name, Age and Sex (male or female) of all dependents living with the Applicants(s):

Applicant #2 ALL adult members of the Household are considered Applicants. Date _____

Name _____ Phone _____ Work Phone _____
FIRST M.I. LAST (If calls allowed at work)

Address _____ Months at current address _____
CITY ZIP

Social Security # _____ Birth Date _____ Are you Disabled? Yes No

Are you a Veteran? Yes No Are you Foreign Born? Yes No

Are you an American Citizen? Yes No Are you a Permanent Resident Alien? Yes No

Marital Status: Married/Partnered Single

The following information is requested by the Federal Government in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. The information is not used in determining eligibility for this program. You are not required to furnish this information, but are encouraged to do so. If you choose not to furnish it, under Federal regulations we are required to note race and sex on the basis of visual observation or surname. I choose not to furnish this information.

Sex M F

Race:

- Black or African American American Indian/Alaska Native
 Asian American Indian/Alaskan Native & Black/African
 American Indian/Alaska Native & White Asian & White
 Black/African American & White Unknown
 White Native Hawaiian/Other Pacific Islander
 Other

Are you of Hispanic or Latino culture or origin? Yes No

Years of Education

- Below High School Diploma Two years College Masters Degree Unknown
 High School Diploma or Equivalent Bachelors Degree above Masters Degree

Are you a Migrant Farm worker? Yes No

Present Employer _____ Date Employment Began _____ Gross Income \$ _____

If less than two years at present job, list previous employer and employment dates.

OTHER SOURCES OF INCOME:

Alimony \$ _____ /month. Payments to continue until _____ (month/yr)

Child Support Received \$ _____ /month.

Has child support been current and regular for the last 12 months? Yes No

SSI or SSD \$ _____/month.

Person receiving SSI or SSD _____
FIRST NAME LAST NAME

List other sources of regular income _____

Do you use a Section 8 Voucher to pay rent? Yes No

MONTHLY EXPENSES	Monthly Payment	Total Amount Owed
Current rent payment		
Average Utilities		
Child Support PAID (not received)		
Student Loan(s)		
Auto Loan		

REALISTIC EXPECTATION FOR HOUSE PAYMENT \$ _____

Have you ever owned a home? Yes No If yes, when? _____

CREDIT HISTORY

- YES NO
 Have you ever declared bankruptcy? If yes, year _____ Type _____
 Are there currently any outstanding Judgments against you?
 Are there currently any outstanding Collections against you?
 Do you have money saved for a down payment? How much \$ _____ Where is the savings? _____

APPLICANT(S) CERTIFICATION:

The applicant(s) certify that the information in this application and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief and that verification may be obtained from any source. By signing below, you are authorizing NeighborWorks Lincoln to obtain a credit report for program qualification purposes.

Applicant #1 (please print)

Signature

Applicant #2 (please print)

Signature

Email Address

(We do not share email addresses with any other entity.)

Attention: Alternative Homebuyer Education Classes are offered for people with special needs and can accommodate people with physical challenges. If you have a special need, or a physical condition, please list the need(s) here:

UNITED STATES CITIZENSHIP ATTESTATION

APPLICANT #1 _____

For the purposes of complying with Neb. Rev. Stat. SS 4-108 through 4-114, I attest as follows:

_____ I am a citizen of the United States OR _____ I am a qualified alien under the Federal Immigration and Nationality Act.

My immigration status and alien number are as follows: _____, and I agree to provide a copy of the USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant’s lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand and agree that lawful presence in the United States is required and the Applicant may be disqualified or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. S 4-108.

Applicant #2 _____

For the purposes of complying with Neb. Rev. Stat SS 4-108 through 4-114, I attest as follows:

_____ I am a citizen of the United States OR _____ I am a qualified alien under the Federal Immigration and Nationality Act.

My immigration status and alien number are as follows: _____, and I agree to provide a copy of USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant’s lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand and agree that lawful presence in the United States is required and the Applicant may be disqualified or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. S4-108.

To comply with 24 CFR Part 5 S5.216 and S5.508 and Neb Rev. Stat. SS 4-108-4114, please provide the following information for your dependents including all occupants of the household.

Name	M/F	Date of Birth	Social Security Number	A U.S. Citizen?
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No

Invitations to Homebuyer Education Classes will be mailed approximately 2 weeks prior to the start of the next session.

Please return this application to:

NeighborWorks Lincoln
2240 Q Street
Lincoln, Nebraska 68503

Phone: (402) 477-7181
Fax: (402) 477-7406
Email: billp@nwlincoln.org

