

**SAUNDERS COUNTY  
COUNTY-WIDE HOUSING REHABILITATION PROGRAM  
Pre-Application for Rehabilitation Assistance**

**Homeowner's pre-application for the Saunders County Housing Rehabilitation Program. The City of Ashland is in the process of preparing an application to the Nebraska Dept. of Economic Development for an Owner Occupied Repair Program. Completion and return of this pre-application will place your name on a waiting list should future funding become available.**

\_\_\_\_\_/ Yes or No  
Name of Applicant                      Age                      Disabled

\_\_\_\_\_/ Yes or No  
Name of Spouse/ Co-Applicant      Age                      Disabled

Other Household Members:

<u>Name</u>	<u>Age</u>	<u>Disabled</u>
_____ / _____ /	Yes or No	
_____ / _____ /	Yes or No	
_____ / _____ /	Yes or No	
_____ / _____ /	Yes or No	
_____ / _____ /	Yes or No	

\_\_\_\_\_  
Street Address                      City                      State Zip Code      Home Phone #      Work Phone #

\_\_\_\_\_  
Mailing Address                      City                      State                      Zip Code  
(if different than Street Address)

Year House Built      Legal Description of House to be rehabilitated:

\_\_\_\_\_  
Lot #                      Block #                      Description/Subdivision

Relationship of Applicant to Property:      \_\_\_\_\_      Owner Occupant  
(Check one)                      \_\_\_\_\_      Renter (Rental units are NOT eligible)  
   \_\_\_\_\_      Land Sales Contract (NOT eligible)  
   \_\_\_\_\_      Other (Please explain) \_\_\_\_\_

**Financial Information**

• ***Income***

\$ \_\_\_\_\_ Combined annual household incomes  
(Use most recent Federal Income Tax Return if available.  
Tax Return will eventually be required for participation.)  
\$ \_\_\_\_\_ 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?

\_\_\_\_\_

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## APPLICANT DECLARATIONS

I (We), the undersigned fee owner(s) of the property located at \_\_\_\_\_, in **Saunders County**, Nebraska, hereby make a pre-application to the Owner-Occupied Housing Rehabilitation Program, sponsored by the City of Ashland (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 additional funding becomes available for the Saunders County housing rehabilitation program, a full application for assistance will then be required.

### **(F) 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:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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- Please return this completed PRE- Application to:  
**Jim Warrelmann**  
**SEND**  
**2100 Fletcher Ave., Ste. 100**  
**Lincoln, NE 68521**
  
  - If you have questions, please call Jim Warrelmann at the SENDD office (402) 475-2560, e-mail: [jwarrelmann@sendd.org](mailto:jwarrelmann@sendd.org)