

Dear Heat Pump Grant Applicant:

The City of Lincoln provides a \$3,000 grant to individuals interested in replacing their existing HVAC system with an air source heat pump. If you are interested in only the \$3,000 grant for the heat pump, please fill out the enclosed application form return all required **documents along with your completed and signed application**:

- □ Copy of your most recent Federal Income Tax Return, not just a W-2 form.
- If you are not required to file a tax return, please provide a copy of the most recent documentation to verify current income sources(s) i.e., paystubs, Social Security Income Letter, Pension Statement, copies of bank statements, etc.

If you are interested in additional assistance through our 0% interest loan programs, you need to fill out the application specific to that program found <u>here</u>. If proceeding with the loan program combined with the \$3,000 grant you only need to fill out the <u>loan program application</u>.

It is important you send the requested information with your application, because if follow-up letters are needed for us to receive the documentation, processing of your application will be delayed.

Following our review of the materials submitted, your application will be assigned to one of our Rehabilitation Specialists. Your Rehabilitation Specialist will contact you to set an appointment to come to your residence and determine the scope of our potential assistance and discuss our loan programs with you.

If you have any questions regarding completion of your application or to submit your application, please call 402-441-7606 or email <u>urbandev@lincoln.ne.gov</u>.

City of Lincoln Urban Development Department 555 South 10th Street, Suite 205, Lincoln, Nebraska 68508

Heat Pump Grant Application						
Property Address: Zip			o code:			
Number of Units: # of Persons			in Household:	Years/Months Owned:		
BORROWER				CO-BORROWER		
Name			Birth Date	Name		Birth Date
# of dependents, if different than those listed by Applicant #2:			Ages	# of dependents, if different than those listed by Applicant #1:		Ages
Employer			Self Employed	Employer Self Er		Self Employed
Position/Title			Years/months on job	Position/Title		Years/months on job
Social Security Number Home Phon		Home Phone	Office Phone	Social Security Number	Home Phone	Office Phone
E-mail:				E-mail:	1	
GROSS MONTHLY INCOME				Use this space to add any additional information regarding		
	Applicant #1	Applicant #2	Other wage- earner	household income not already listed. All wage earners must report their income, not just those that will be signing the loan that are on the title to the property.		
Base Income	\$	\$	\$			ity.
Overtime	\$	\$	\$	1		
Bonuses	\$	\$	\$	1		
Commissions	\$	\$	\$]		
Dividend/Interest	\$	\$	\$			
Secondary Income	\$	\$	\$			
Other (Describe in the box to the right)	\$	\$	\$			
TOTAL	\$	\$	\$			
	11	FORMATION	FOR GOVERNM	MENT MONITORING PURPOS	SES	
BORROWER <u>Ethnicity</u> : (select <i>only one</i>) G Hispanic or Latino G Not Hispanic or Latino <u>Race</u> : (select <i>one or more</i>) G American Indian or Alaska Native G Asian G Black or African American				CO-BORROWER <u>Ethnicity</u> : (select <i>only one</i>) G Hispanic or Latino G Not Hispanic or Latino <u>Race</u> : (select <i>one or more</i>) G American Indian or Alaska Native G Asian G Black or African American		
G Native Hawaiian or Other Pacific Islander G White				G Native Hawaiian or Other Pacific Islander G White		
<u>Sex</u> : (select <i>only one</i>) G Female G Male					emale G	Male
the purpose of obt	taining a grant imary residend	n this Pre-Appli and is true and ce. You are aut	cation, and all in I complete to the norized to check	CERTIFICATION formation furnished in support best of my/our knowledge and my employment history, obtain	d belief. I/We i	ntend to occupy the
Applicant #1		Date	Applica	ant #2	Da	ate