# **Stuart Development Corporation**

***OFFICE & FAX #: 402-924-3647***

PO Box 144

Stuart, NE 68780



*Providing Economic Development in the Village of Stuart*

Dear Housing Opportunity Program Applicant:

Thank you for your interest in the down payment assistance program made possible by the Stuart Development Corporation.

The down payment assistance program provides to eligible and approved applicants a maximum loan of 10% of the total costs for purchasing a **new** home (maximum of $20,000) or 10% of the total costs for purchasing a **used** home (maximum of $10,000) located in the Village of Stuart City limits. In order for us to determine your eligibility for this Program, you need to complete and return the application form entitled “Household Survey Information.” In addition to the application, we need you to provide us with the following documentation as these are necessary for eligibility determination.

***All these forms can be photocopies:***

* Copy of most recent year's income tax return (full set of forms)
* Copy of most recent bank statements
* Assets on Deposit Form for each of your Banks (see attached)
* Employer Verification Form for each working household member (see attached)
* Copy of most current pay stubs of all occupants of household (if working)

Your Application cannot be processed until we receive this documentation. We are aware that some of this documentation does not apply to all applicants (for example, not everyone is required to file an income tax return). If you believe this is the case for you, please indicate such when you return the other information to us. The amount of the loan is calculated from the information you provide to us and eligibility is based on current HUD income limits for Holt County NE. The current interest rate for the down payment assistance program is **3%** and is fixed for the life of the loan. The current loan term is 15 years with monthly payments required. There are no prepayment penalties. If your eligibility is determined to be above the low to moderate income guidelines provided to us by HUD, the interest rate will be **5%** with the same conditions outlined above.

**Before assistance can be provided the homebuyers must have an identified home to be purchased, a lender who has approved the primary mortgage, and a purchase agreement in place between the buyer and seller.**

**The Stuart Development Corporation will accept a subordinate lien behind the identified primary lender.**

Manufactured homes are eligible properties for assistance ONLY if they meet the following definition: The term Manufactured Home is defined as a factory-built structure which is to be used as a place for human habitation, which is not constructed or equipped with a permanent hitch or other device allowing it to be moved other than to a permanent site, which does not have permanently attached to its body or frame any wheels or axles, and which bears a label certifying that it was built in compliance with the "National Manufactured Home Construction and Safety Standards" promulgated by the U. S. Department of Housing and Urban Development (HUD); or a modular housing unit as defined in the statutes (Neb. Rev. Stat. §71-1557), bearing the seal of the Nebraska Department of Health and Human Services - Regulation and Licensure.

Please submit the Application and other documentation to the Stuart Development Corporation address listed above or in person to the Stuart Village Office located at 109 W. 1st St.

Feel free to call us at 402-924-3647 if you have any questions about the program or these forms. We look forward to working with you.

### **Down payment Assistance Program Application**

### **Household Survey Information**

### **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

### **Personal Information**

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Age \_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_Married \_\_\_\_\_Unmarried (single, divorced, or widowed) \_\_\_\_\_Separated

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Co-Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_ Co-Applicant Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Age \_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Property Information**

Do you have a property selected at this time for which I wish to use the HOP funds? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide the following information about the prospective property:

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a Manufactured Home? Yes\_\_\_\_ No\_\_\_\_\_ (Mobile homes not meeting this definition are not eligible – see information cover sheet for definition of Manufactured Home.)

Please indicate time period during which this home was built:

Before 1940 \_\_\_\_\_ 1940-1959 \_\_\_\_\_ 1960-1977 \_\_\_\_\_ Unknown \_\_\_\_\_

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

Has this property 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)

Name and Birth Date Age Gender Lives at Home Full-time Student

(yes or no) (yes or no)

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

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**Employment Data** (required for any household member age 18 or over)

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long \_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of scheduled work hours per week \_\_\_\_\_\_\_\_\_\_\_

(full-time is 40 hours per week)

Gross Income (before taxes): Per Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long \_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of scheduled work hours per week \_\_\_\_\_\_\_\_\_\_\_

(full-time is 40 hours per week)

Gross Income (before taxes): Per Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long \_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of scheduled work hours per week \_\_\_\_\_\_\_\_\_\_\_

(full-time is 40 hours per week)

Gross Income (before taxes): Per Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Other Income** (Social Security, ADC, Disability, Welfare, Unemployment, Child Support, Retirement or Veteran, Rental Income, Worker’s Compensation, and any other source not listed)

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly Amount\_\_\_\_\_\_\_\_\_\_\_\_

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly Amount\_\_\_\_\_\_\_\_\_\_\_\_

Family Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly Amount\_\_\_\_\_\_\_\_\_\_\_\_

Family 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? \_\_\_\_\_Yes \_\_\_\_\_No

Real Estate Owned (other than home in which you reside) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_

### **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 |  |  |  |

**GO TO NEXT PAGE**

**Optional Household Characteristics:** The following demographic information is strictly optional and has NO bearing on eligibility for participating in our program.

Marital Status: \_\_\_\_ Single \_\_\_\_ Married Head of Household: \_\_\_\_ Male \_\_\_\_ Female

Number of older adults (62+): \_\_\_\_\_\_\_

Are any members of your household physically or mentally disabled? \_\_\_\_Yes \_\_\_\_ No

If yes, number of people with disabilities: \_\_\_\_\_

Race (applicant): \_\_\_\_Caucasian \_\_\_\_African American \_\_\_\_Hispanic \_\_\_\_Native American \_\_\_\_Asian

\_\_\_\_Other: Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race (co-applicant): \_\_\_\_Caucasian \_\_\_\_African American \_\_\_\_Hispanic \_\_\_\_Native American \_\_\_\_Asian

\_\_\_\_Other: Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Signatures

I (we) hereby certify that the statements made by me (us) are true and correct to the best of my (our) belief and knowledge.

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

Signature and Date Signature and 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

**SS#**

Street Address City/State/Zip

**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:**

**Village of Stuart/SDC, PO Box 177, Stuart NE 68780**

**Phone/Fax: 402-924-3647**

**ASSETS ON DEPOSIT VERIFICATION FORM**

# **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:**

**BANK:**

Name Street Address City/State/Zip

**SS#**

Street Address City/State/Zip

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**

## **REQUEST FOR VERIFICATION OF ASSETS ON DEPOSIT**

Federal regulations require that the housing program administrator verify all assets on deposit 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 Grantee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to access all information requested, included but not limited to that listed below.

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

Applicant Date Co-Applicant Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Checking / Savings /**  **Money Market Funds**  **Account No.** | | **Average Monthly**  **Balance for Last 6 Months** | | **Current Interest Rate** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **Certificates of Deposit / IRA / Retirement Account**  **Account No.** | **Amount** | | **Withdrawal Penalty** | | **Current Interest Rate** |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |

This form should be completed and signed by an authorized representative of the depository.

**IN NO EVENT SHOULD IT BE COMPLETED BY THE APPLICANT.**

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

SIGNATURE / TITLE DATE

**PLEASE RETURN THIS FORM WITHIN SEVEN DAYS TO:**

**Village of Stuart/SDC PO Box 177, Stuart NE 68780**

### **Phone / Fax: 402-924-3647**

*CDS is affiliated with others to enhance the quality of its services*

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