Neligh Housing Authority

500 P Street

Neligh, NE 68756

Telephone: (402) 887-4912 Fax: (402) 370-8868

E-mail: nelighhousing@gmail.com

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| --- |
| PHA use Only: Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| *This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on your Social Security card.* **A photo ID for all persons 18 years and older and a copy of each household member’s Social Security card must be attached to this application.**  |

**Pre-application for Public Housing**

1. Name of head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current Address, Street, Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current City, State and Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Area Code and Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For HUD Statistical Purposes Only**

1. Race of Head: ❑ African American/Black ❑ Asian or Pacific Islander

❑ Native American/Alaskan Native ❑ Caucasian/White

1. Ethnicity of Head: ❑ Hispanic/Latino ❑ Non-Hispanic/Non-Latino

**Family Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Fist Name & Last Name if different from Head’s** | **Date of Birth** | **Social Security Number** | **Relationship to Head** | **Disabled person?** | **Birthplace Country** | **Full-time Student?** |
| **H** |  |  | **\_\_\_ \_\_ \_\_\_** | **Head** |  |  |  |
| **2** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **3** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **4** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **5** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **6** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **7** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |
| **8** |  |  | **\_\_\_ \_\_ \_\_\_** |  |  |  |  |

1. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? ❑ Yes ❑No
2. Is the applicant family displaced by governmental action through no fault of their own? ❑ Yes ❑ No
3. Is the applicant family displaced by domestic violence? ❑ Yes ❑ No
4. Is any adult family member employed? ❑ Yes ❑ No
5. Does anyone in your household require a handicapped accessible unit? ❑ Yes ❑ No
6. Bedroom size Requested: Please check the bedroom size you would prefer.

 ❑ No Preference ❑ Small ❑ Large ❑ Two Bedroom ❑ Handicap Accessible

I understand a transfer from this unit will only be allowed based on my eligibility and may require verification.

1. Is any adult family member enrolled in a job training program, including one required under the welfare program? ❑ Yes ❑ No
2. Is any adult family member enrolled in an educational program full time? ❑ Yes ❑ No
3. Are any members of the household subject to a lifetime sex offender registration requirement in any state? ❑ Yes ❑ No
4. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member Name** | **Income Source** | **Amount $** | **Frequency - Per** |
|  |  |  |  **❑ Week ❑ Month ❑Year**  |
|  |  |  |  **❑ Week ❑ Month ❑Year** |
|  |  |  |  **❑ Week ❑ Month ❑Year** |
|  |  |  |  **❑ Week ❑ Month ❑Year** |

1. **Family Asset Information:** Do you have a/any:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Account** | **Yes** | **No** | **Current Value** |
| **Checking** |  |  |  |
| **Savings** |  |  |  |
| **IRA’s** |  |  |  |
| **Keogh** |  |  |  |
| **Certificate of Deposits** |  |  |  |
| **Money Market Fund** |  |  |  |
| **Stocks, Bonds, Trusts** |  |  |  |
| **Real Estate** |  |  |  |

1. Has any member of your household disposed of any assets for less than fair market value during the past two years? ❑ Yes ❑ No
2. Have you or any other adult members of your household ever used any name(s) or Social Security number(s) other than the one you are currently using? ❑Yes ❑ No
3. Have you or any member of your household lived in an assisted housing? ❑ Yes ❑ No

If yes, list where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever committed fraud in a federally assisted housing program or been requested to repay money for misrepresenting information for such housing programs? ❑Yes ❑No
2. Has anyone in your household engaged in the felonious use, sale, manufacture, or distribution of a controlled substance? ❑Yes ❑No

If yes, which household member, what year, and what was it for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does anyone in your household currently use a controlled or illegal drug? ❑ Yes ❑No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever been evicted from Public or assisted housing for violent criminal or drug related activity? ❑ Yes ❑No
3. Current Landlord’s name and phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Family Moved to this location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Most recent former address, Street, Apt. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent former City, State, and Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent former Area Code and Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Most recent prior Landlord’s name, phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Family Moved to this location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list all states in which any household member has resided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHA will be contacting all former landlords for the period three years from the date of application**

**I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.**

**Applicant Signature Date**

**Co-Applicant Signature Date**

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined no more than $10,000 or imprisoned for not more than five years or both.

**FCRA COMPLIANCE**

**NOTICE/AUTHORIZATION AND RELEASE FOR A CONSUMER REPORT**

**I, the undersigned consumer, do hereby authorize the NELIGH HOUSING AUTHORITY by and through Tenant PI (TPI), to procure a consumer report on me. This report may include, but is not limited to, my personal credit history based on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; a social security number verification; information discerned through employment and education verifications; present and former addresses; and any other public record.**

**I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Neligh Housing Authority by and through TPI, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.**

**I hereby release NELIGH HOUSING AUTHORITY, TPI, their successors and assigns, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.**

**I understand that this Notice/Authorization and Release form shall remain in effect for the duration of housing assistance; I give permission to investigate any incidents and/or general misconduct or criminal activity for which I might be alleged to have been involved during my employment and/or lease. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First Middle Last Maiden**