

## Southwest Nebraska Revolving Housing Fund Application Form

The Southwest Nebraska Revolving Housing Fund (SWNRHF) is made possible by the Nebraska Affordable Housing Trust Fund through a grant by the Nebraska Department of Economic Development to provide housing for households at or below 120% of AMI.

### Applicant Information

\_\_\_\_\_  
(full name)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_, \_\_\_\_\_  
(City/State) (Zip)

\_\_\_\_\_, \_\_\_\_\_  
(Phone number and email address)

I/We hereby certify that by signing this application I/we have interest in purchasing the SWNRHF house located at 1606 W 9<sup>th</sup> Street, McCook NE 69009, and making it my/our primary residence. I have been provided a copy of the SWNRHF Program Guidelines, and Income Verification form.

I/We authorize the MEDC to use before and after photos in marketing materials with no applicant names or addresses connected to the photos.

\_\_\_\_\_  
(applicant signature) (date)

\_\_\_\_\_  
(applicant signature) Co-Applicant (date)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

## Southwest Nebraska Revolving Housing Fund Application Checklist

- See income requirements in the table below
  - Pre-qualification letter from lending institution
  - SWNCBC Regional Down Payment/Closing Cost Assistance Application-(*also serves as the income verification form*)
    - Last 3 years Tax Return
    - Last 3 paystubs
    - Any and all investment statements
    - *Other documents maybe requested.*
  - Completion of Homebuyer Education Course- Provide a Certificate of Completion
    - Go to southwestne.com
    - Scroll down to “Useful Links” then click on Home Buyers Education
    - Under “Select Counseling Agency”, select Southwest Nebraska Community Betterment Corporation.
    - Complete the on-line application form.
- \*Registration cost is \$99.*

### 2021 Income Limits (120%) Effective 6/1/2022

Town	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
McCook	\$59,160	\$67,560	\$75,960	\$84,360	\$91,200	\$97,920	\$104,640	\$111,360
Benkelman	\$59,160	\$67,560	\$75,960	\$84,360	\$91,200	\$97,920	\$104,640	\$111,360
Cambridge	\$59,160	\$67,560	\$75,960	\$84,360	\$91,200	\$97,920	\$104,640	\$111,360

# **The MEDC's Southwest Nebraska Revolving Housing Fund Program Guidelines**

The objective of the McCook Economic Development's Southwest Nebraska Revolving Housing Fund is to bring relief to the pent up housing shortage in Southwest Nebraska and bring homes to the region that meet the needs of today's family and to provide economic stability to the Southwest Nebraska region by providing quality affordable housing to family's at or below 120% of Area Median Income and to connect eligible homebuyers to financial assistance toward the purchase of a newly constructed home in the communities of McCook, Benkelman and Cambridge, Nebraska.

## **1. Equal Opportunity and Fair Housing**

No person shall on the grounds of race, color, national origin, religion, sex, age, disability, familial status or sexual orientation be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity administered by The McCook Economic Development Corporation (MEDC) and the Southwest Nebraska Revolving Housing Fund (SWNRHF) and funded in whole or in part with Nebraska Affordable Housing Program Funds. The MEDC and the Southwest Nebraska Revolving Housing Fund (SWNRHF) and any program funded in whole or in part with Nebraska Affordable Housing Program Funds. The MEDC acknowledges it may not discriminate in its operation or in Project activities on the basis of age, religion, sex, race, color, national origin, disability, or familial status.

The MEDC will comply with all provisions of the Americans With Disabilities Act (ADA) with respect to hiring, training, and employment practices, including reasonable accommodation of persons with disabilities in hiring, training, and employment practices; and in assuring access by persons with disabilities to facilities and services provided by the Recipient to the general public.

The MEDC will comply with all federal and local laws applicable to the Project and all applicable to the use of Trust Funds, including but not limited to the following:

- Civil Rights Act of 1964.
- Age Discrimination Act of 1975.
- Section 504 of the Rehabilitation Act of 1973.
- Architectural Barriers Act of 1968.
- The Equal Employment Opportunity Act.
- Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988.
- The Vietnam Era Veterans' Readjustment Act of 1974 (revised Jobs for Veterans Act of 2002).
- The Immigration Reform and Control Act of 1986.
- The Nebraska Fair Employment Practices Act.
- The Housing for Older Persons Act of 1995.
- Flood Disaster Protection Act of 1973.
- National Environmental Policy Act of 1969.
- National Historic Preservation Act of 1966.
- Lead-Based Paint Poisoning Prevention Act of 1971, the Residential Lead-Based Paint Hazard Reduction Act, and regulations at 24 C.F.R. Part 35.
- Clean Air and Federal Water Pollution Control Act, as amended.

Fair Labor Standards Act of 1938, as amended.

- Contract Work Hours and Safety Standards Act.
- Section 3 of the Housing and Urban Development Act of 1968; and 24 C.F.R. Part 135,

## **2. Types of Assistance**

### **Assistance to Applicant Communities**

a. The SWNRHF uses NAHTF funds to provide the applicant communities with \$168,000 for a newly constructed modular home affordable for households at or below 120% of AMI through a zero percent reimbursable loan. Upon the sale of the house, the SWNRHF is reimbursed the money loaned to the community to add and new house in McCook, Benkelman or Cambridge.

### **Direct Assistance to Homebuyers**

- a. The SWNRHF will use NAHTF funds to provide homebuyers with \$1000 in closing cost assistance for homebuyers at or below 120% AMI.
- b. The SWNRHF is partnering with third party organizations and communities to that provide down payment assistance (DPA) to households at or below 120% AMI.
- (i) Southwest Nebraska Community Betterment Corporation can provide DPA for homebuyers in McCook and Benkelman. Homebuyers can contact Amy Thelander at SWCBC at 308-352-4338.
- (ii) The Cambridge EDC will provide eligible applicants in Cambridge with DPA. Homebuyers in Cambridge can call the Cambridge Economic Development Corporation at 308-697-3711.

## **3. Applicant Eligibility**

a. Applications for the Southwest Nebraska Revolving Housing Fund Homes will be taken on a first-come, first-serve basis. Readiness will include income qualified and pre-approval letter from a lending institution and a letter notifying the applicant of selection of Down Payment Assistance in his or her community. The applicant whose income is lower will be given preference.

b. All homes require the applicant be at or below 120% AMI based on Anticipated Gross Annual Income per 24 CFR 5.609 income determination.

c. All selected applicants are required to complete a REACH affiliated Homebuyer Education Class prior to closing and must provide a certificate of completion.

d. Applicant must be approved for a home mortgage with a local lender of his or her choice.

**4. Income Eligibility**

a. Gross Annual Income shall not exceed 120 % of Area Median Income. Please call the MEDC for the most current income limits.

**2019 Income Limits (120%) Effective 6/28/2019**

Town	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
McCook	\$58,800	\$67,200	\$75,000	\$84,000	\$90,720	\$97,440	\$104,160	\$110,880
Benkelman	\$58,800	\$67,200	\$75,000	\$84,000	\$90,720	\$97,440	\$104,160	\$110,880
Cambridge	\$58,800	\$67,200	\$75,000	\$84,000	\$90,720	\$97,440	\$104,160	\$110,880

\*For an updated 120% Income Limits visit: <https://opportunity.nebraska.gov/wp-content/uploads/2019/07/2019-120-Limits.pdf>

**5. Application Process**

a. Prospective Applicant:

1. Becomes pre-qualified.
  - i. Applicant completes application with no deficiencies.
  - ii. The application is reviewed and determined whether income meets 24 CFR 5.609 requirements.
  - iii. Homebuyer has a letter from a qualified lender that they are pre-qualified for a home loan.
  - iv. Homebuyer completes REACH first-time homebuyer course
2. income qualified by third party verification and verified as a recipient of DPA in their respective community.
3. Review Team reviews application, financial information and lender documents.
4. Review Team sends written notification to the applicant for selection or non-selection for the program.
  - i. If selected, the homebuyer will receive a photo release waiver granting the MEDC and the SWNRF Team permission to take photos inside and outside of the property and be used for promotional purpose. Refusal to sign the release does not affect the status of selection. If the homebuyer does sign, they will be notified and asked by phone or email if the photos can be collected and used. The MEDC and the SWNRHF Team will only take photos once the homeowner has confirmed.*

**6. Application Selection**

- a. Applications will be taken on a first come-first serve and first-ready basis. Readiness will include the Pre-Qualification steps mentioned in the application process above.
- b. In the event of all necessary information on more than one project application, including commitment by the first mortgage lender and Down Payment Assistance, is provided to the MEDC's SWNRHF Team on the same day, and the balance of funds that are available are not sufficient to cover all projects, the applicant whose income is lower will be given preference.

## **7. Affordability Period**

- a. The Funds in the SWNRHF are required to construct new homes or provide newly constructed modular homes and to provide direct assistance to homebuyers in Southwest Nebraska to households at or below 120% AMI. The affordability period for the direct to buyer's assistance is five years from the date of closing on the home.
- b. The SWNRHF will place a lien on the property to ensure they the homebuyer keeps they house as his or her primary residence for five years. After a five-year affordability period the SWNRHF will release the lien on the house ending all restrictions.
- c. Direct assistance to the homebuyer is a differed grant if the homebuyer meets the terms of affordability. If the homebuyer moves, sells or rents the home before the end of the five-year affordability period, the \$1000 in direct to buyer assistance will be recaptured by the SWNRHF.
- d. The SWNRHF Grant Administrator will enforce the five-year affordability period by requiring homebuyers to carry a full value insurance policy on the unit and place the MEDC as a loss payee on the insurance policy for the full affordability period. The SWNRHF Grant Administrator will send a non-forwardable letter to the address every year on the anniversary of the home closing for five years to ensure the homebuyer is using the unit as his or her primary residence.

## **8. Maximum Purchase Price**

The maximum purchase price of any home using these NAHP funds under these guidelines **will** not exceed 140 percent of the median purchase price for the area as defined by the NDED at <https://opportunity.nebraska.gov/grow-your-community/data-for-applicants-and-grantees/>

The SWNRHF Direct Assistance to homebuyers does not exceed NAHTF maximum per unit subsidy. Do not include general administration in your per unit costs for this calculation. A listing of the subsidy limits by county can be found at <https://opportunity.nebraska.gov/grow-your-community/data-for-applicants-and-grantees/>

## **9. Property Eligibility**

- a. Single-family units
- b. Must be located within the incorporated limits of McCook, Benkelman and Cambridge.
- c. Serve as the Principle residence for the homebuyer.
- d. Meet the financial guidelines (appraisal).
- e. Be permanently attached to a permanent foundation.
- f. Taxed as Real Property.
- g. Home must meet mortgage inspection requirements as well as the NDED standards.
- h. Modular homes must meet or exceed the International Energy Conservation Code and the Nebraska Public Service Commission's building specifications. Newly constructed housing must meet or exceed the International Energy Conservation Code and the Nebraska Energy Office must approve building specifications.

## **10. Construction Standards**

All homes and structures sold, constructed or transferred under this program shall be subject to the current building and zoning standards and ordinances of the city and county in which they are sold, rehabbed, constructed or transferred and any construction standards or codes adopted hereafter and shall meet or exceed the NDED Rehabilitation Standards. It shall be the intent of all concerned to build or provide a modular home that incorporates current building standards and methods of energy efficiency. Newly constructed homes will meet or exceed the 2009 (or most current) International Energy Conservation Code.

## **11. Lead Based Paint**

- a. The SWNRHF is currently doing New Construction only.
- b. The MEDC and the SWNRHF prohibits the use of lead-based paint in the homes and on the exterior of the home. The MEDC and the SWNRHF will comply with HUD's lead-based paint regulation requirements, Title IV of the Lead-Based Paint Poisoning Prevention Act and regulations at .24 C.F.R. Part 35.

## **12. Marketing Strategy**

Affirmative marketing procedures including, but not limited to, marketing to local or regional residents and tenants of public housing and manufactured housing, other families assisted by public housing agencies, and households identified to be potentially eligible but least likely to apply.

Marketing tools will be developed, such as brochures, flyers, digital graphics and applications for distribution in the public assistance agencies that operate in McCook, Benkelman and Cambridge, including but not limited to Housing Authorities and Low-income rental program organizations.

Informational marketing for this program will be posted throughout each of the applicant communities in places that include but are not limited to post offices, city offices, grocery stores, convenience stores and social community centers. Area media will be contacted and solicited for support via news stories, feature articles and community services announcements. Each community's website will feature information and program guidelines. Information and instructions on where to learn more about the project will be posted on the applicant communities' social media handles.



### **13. Conflict of Interest**

- a. No official employee or agent of the MEDC or the SWNRHF Team who exercises policy or performs decision-making functions or responsibilities in connection with the planning and/or implementation of the program shall directly or indirectly benefit from this program. The prohibition shall continue for one year after an individual's relationship with the program ends, Any other employee, officer, or board member may be eligible, but will be treated without difference in the determination of the application shall be a statement of disclosure, which outlines any interest the applicant may have in the operation of the Program.
- b. Employees, offices and agents cannot accept gratitude's, favors or anything of monetary value from the contractors, potential contractors or parties with sub agreements.
- c. A waiver process shall be available for the previously identified ineligible persons to be eligible for participation in the program. The waiver process will consist of request for approval by the following entities: The Southwest Nebraska Revolving Housing Fund Review Team and the MEDC. Each person requesting a waiver must describe their need (or participation in the program and, if approved, agree to disassociate themselves from any decision-making that directly affects them.
- d. Upon written request, on a case-by-case basis may grant exceptions to the Conflict of Interest provisions only after the following have been completed: 1) Disclose the full nature of the conflict and submitted proof that the disclosure has been made public. 2) Provide a legal opinion stating that there would be no violation of state or local law if the exception was granted.

## **Grievance Procedures**

Persons or families who believe their application was not given fair consideration or that they have been discriminated against should give their reasons, in writing to the SWNRHF Grant Administrator within 10 days of the decision. If the homebuyer is not satisfied with the response from the Grant Administrator, the homebuyer should give their reasons, in writing to the MEDC Executive Director. If the homebuyer is not satisfied with the response of the MEDC Executive Director, the homebuyer can submit their reasons to the MEDC Board of Directors for consideration. If the homebuyer is not satisfied with the MEDC Board's response, a third party will be used to assess the situation and settle the dispute. Following a review by the third party, if the homebuyer is not satisfied with the review by the third party, they can contact the Nebraska Department of Economic Development.

## **14. Guideline Amendments**

These Program Guidelines may be amended as appropriate by a majority vote of the McCook Economic Development Corporation Board of Directors with notice to and approval from the appropriate Nebraska Department of Economic Development Program Representative.

**SWNCBC REGIONAL HOUSING DOWN PAYMENT/CLOSING COST ASSISTANCE REHABILITATION PROGRAM**

**APPLICATION - 20TFHO33022**

**APPLICANT INFORMATION**

**OFFICE USE**

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Application # _____ Date Recd. _____ Time _____  By mail _____ In person _____ (check one)  Delivered by _____  _____
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**APPLICANT ACKNOWLEDGEMENT**

**CERTIFICATIONS AND AUTHORIZATIONS**

I/We hereby certify that by signing this application, the information stated herein is true and correct to the best of my/our knowledge. I realize that giving false information will result in disqualifying me from assistance in the Southwest Nebraska Community Betterment Corp. (SWNCBC) Regional DPA/~~with Rehab~~ Program 20TFHO33022.

I/We authorize the SWNCBC to access all information required to verify the following information in order to determine eligibility for the above referenced program.

I/We authorize the SWNCBC to use before and after photos in marketing materials with no applicant names or addresses connected to the photos.

In regards to the Rehab portion, all applicants will be referred to USDA-Rural Development for funding under this program as well as any weatherization program that may apply. I/we authorize all information within this application be forwarded to partnering agencies to be reviewed for their home repair grant programs. No applicant will be required to take a *loan* from any partnering agency as their first source as program assistance. All applicants will be encouraged to take a *grant* from any partnering agency as a source of program assistance. No relocation financial assistance will be provided you in the event you must move out of your home to complete rehabilitation work.

\_\_\_\_\_  
(applicant signature) (date)

\_\_\_\_\_  
(applicant signature) SPOUSE (date)

\_\_\_\_\_  
print name

\_\_\_\_\_  
print name

**A. HOUSEHOLD DATA**

**1. Head of Household: (FAMILY MEMBER #1)**

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**2. Spouse/Significant Other (FAMILY MEMBER #2)**

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**3. Names and Ages of all other household members**

Family Member #3 \_\_\_\_\_ Age \_\_\_\_\_

Family Member #4 \_\_\_\_\_ Age \_\_\_\_\_

Family Member #5 \_\_\_\_\_ Age \_\_\_\_\_

Family Member #6 \_\_\_\_\_

**4. Are any members of the Household**

Handicapped or disabled? \_\_\_\_\_ yes \_\_\_\_\_ no (check one)

(If yes please explain) \_\_\_\_\_

\_\_\_\_\_

Does your home require the removal of architectural barriers \_\_\_\_\_ yes \_\_\_\_\_ no

(please check one)

**B. HOUSEHOLD INCOME AND ASSET DATA**

**EMPLOYMENT INCOME**

PROVIDE THE PAST THREE CURRENT PAY STUBS FOR EACH WORKING FAMILY MEMBER.

Family Member #1 \_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly

(circle one above)

Family Member #2 \_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly  
(circle one above)

Family Member #3 \_\_\_\_ Employer Name and Address \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly  
(circle one above)

Family Member #4 \_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly  
(circle one above)

Family Member #5 \_\_ Employer Name and Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly  
(circle one above)

Family Member #6 Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Amount of Gross Income from wages (before taxes)*

\$ \_\_\_\_\_ hourly      weekly      bi-weekly      monthly      semi-monthly      yearly

(circle one above)

**SOCIAL SECURITY** – Do you received Social Security Benefits?      \_\_\_\_\_yes      \_\_\_\_\_no

(please check one)

Monthly Amount \$ \_\_\_\_\_

**PROVIDE A COPY OF THE CURRENT YEAR SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY STATEMENT**

**PENSION**      \_\_\_\_\_yes      \_\_\_\_\_no (please check one)

Monthly Amount \$ \_\_\_\_\_      Account # \_\_\_\_\_

Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PROVIDE A COPY OF THE CASH BALANCE FROM THE PENSION PLAN**

**INVESTMENTS**      \_\_\_\_yes      \_\_\_\_no (please check one)

Source \_\_\_\_\_

Address: \_\_\_\_\_

**PROVIDE A COPY OF THE CASH BALANCE OF INVESTMENTS**

**OTHER INCOME TO INCLUDE ALIMONY, CHILD SUPPORT, FOOD STAMPS, ETC.**

\_\_\_\_yes      \_\_\_\_no (please check one)

Type of Income \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Source \_\_\_\_\_

Address \_\_\_\_\_

**IF APPLICABLE, PROVIDE A COPY OF YOUR COURT ORDERED CHILD SUPPORT (DIVORCE DECREE), AS WELL AS THE HHS BENEFIT STATEMENT.**

**TIPS**

Do you work in a job that you receive tips? \_\_\_\_yes \_\_\_\_no

If yes, what is the average amount of tips you receive weekly \$ \_\_\_\_\_

Employer: \_\_\_\_\_

**IF APPLICABLE, PROVIDE A WRITTEN SIGNED STATEMENT INDICATING THE AVERAGE AMOUNT OF TIPS YOU RECEIVE WEEKLY.**

**CHECKING ACCOUNT**      \_\_\_\_yes      \_\_\_\_no (please check one)

Balance \$ \_\_\_\_\_ Bank \_\_\_\_\_

Address \_\_\_\_\_

**SAVINGS ACCOUNT**      \_\_\_\_yes      \_\_\_\_no (please check one)

Balance \$ \_\_\_\_\_ Bank \_\_\_\_\_

Address \_\_\_\_\_



**REAL ESTATE**

Do you currently own any real estate?

\_\_\_\_\_yes\_\_\_\_\_no (please check one)

Legal Description \_\_\_\_\_

\_\_\_\_\_



\*\*\*modular home must bear label it was built in compliance with National Manufactured Home Construction and Safety Standards.

IF APPLICABLE PLEASE PROVIDE A PHOTO OF THE MOBULAR HOME LABEL AS NOTED ABOVE.

**\*COPY OF HOMEOWNERS INSURANCE WITH SWNCBC AS SECONDARY LOSS PAYEE TO BE PROVIDED AT CLOSING\***

# United States Citizen Attestation

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

I am a citizen of the United States

I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number is \_\_\_\_\_, 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.**

All adults living in the household, receiving benefit of this program must sign this form.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

*This information is being requested in accordance with reporting requirements by the Nebraska Department of Economic Development.*

**Racial or Ethnic Group** - List how many persons in the household are in the following ethnic groups?

\_ *American Indian/Alaskan*      \_ *Asian/Pacific Islander*      \_ *Black/African American*  
\_ *Hispanic/Latino*              \_ *White/Caucasian*              \_ *Other*

**Household Gender** – Please enter the number of females and number of males in the household

\_ *Female*                              \_ *Male*

**Is Applicant Female Head of Household?**

Yes                               No

*(check yes or no)*

If you are found eligible for this program and your home is rehabilitated, you will be required to place SWNCBC as loss payee on your insurance policy with continual coverage provided for a period of ten (10) years or for the duration of the affordability period of the program.

Supporting documentation is required to be submitted with the application. Paperwork needed is marked with a check box  near the left margin of the application. Applications are not considered complete without submitting the checkbox items.

Following review of your application, additional paperwork may be requested to complete income verification.

**You are required to take a homebuyer education class through our REACH approved program at [ehomeamerica.org](http://ehomeamerica.org). When you enter the site to take the class, make sure you select Southwest Nebraska Community Betterment Corp. as the organization sponsoring the class. For more information, don't hesitate to give us a call.**

Complete and Return the original signed application portion only, applications can be scanned and emailed; we **cannot** accept applications that are faxed.

Southwest Nebraska Community Betterment Corp. By  
mail: Hand  
delivery:  
PO Box 720 115 W. 3<sup>rd</sup>  
Str. Grant, NE 69140 -0720 Grant, NE  
69140