



CDS Inspections & Beyond, Inc.

RANDY AND LEIGH ALEXANDER
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Phone / Fax: 402-582-3580
Text Only Cell: 402-263-8171
E-mail: info@cdsne.com
Visit us at www.cdsne.com

Dear Housing Rehabilitation Funds Applicant:

Thank you for your interest in participating in the City of Ainsworth Housing Rehabilitation Program. The City of Ainsworth has contracted with our firm, CDS Inspections & Beyond, to administer the Repurposed Community Development Block Grant (CDBG) housing rehabilitation funds they previously received from the Department of Economic Development.

We understand that you may have many questions about the Housing Program, so we have included with this application a General Program Information sheet. It describes the types of home improvements covered through the Housing Rehabilitation Program, as well as Program requirements. Brown County's maximum income limits are also listed at the bottom of the General Program Information sheet.

In order for us to determine your income eligibility for the Program, you need to complete and return the attached application form entitled "Household Survey Information." In addition to the Household Survey, we will need documentation supporting your income and assets information, along with documentation that you meet other Program requirements. A Checklist of Required Documents is included with this application.

Your Application cannot be processed until we receive all the applicable documentation outlined on the Checklist. We will be processing applications on a first-ready, first-serve basis. Funds are limited so it is very important that you respond as quickly as possible.

Once we receive your information and make a determination about your income eligibility for the Housing Rehabilitation Program, we will contact you to discuss the guidelines and confirm your continued interest.

Please submit the Application and other documentation to the Plainview address at the top of this page. If you have an idea of some of the home improvements you would want to make with these funds, please list those items on the last page of the application in the space provided. Feel free to contact us at 402-582-3580 if you have any questions about the program or these forms. We look forward to working with you.

Sincerely,

Leigh Alexander
Housing Administrator

CDS Inspections & Beyond.....Making Homes Healthy One at a Time

CDS INSPECTIONS & BEYOND

Randy & Leigh Alexander

53506 862 Road

Plainview, NE 68769-2118

Phone / Fax: (402) 582-3580 Email: info@cdsne.com Visit us at www.cdsne.com

General Information for the City of Ainsworth Housing Rehabilitation Program

The Program is designed to provide funds to eligible homeowners for home repairs and improvements, such as:

- Repair or Replacement of Windows, Doors and Siding;
- Roof repair or replacement;
- Water Heater, Furnace / AC;
- Insulation and Storm Windows;
- Repair of Walls, Ceilings and Floors;
- Accessibility changes for Persons with Disabilities; and
- Health and Safety related items, including reducing or eliminating Lead-Based Paint Hazards.

The primary Eligibility Requirements for the Program are as follows:

- Home must be an owner-occupied single-family home and NOT a mobile home;
- Home must be located within the City Limits;
- Properties within federally determined flood plains are not eligible for rehabilitation under this program;
- Household income cannot exceed HUD's Income Limits;
- Applicant's net worth of \$75,000 or less, excluding residence;
- Property taxes and debts owed to the county/community must be paid and kept current;
- Homeowner must carry current dwelling insurance of at least 90% of replacement costs; and
- After the rehabilitation has been completed, the home must meet the minimum health and safety standards set by the Nebraska Department of Economic Development.

The maximum funds available for any one eligible household cannot exceed \$20,000, but the actual amount allowed is based on the needs of the property. A lien will be filed against the home by the City of Ainsworth for the duration of the loan.

BROWN COUNTY INCOME THRESHOLD FOR HOUSEHOLD – Effective June 1, 2021								
Program Level	1 person*	2 person*	3 person*	4 person*	5 person*	6 person*	7 person*	8 person*
Maximum Income for Program Eligibility (80% of AMI**)	39,400	45,000	50,650	56,250	60,750	65,250	69,750	74,250

* This refers to the number of persons that reside in the applicant household

**AMI = Area Median Income

CHECKLIST OF REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY DETERMINATION

This Checklist is provided to help you through the process of gathering the documentation we need in order to determine your income eligibility for the Housing Program. Please provide these items with your Household Survey. If not, this will delay the process for you.

- Copy of Social Security cards of all household members.**
- Copy of most recent bank statements.** Provide at least one full month's worth of activity for all bank accounts.
- Copy of most recent year's federal income tax return (full set of forms).** If you do not file taxes, please send us a signed, dated statement telling us that you do not file income tax return AND fill out items 1-4 on the enclosed Form 4506T-EZ, sign the bottom and return it to our office. We will fax the form to the IRS on your behalf. You can also access this as a fillable form online at <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>. There is no fee to request this information.
- Copy of most current pay stubs of all occupants of household (if working).** If you are self-employed, we need a copy of your last three years' federal tax returns – complete sets. We average your income over the last 3 years to project ahead for the next year.
- Employer Verification Form for each working household member (see enclosure).** You must complete the top section, sign the middle section, and then forward to your employer as they need to fill out the bottom section. Your employer must return this to our office on your behalf. Please feel free to make additional copies if needed. If you are not employed, indicate such on the Household Survey.
- Asset on Deposit Form for each of your Banks (see enclosure).** You must complete the top section, sign the middle section, and then forward to your bank as they need to fill out the bottom section. Your bank must return this to our office on your behalf. Please feel free to make additional copies if needed. If you do not have any bank accounts, indicate such on the Household Survey.
- Documentation of Other Assets.** If you have an investment account, such as stocks, a retirement account or an IRA, we need a statement from the financial institution where this account is held giving us the balance of this account. If you have a whole life insurance policy, we need a statement from the insurance company reflecting its value. These assets must be considered with your application.
- Copy of paid receipt of real estate property taxes.** If you are homestead exempt and do not pay property taxes, we need a tax receipt showing no taxes are due, or we need a copy of the approved Homestead Exemption Application.
- Copy of the declarations page from your current homeowners' insurance policy.** If your home is not insurable due to its physical condition, we need a statement from an insurance agent identifying home improvements required in order to insure your home. You will be required to put funds in escrow to cover the cost of homeowners' insurance if you are approved for the Program and the repair items needed in order for your home to be insurable are a part of the rehab plan.
- Copy of your recorded Property Deed.** If you cannot locate this, please contact your County's Clerk.
- Documentation of Social Security Income, if applicable.** If you receive Social Security Benefits, we need a copy of the Social Security Benefits Statement you received from the Social Security Administration (usually in December) outlining your monthly benefits for the current / upcoming calendar year. **We cannot use your 1099 from the SSA.**
- Documentation of Child Support.** If you're receiving any child support or are eligible to receive child support, we need a statement from Health and Human Services documenting the payments you've received over the last 12 months.

Please feel free to contact us if you have any questions. We look forward to working with you.

CDS Inspections & Beyond
53506 862 Rd / Plainview, NE 68769 / Phone & Fax (402) 582-3580
Email: info@cdsne.com | Visit us at www.cdsne.com

HOUSING REHABILITATION PROGRAM APPLICATION

HOUSEHOLD SURVEY INFORMATION

Date: _____

(Feel free to use the back of these forms for additional space)

PERSONAL INFORMATION

Applicant's Name _____

Age _____ First _____ Middle _____ Last _____
Social Security Number _____

Marital Status: _____ Married _____ Unmarried (single, divorced, or widowed) _____ Separated

Applicant Cell Phone _____ Applicant Home Phone _____

Applicant Work Phone _____ Email Address _____

Co-Applicant's Name _____

Age _____ First _____ Middle _____ Last _____
Social Security Number _____

Co-Applicant Cell Phone _____ Co-Applicant Work Phone _____

Co-Applicant Email _____

PROPERTY INFORMATION

Name property is listed under: _____

Length of time you have lived in your current home: Years _____ Months _____

Property Address _____ Mailing Address _____

City _____ Zip Code _____ County _____

Please indicate time period during which your home was built:

Before 1940 _____ 1940-1959 _____ 1960-1977 _____ Unknown _____

Is your home located in a flood plain? Yes _____ No _____ (If unknown, check with County or City/Village Clerk)

Has your residence ever been tested for lead-based paint? Unknown _____ No _____ Yes _____

If yes, please advise when testing occurred and provide a copy of the report: Date Tested _____

INFORMATION ON DEPENDENTS AND OTHER HOUSEHOLD MEMBERS (excluding self and spouse)

<u>Name and Birth Date</u>	<u>Age</u>	<u>Gender</u>	<u>Lives at Home</u> (yes or no)	<u>Full-time Student</u> (yes or no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT DATA (required for any household member age 18 or over)

Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>	
Gross Income (before taxes): Per Month _____ Per Year _____		
<hr/>		
Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>	
Gross Income (before taxes): Per Month _____ Per Year _____		
<hr/>		
Household Member _____	Employer _____	How Long _____
Mailing Address _____	City _____	Zip _____
Occupation _____	Number of scheduled work hours per week _____ <small>(full-time is 40 hours per week)</small>	
Gross Income (before taxes): Per Month _____ Per Year _____		
<input type="checkbox"/> No members of my / our household are employed (mark box if applicable).		

OTHER INCOME (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker's Compensation, and any other source not listed)

Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____
Household Member _____	Source _____	Monthly Amount _____

ASSETS (Cash value of life insurance policies and revocable trusts, retirement / pension funds, cash held in checking / savings accounts, stocks, equity in rental property, personal property held as investments such as gems / jewelry / coin collection / antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances / capital gains / insurance settlements, and any other asset not listed)

Average Checking Balance \$ _____	Bank & Address _____
Savings Amount \$ _____	Bank & Address _____
Does the total cash value of your assets exceed \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Owned (other than home in which you reside) _____	Value \$ _____
<input type="checkbox"/> I / We do not have a Checking or Savings Account (mark box if applicable).	

MONTHLY HOUSING EXPENSES

	Monthly Amount	Balance Due	Name of Company
Current Mortgage/Rent Payment			
Electric/Gas/Water Bills			
Property Taxes		←Please divide your annual amount by 12 to get your monthly amount and include that here.	
Homeowner's Insurance			
Totals			

PREVIOUS HOUSING ASSISTANCE

Have you ever been assisted with Nebraska Affordable Housing Program (NAHP) Funds through any City, County or Regional Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Program? _____ When? _____
Note: This question refers to any NAHP assistance received and is not limited to your current home.

United States Citizenship Attestation Form

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

I am a / we are citizen(s) of the United States.

— OR —

At least one member of our household is 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 my USCIS documentation upon request.

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.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

EMPLOYER VERIFICATION FORM

(A SEPARATE FORM MUST BE SIGNED BY EACH INCOME-EARNING MEMBER OF THE HOUSEHOLD)

DATE: _____

EMPLOYEE: _____
Name

EMPLOYER: _____
Name

Street Address City/State/Zip

Street Address City/State/Zip

SS# _____

Phone _____ Fax _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Regulations require that the housing program administrator, verify employment of household/family members for the purpose of determining family eligibility for down payment assistance/housing rehabilitation.

TO WHOM IT MAY CONCERN:

I (WE) authorize the Grantee and/or any agent so designated by the City to access all information requested, included but not limited to that listed below.

Applicant _____ Date _____

1. Employment start date _____
2. Please indicate if employee is paid hourly wages or salary _____
3. \$ _____ gross per hour / week / month / year (Circle one)
4. # _____ hours worked per week
5. Annual anticipated tip earnings not recorded on employee's W2 \$ _____
6. Employee is paid – daily / weekly / bi-weekly / monthly (Circle one)
7. Overtime pay at 1 x hourly rate / 1-1/2 x hourly rate / other rate _____
8. Overtime hours are worked regularly / occasionally / rarely / never (Circle one)
9. If regular or occasional overtime, anticipated hours over next 12 months # _____
10. Year-to-Date Gross Earnings \$ _____
11. Anticipated gross salary over the next 12 months \$ _____
12. Is there any anticipated change of employment or job status, such as a raise, promotion, or lay-off in the near future? If yes, please explain and give anticipated date _____
13. Is employee currently off work due to lay-off, sick leave, work-related accident? If yes, please explain and give estimated date of return: _____

This form should be completed and signed by a bona fide representative of the employer such as timekeeper, bookkeeper, or accountant. **IN NO EVENT SHOULD IT BE COMPLETED BY THE EMPLOYEE.**

SIGNATURE/TITLE

DATE

**PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:
CDS Inspections & Beyond, 53506 862 Road, Plainview, NE 68769-2118
Phone: 402-582-3580. Fax: 402-582-3570. Email: info@cdsne.com**



CDS Inspections & Beyond

RANDY AND LEIGH ALEXANDER
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The Weatherization Assistance Program is a federal program managed by the Nebraska Department of Energy through contracts with regional, non-profit organizations located in Wisner (Goldenrod Hills), Loup City (Central Nebraska Community Services), and Kearney (Community Action Partnership of Mid-Nebraska), among others. This Program can offer qualified applicants limited grant funds to assist with home weatherization. Your signature on this release form will allow our office to share information on your behalf with the Weatherization Assistance Program that covers your county to see if you qualify for home improvement funds through that Agency. We offer this referral as a service to you and will provide your information to the Weatherization Assistance Program only if you appear to be income eligible for assistance through that office. Our goal is to bring as many resources to your home improvement project as possible, so we may make the greatest impact. Therefore, we ask that you sign the authorization below.

.....

I understand that CDS Inspections & Beyond (CDS) is working together with the regional Weatherization Assistance Program that serves my community on my request for rehabilitation of my home and give both the Weatherization Assistance Program and CDS permission to solicit and share any and all information as it pertains to the processing of my application.

Signed,

Program Applicant / Homeowner

Date

Program Co-Applicant / Homeowner

Date

Short Form Request for Individual Tax Return Transcript

▶ **Request may not be processed if the form is incomplete or illegible.**

▶ **For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAIVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAIVS Team
Stop 6705 S-2
Kansas City, MO
64999
855-821-0094

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.