DAVID CITY HOUSING AUTHORITY

"Sunshine Court" 1125 N 3RD STREET * DAVID CITY, NE 68632 Telephone (402) 367-3587 * Fax (402) 367-3641 Email: davidcityhane@gmail.com

davidcityhane.org

FRIEND HOUSING **AUTHORITY**

"Friendship Terrace" 1027 2nd STREET **FRIEND, NE 68359** Telephone (402) 947-6371 Fax (402) 367-3641

Email: friendhousingauthority@gmail.com

friendhane.org

GRESHAM HOUSING AUTHORITY

"Golden Age Manor" 120 MAUD * PO Box 224 GRESHAM, NE 68367-0224 Telephone (402) 735-7292 Fax (402) 367-3641

Email: greshamhane@gmail.com

STROMSBURG HOUSING AUTHORITY

"Swede Haven" 517 E 7th St #100 STROMSBURG, NE 68666 Telephone (402) 764-6521 Fax (402) 367-3641

Email: stromsburghane@gmail.com

PLEASE	LEAVE BLANK FOR	R HOUSING AUTHOR	CITY USE ONLY:	
			T	

PLE	ASE LEAVE BLANK FOR HOUSING AUTHORITY USE ONLY:	-7
Date	Landlord	
Time	Credit Check/Criminal History/	HOUSING TUNITY

*When filling out this application, please do not leave any blanks. Pay special attention to those items in bold print. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

I am applying for David City Housing Authority "S	Sunshine Court"		io One Bedroom vo Bedroom (minimum 2 people)
Gresham Housing Authority "Go	olden Age Manor	." One Bedroom	Two Bedroom (minimum 2 people) Two Bedroom Two Bedroom (minimum 2 people)
Applicant Name (First middle last)	Swede Haven		Maiden/Previous Name(s)
SSN	DOB /	/	Place of Birth
Current Street Address		РО Вох	E
City		State	Zip
() Home Phone	Cell Phone		() Yes () No Text Messages
Email Address Race: () White () Black () Native Ame	erican/Alaskan	() Asian/Pacific Island	Ethnicity: er () Hispanic () Non-Hispanic

of the Housing Author purpose is:	rity Programs and r	elated services. The	Fair Ho	ation in order to take full a using definition used for t	his
activities has a		irment or is regarde		lly limits one or more maj ing such impairment (the	
Do you believe you need reason Household List all other persons who will live			·		
(H) or disabled (D).				() out and marcare it arey are	
Full Name	Relationship	Birth Date	Sex	Social Security Number	H/D
			ehold, inc		f
If you have children and a paren Child Name		be living in the house	Phold, inc	dicate so below. Address of Absent Paren	t
			chold, inc		t
			chold, inc		t
			chold, inc		t
Will there be a change in the nex	t twelve months in the	e size of your family o		Address of Absent Paren	
Will there be a change in the nex () No () Yes If you or an adult member of your considered full time (at least 9 of financial aid contact is:	t twelve months in the	e size of your family ourrently enrolled as a	or in the r	number of persons living in indicate who, whether the	your home?

Have you or any other member of your household used a name or social security number other than the one written on this application? () No () Yes
Do you have a pet? () No () Yes Do you smoke? () No () Yes
[Housing Authorities are smoke free. Tenants must sign the No Smoking Policy signifying that neither they nor their guests will smoke within 25 feet of any building.]
Have you or any member of your household \underline{EVER} been convicted of \underline{ANY} crimes other than a minor traffic violation? () No () Yes
Have you or anyone listed on this application engaged in drug related criminal activity or violent criminal, including criminal activity by any family member as defined below? () No () Yes
DRUG-RELATED CRIMINAL ACTIVITY MEANS ONE OF THE FOLLOWING:
(A) The felonious manufacture, sale, or distribution, or the possession with intent to manufacture, sell, or distribute, of a controlled substance, except that such use before the date that the PHA provides notice to an applicant or participant, under 887.405, of the PHA's determination to deny admission or terminate assistance. Drug-related criminal activity does not include this use of possession, if the family member can demonstrate that he or she:
 has an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; and has recovered from such addiction and does not currently use or possess controlled substances.
VIOLENT CRIMINAL ACTIVITY includes any felonious criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.
FELONIOUS means that the criminal activity is classed as a felony under Federal, State, or local law.
Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? () No () Yes
Has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program? () No () Yes Name of Program (Provide a copy of certification of completion)
Have you or any member of your household been convicted of a felony? () No () Yes
Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? () No () Yes If yes, please explain
Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? () No () Yes If yes, please list each State and explain the reason for the registration requirement
Do you have a Guardian or a Conservator? () No () Yes Name
Has or is anyone in the household Military Service/Veteran? () No () Yes If yes, name of member Period of Service to

RENTAL HISTORY - list a minimum of 10 years of consecutive landlord history

Applicant

Federally assisted housing program? () No () Yes _

attach additional sheets if necessary – if owned or lived with someone else during the 10 years, please indicate location and timeframe. (i.e., 2012 - 2022) attach additional sheets if necessary

Co-Applicant

Current Landlord	Current Landlord		
Landlord Phone Number	Landlord Phone Number		
Landlord Address	Landlord Address		
Rental Address	Rental Address		
How long have you rented here	How long have you rented here		
Present monthly rent	Present monthly rent		
Date of Occupancy	Date of Occupancy		
Previous Landlord	Previous Landlord		
Landlord Phone Number	Landlord Phone Number		
Landlord Address	Landlord Address		
Rental Address	Rental Address		
How long have you rented here	How long have you rented here		
Monthly rent	Monthly rent		
Date of Occupancy	Date of Occupancy		
Are you currently without housing or about to be without ho			
The you currently without housing of about to be without he	ousing. () To () Tos		
Are you being evicted? () No () Yes			
Have you ever been evicted? () No () Yes			
If yes, when? Where	Why		
• • • • • • • • • • • • • • • • • • • •	, <u>, </u>		
Det Harris Arrivan Information Development	f Harris and Halam Davidson (IHID)	LICDA Donnel	
<u>Past Housing Assistance Information</u> Department of Development or a Local Housing authority	Housing and Orban Development (HOD),	USDA Rurai	
If you have received housing assistance in the past, list wh	here you received assistance, when the assistance	ce was received	
(i.e., 2000-2005), and the amount of money you left owing.	•		
Name & Location	Dates You Received Assistance	Amount Owed	
		\$	
		\$	
		\$	
		\$	
Have you ever been requested to repay money for knowing	ngly misrepresenting information or committed	I any fraud in a	

Residence: Where have the household members resided?

Please check the box indicating all states and/or territories where any household member has resided. In addition, list the household members' name on the line associated with the state or territory resided in.

	State	Who Resided There		State	Who Resided There
	Alabama			New Mexico	
	Alaska			New York	
	Arizona		:		
	Arkansas		_ .	North Dakota	
	California			Ohio	
	Colorado		_ '	Oklahoma	
	Connecticut		_ '	Oregon	
I	Delaware		:	Pennsylvania	
I	District of Col	lumbia	:	Rhode Island	
	Florida			South Carolina	
	Georgia			C 41- D - 1 4 -	
I	Hawaii			Tennessee	
I	Idaho			Texas	
I	Illinois		_ _	Utah	
I	Indiana		_ .	Vermont	
I	Iowa		_ .	Virginia	
I	Kansas		_	Washington	
I	Kentucky		_	West Virginia	
I	Louisiana		_ _	Wisconsin	
1	Maine			Wyoming	
1	Maryland				
1	Massachusetts				
	Michigan		<u> </u>	U.S. Territory	
	Minnesota				
	Mississippi			American Samoa	
	Missouri			Federated States of	of Micronesia
	Montana			Guam	
1	Nebraska			Midway Islands	
	Nevada		,	Northern Mariana	Islands
	New Hampshi	re	_	Puerto Rico	
				Republic of Palau	
				Republic of the M	[arshall Islands
				U.S. Virgin Island	ls

Income Information

Warning: If you do not report all of your income, earned or unearned, you must repay; it is the law. List any <u>income that</u> does not come from working. Child support will be listed separately later.

does not come from working. Child	support will be listed be
SSI	\$
Social Security	\$
Pension/Retirement	\$
Veterans Benefits	\$
Cash Assistance Payments	\$
Workers Compensation	\$
Unemployment Compensation	\$
Farm Income	\$
Annuity	\$
Trusts/Inheritances	\$
Native American Benefits	\$
Other:	\$

Civil Service	\$
Interest/Dividend	\$
Railroad Retirement	\$
Military Allotment	\$
Rental Income	\$
Claims/Disability	\$
Insurance/Accident Settlement	\$
Striker Income	\$
Life Estate	\$
Partnerships/Corporations	\$
Prizes/Awards/Winnings	\$
Other	\$

If anyone <u>outside your household helps you pay any part or all of your expenses</u>, list who, what expense they help with, and the cash value amount they help with. This would include anyone who pays your expense(s) up front or gives you money for payment of your car insurance, gas, cell phone, food, utilities, rent, etc.

Name	Expense	Amount
		\$
		\$
		\$
		\$

If you receive **child support**, indicate so below. Please submit a copy of the court order(s).

Child Name	Amount	District Court / County	Case Number
	\$		
	\$		
	\$		

Will your household receive an earned income tax credit? () No	() Yes \$
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If you have <u>childcare expenses related to employment</u>, indicate the name, address and total cost for daycare. If you receive help from the Department of Health and Human Services (DHHS) to pay this expense, indicate the amount they pay and the amount you pay out of your pocket.

Name & Address of Caregiver	Total Cost	DHHS Pays	You Pay
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Please indicate all persons in the household who are employed or working, including you. Please submit paystubs.

	in the household who are chiployed of working, men		1 3
Family Member	Employer Name & Employer Address	Hours Per Week	Wage / Salary
			•
			Ψ
			\$
			'
			Φ
			5

Bank / Institution	City,	State	Bank / Institution	City, State
ave you disposed of any ass	ets the past two ve	ars?()No ()	Yes	
or any ass	ous une passeme yea			
1' 1D 1 4'				
edical Deductions				
edical Deductions				
st the name and address of				
Iedical Deductions ist the name and address of ealth insurance, prescription				
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Do you expect to receive any other income in the next 12 months? () No () Yes _____

\$

\$

\$

\$

\$

\$

\$

List any resources or asses you have, including their value. You will be asked to list the bank/institution where these

Annuity

Checking

Other:

Certificates of Deposit (CD)

Real Estate / Farmland

Child's Account

IRA

\$

\$

\$

\$

\$

\$

\$

Asset Information

are located, later.

Savings Bonds
Life Insurance

Investments

Burial Funds / Trusts / Spaces

401K

Savings

Other:

All Applicants:

Please read and sign the following certifications and statements. We will assist you with questions you may have.

Certified statement:

The information requested on this form is being collected in connection with regulations of the Housing Authorities, Nebraska, authorized by the Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility, unit size and the applicant's share of the rent and utilities. The information may be released to appropriate Federal, State and local agencies; when relevant to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval or subsequent determination that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United Sates Housing Act of 1937, as amended, 1981, 1998, 06/22/2009.

I/We hereby certify that the housing that I/We am applying for will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location. I/We understand that I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on HUD income limits and by the property's selection criteria. I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We do hereby authorize release of any information contained herewith to determine my/our eligibility for this house. I/We do hereby authorize representatives of the property to contact any agencies, police departments, offices, groups, or organization to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We further acknowledge that any materially false statement or misrepresentation in this Application shall constitute the basis for termination of the Lease Agreement, which shall require the Applicant(s) to immediately vacate the apartment unit without the right to cure.

Warning: Section 1001 of Title 18 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false statements or fraudulent statements to any Department or Agency of the United States.

APPLICANT(S)/TENANT(S) STATEMENT:

All adults who are 18 or older MUST SIGN.

I do hereby swear and attest that all of the information on this application is true and correct. I also understand that all changes concerning income for any family member must be reported in writing to the Housing Authority. Also, any changes in family composition must be reported, in writing to the Housing Authority. Changes in income and family composition must be reported to the Housing Authority in writing within two days of the change.

SIGN and DATE this page. If the application is not signed and dated, it will delay you being put on the waitlist.

Head of Household – Print Name Sign Here Date Spouse – Print Name Sign Here Date Other Adult – Print Name Sign Here Date