



RURAL NEVADA DEVELOPMENT CORPORATION

1320 East Aultman Street • Ely, Nevada 89301
 Phone (775) 289-8519 • Toll Free (866) 404-5204
 Fax (775) 289-8214 • www.rndcnv.org

Dear Homeowner:

Thank you for your interest in our **Homeowner's Housing Rehabilitation Program**. Rural Nevada Development Corporation has administered this program for many years and feels it is an excellent opportunity for homeowners to make needed repairs to their homes.

Complete the attached application and return it to our office along **with the following supporting documents:**

- Copy of your recorded Deed. We can accept a Deed, Quitclaim Deed, Joint Tenancy Deed, or Grant, Bargain and Sale Deed.
- Copy of the title to your mobile home, if applicable.
- Assessor's Property Information Printout. This printout must list the size, age, and assessed value of your home. It can be obtained from your local county assessor office or online.
- Copy of current homeowner's insurance declaration page.
- Copy of current mortgage statement. Must show your account number and current balance.
- Copy of most recent income tax return and all applicable schedules. If you are not required to file, please provide a written statement with your signature and the date.
- **Legible copy** of applicant's birth certificate.
- **Legible copy** of driver's licenses for anyone who has one, **and legible copies** of Social Security cards for everyone in the home.
- Copies of Four (4) months most recent paystubs and/or current annual benefit statement. If self-employed please provide a profit and loss statement. For self-employed, provide the last 2 years of tax returns and a current profit and loss statement.
- Printout of complete bank statements for **all** accounts covering the last three (3) months.
- Items of concern. Please note: All items are not guaranteed, and cosmetic repairs are not eligible.

Please note that this program uses deferred loan funds which require the placement of a lien on your property. Please refer to the enclosed 'Explanation of Terms and Conditions' for more information.

You will be contacted by mail on your qualification status.

If you have any questions, please feel free to call or email us.

Thank you,

Meg Rhoades
 Housing Clerk
meg@rndcnv.org



HOUSING REHABILITATION DEFERRED LOAN PROGRAM APPLICATION

Applicant Name (Last, First, MI)

Phone Number

--	--

Current Physical Address

--

(Number and Street)

(City)

(Zip Code)

County

Mailing Address (if different than physical address)

--

Email Address:

--

Name and Phone Number of Emergency Contact (not living with you)

*This is needed in the event that we are unable to contact to you for scheduling purposes

Name:	Phone Number:
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HOUSEHOLD INFORMATION

List all people who are in your household, including yourself.

Full Name

Relationship

Age

Social Security Number

Disabled

Full Name	Relationship	Age	Social Security Number	Disabled

Has the home ever received assistance before? Y N Date received: _____

Have YOU received assistance before? Y N Date received: _____

If Yes, what was the address? _____



INCOME INFORMATION

Complete the following for all persons in the home, over the age of 18, that are receiving any income.

Name of Person Employed	Name of Employer	Gross Monthly Income

Source	Person Receiving	Gross Monthly Income
SSI – Supplemental Security Income		
Social Security		
Veteran’s Benefits		
Military Retirement		
Retirement Pension		
Dividends, Interest, Royalties		
Disability Payments		
Unemployment		
Child Support		
Other _____		

ASSET INFORMATION

List all assets with current cash value (stocks, bonds, IRAs, 401(k)s, etc....) Provide statements

Type	Current Value

No disclosure of this information obtained by a representative of Rural Nevada Development Corporation will be made directly or indirectly. Information obtained will be utilized only in the furtherance of the Housing Rehabilitation Programs. Demographic information listed herein is for monitoring purposes only and is requested by the Federal Government. Information provided will not have any effect on eligibility or amount of assistance provided. See Privacy Act Notice at end of application. My signature certifies that the home I am requesting assistance for is my primary residence.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this assistance under the provision of Title 18, United States Code, Section 1014.

Signature: _____

Date: _____



**HOUSING REHABILITATION PROGRAM
EXPLANATION OF TERMS AND CONDITIONS**

The Rural Nevada Development Corporation (RNDC) receives funding for the Housing Rehabilitation Program from Nevada Housing Division.

Housing Rehabilitation uses Low Income Home Means Nevada Initiative (HMNI) from Nevada Housing Division. These are deferred loan funds, which require securing a lien on the subject property by recording a Deed of Trust. The lien on the home will be for 3 years (Period of Affordability) These funds must be repaid if the property is sold or is no longer used as the client's primary residence prior to the period of affordability.

Deferred loan funds do not accrue interest and do not require a monthly payment.

Repairs requested for the home must be related to Health & Safety Issues, Handicap Accessibility Needs, or Energy Conservation Measures.

RNDC will be listed as an additional insured on the client's homeowner's insurance policy after the project is complete.

I have read the above listed explanations and I understand that deferred loan funds will be used to fund my Housing Rehabilitation project, which requires placing a lien on my property.

Properties with a reverse mortgage are ineligible for the program.

SIGNATURE

DATE

SIGNATURE

DATE



APPLICANT DEMOGRAPHIC PROFILE

PROPERTY ADDRESS: _____

NAME OF HEAD OF HOUSEHOLD: _____
Last First M.I.

Number of persons in household: _____ **Sex of Head of Household:** Male Female
(circle one)

Household Demographic: _____ **Head of Household Disabled:** Yes No
(circle one)

1 = Single/Non Elderly

2 = Elderly

3 = Related/Single Parent

4 = Related/Two Parent

5 = Other Specify: _____

Ethnic Categories	Select One
Hispanic or Latino	
Not Hispanic or Latino	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

There is no penalty for persons who do not complete this form.



PROPERTY INFORMATION

Subject Property IS _____ Is NOT _____ located in a FEMA designated Flood Zone.

Homeowner DOES _____ DOES NOT _____ carry homeowner's and/or flood insurance.

***Current insurance policy must be in place to qualify for assistance**

Insurance Information:

Company Name: _____

Address: _____

Agent: _____

Age of home: _____ Square Footage: _____ Number of Bedrooms: _____

Assessor's Parcel Number: _____

Land Assessed Value _____

Dwelling Assessed Value _____

Total Assessed Value _____

(above listed information can be obtained from your local County Assessor)

FOR OFFICIAL USE ONLY

State Historic Preservation Office Addressed ___ Yes ___ No

Appraised Value Determination:

Assessed Value **(a)** _____ x 3.5 = Appraised Value **(b)** _____

Rehab Amount **(c)** _____ ÷ 3 = **(d)** _____ + **(b)** = **(e)** _____
(this amount cannot exceed **(g)**)

FHA Mortgage Limit for _____ County = **(f)** _____

95% of FHA Mortgage Limit = **(f)** x .95 = **(g)** _____



HOMEOWNERSHIP VERIFICATION

Type of Dwelling

Please check one: _____ Site Built Single Family Residence

_____ Mobile Home

_____ Other (please specify)

Ownership documentation must be included with this application. Suitable documents are:

Deed

Quitclaim Deed

Grant, Bargain, and Sale Deed

Joint Tenancy Deed

Homeowner must be able to encumber liens against the dwelling, including the land, in order to qualify for RNDC's Homeowner Rehabilitation Program. **Reverse mortgages are not eligible.**

MORTGAGE VERIFICATION

Mortgage Company: _____

Mailing Address: _____

Account Number: _____

Sign below **ONLY** if you do not have an existing mortgage on your home.

SIGNATURE

DATE



REQUEST FOR VERIFICATION OF EMPLOYMENT

PART 1 - REQUEST

APPLICANTS: PLEASE COMPLETE ONLY SECTIONS 1, 6, AND 7

1. TO: (Employers Name & Mailing Address)		2. FROM: Rural Nevada Development Corp. 1320 E. Aultman Street Ely, NV 89301	
3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party. _____ Signature of RNDC Representative		4. TITLE: Housing Programs Clerk	5. DATE:
6. NAME AND ADDRESS OF APPLICANT:		7. SOCIAL SECURITY NUMBER: SIGNATURE: _____ I have applied for a mortgage loan or a rehabilitation loan and stated that I am employed by you. My signature above authorizes verification of my employment.	

PART 2 - VERIFICATION OF PRESENT EMPLOYMENT / INCOME

PART 2 & 3 TO BE COMPLETED BY EMPLOYER ONLY

EMPLOYMENT INFORMATION	PAY DATA	
DATE OF EMPLOYMENT	CURRENT BASE PAY	
PRESENT POSITION	MILITARY PERSONNEL	
PROBILITY OF CONTINUED EMPLOYMENT	\$ _____ ___ Annual ___ Monthly ___ Hourly ___ Weekly ___ Other (specify): _____ Year to Date Earnings Past Year Earnings	
IS CONTINUANCE LIKELY FOR:	Base Pay _____	Base Pay _____
OVER TIME ___ Yes ___ No	Overtime _____	Overtime _____
BONUS ___ Yes ___ No	Commission _____	Commission _____
	Tips _____	Tips _____
	Bonus _____	Bonus _____
NUMBER OF HOURS WORKED PER WEEK:	ANTICIPATED INCREASE OR DECREASE IN NEXT 12 MONTHS:	ANTICIPATED OVERTIME IN NEXT 12 MONTHS:

PART 3 - EMPLOYER INFORMATION

Federal statutes provide civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officers with the intention of influencing any action by such agency or officer.

PRINTED NAME:	TITLE:	PHONE NUMBER:
SIGNATURE:	DATE:	FAX NUMBER:

SEE PRIVACY ACT NOTICE AT END OF APPLICATION



Rural Nevada Development Corporation
1320 E. Aultman Street Ely, NV 89301

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EMPLOYMENT INFORMATION	PAY DATA	
DATE OF EMPLOYMENT	CURRENT BASE PAY	MILITARY PERSONNEL
PRESENT POSITION	\$ _____ ___ Annual ___ Monthly ___ Hourly ___ Weekly ___ Other (specify): _____	Base Pay _____ Rations _____ Flight / Hazard _____ Clothing _____ Overseas or _____ Combat _____
PROBILITY OF CONTINUED EMPLOYMENT	Year to Date Earnings Past Year Earnings	Pro Pay _____ Other (specify) _____
IS CONTINUANCE LIKELY FOR: OVER TIME ___ Yes ___ No BONUS ___ Yes ___ No	Base Pay _____ Overtime _____ Commission _____ Tips _____ Bonus _____	Base Pay _____ Overtime _____ Commission _____ Tips _____ Bonus _____
NUMBER OF HOURS WORKED PER WEEK:	ANTICIPATED INCREASE OR DECREASE IN NEXT 12 MONTHS:	ANTICIPATED OVERTIME IN NEXT 12 MONTHS:

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AUTHORIZATION TO RELEASE INFORMATION

I have applied for or obtained a loan or grant from Rural Nevada Development Corporation (RNDC). As part of the process, RNDC may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to RNDC for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RNDC to order a credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RNDC is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RNDC without further notice or authorization, but will not be disclosed or released by RNDC to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

The information RNDC obtains is only to be used in the processing of my request for assistance.

A copy of this authorization may be accepted as an original.

SIGNATURE

DATE

SIGNATURE

DATE

SEE PRIVACY ACT NOTICE AT END OF APPLICATION



Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Disclosures may be made of names, home addresses, social security numbers, and financial information to business firms in a trade area that by chattel or crops or sell them for commission. This is in order that the agency may benefit from the purchaser notification provisions of section 1324 of the Food Security Act of 1985 (7 U.S.C. 163(c)). The Act requires that potential purchasers of farm commodities must be advised ahead of time that a lien exists in order for the creditor to perfect its lien against such purchases.
4. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).
5. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to 41 U.S.C. 1479(d), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
6. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.
7. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided,; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
8. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when the agency determines such referral is appropriate to encourage the borrower to refinance their RNDC indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471).
9. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.
10. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the agency in order to collect debt under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
11. Referral of names, home addresses, and financial information to lending institutions when the agency determines the individual may be financially capable of qualifying for credit with or without a guarantee.
12. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have alien against the same property as the agency for the purpose of the collection of the debt by the agency or the other lender. These loans can be under the direct and guaranteed loan programs.
13. Referral to private attorneys under contract with either the agency or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts, in connection with the agency.
14. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
16. Referral of names, home addresses, social security numbers and financial information to the Department of Labor, state wage information collection agencies, and other Federal, state and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
17. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when the agency determines such referral is appropriate for developing packaging and marketing strategies involving the sale of agency loan assets.

