

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 HOUSING AUTHORITY USE ONLY:

Date _____

Landlord _____

Time _____

Credit Check/Criminal History ____/____



***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.**

Head of Household Information

I am applying for

___ David City Housing Authority “Sunshine Court” ___ Efficiency/Studio ___ One Bedroom
___ Two Bedroom (minimum 2 people)

___ Friend Housing Authority “Friendship Terrace” ___ One Bedroom ___ Two Bedroom (minimum 2 people)

___ Gresham Housing Authority “Golden Age Manor” ___ One Bedroom ___ Two Bedroom

___ Stromsburg Housing Authority “Swede Haven” ___ One Bedroom ___ Two Bedroom (minimum 2 people)

Applicant Name (First middle last)

Maiden/Previous Name(s)

SSN

DOB

Place of Birth

Current Street Address

PO Box

City

State

Zip

()

Home Phone

()

Cell Phone

() Yes

Text Messages

() No

Email Address

Race:

() White () Black () Native American/Alaskan () Asian/Pacific Islander

Ethnicity:

() Hispanic () Non-Hispanic

Disability/Handicap

I am: () Elderly () Handicapped () Disabled () None

Reasonable Accommodation

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Housing Authority Programs and related services. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities has a record of such impairment or is regarded as having such impairment (the disability may not be apparent to others, i.e., a heart condition).

Do you believe you need reasonable accommodation? () No () Yes Complete Reasonable Accommodation form

Household

List all other persons who will live in the home and the relationship to the head of house (you) and indicate if they are handicapped (H) or disabled (D).

Full Name	Relationship	Birth Date	Sex	Social Security Number	H/D

If you have children and a parent of the child will not be living in the household, indicate so below.

Child Name	Absent Parent	Address of Absent Parent

Will there be a change in the next twelve months in the size of your family or in the number of persons living in your home?
 () No () Yes _____

If you or an adult member of your household is currently enrolled as a student, indicate who, whether the student is considered full time (at least 9 credit hours per semester) or part-time, the name and address of the school, and who the financial aid contact is:

Student	FT/PT	Name and Address of School	Financial Aid Contact

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 **EVER** been convicted of **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:
- 1) has an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; and
 - 2) 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

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

Applicant	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 housing? () No () Yes _____

Are you being evicted? () No () Yes _____

Have you ever been evicted? () No () Yes
 If yes, when? _____ Where _____ Why _____

Past Housing Assistance Information Department of Housing and Urban Development (HUD), USDA Rural Development or a Local Housing authority

If you have received housing assistance in the past, list where you received assistance, when the assistance was received (i.e., 2000-2005), and the amount of money you left owing, if any.

Name & Location	Dates You Received Assistance	Amount Owed
		\$
		\$
		\$
		\$

Have you ever been requested to repay money for knowingly misrepresenting information or committed any fraud in a Federally assisted housing program? () No () Yes _____

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
<input type="checkbox"/>	Alabama _____
<input type="checkbox"/>	Alaska _____
<input type="checkbox"/>	Arizona _____
<input type="checkbox"/>	Arkansas _____
<input type="checkbox"/>	California _____
<input type="checkbox"/>	Colorado _____
<input type="checkbox"/>	Connecticut _____
<input type="checkbox"/>	Delaware _____
<input type="checkbox"/>	District of Columbia _____
<input type="checkbox"/>	Florida _____
<input type="checkbox"/>	Georgia _____
<input type="checkbox"/>	Hawaii _____
<input type="checkbox"/>	Idaho _____
<input type="checkbox"/>	Illinois _____
<input type="checkbox"/>	Indiana _____
<input type="checkbox"/>	Iowa _____
<input type="checkbox"/>	Kansas _____
<input type="checkbox"/>	Kentucky _____
<input type="checkbox"/>	Louisiana _____
<input type="checkbox"/>	Maine _____
<input type="checkbox"/>	Maryland _____
<input type="checkbox"/>	Massachusetts _____
<input type="checkbox"/>	Michigan _____
<input type="checkbox"/>	Minnesota _____
<input type="checkbox"/>	Mississippi _____
<input type="checkbox"/>	Missouri _____
<input type="checkbox"/>	Montana _____
<input type="checkbox"/>	Nebraska _____
<input type="checkbox"/>	Nevada _____
<input type="checkbox"/>	New Hampshire _____
<input type="checkbox"/>	New Jersey _____

State	Who Resided There
<input type="checkbox"/>	New Mexico _____
<input type="checkbox"/>	New York _____
<input type="checkbox"/>	North Carolina _____
<input type="checkbox"/>	North Dakota _____
<input type="checkbox"/>	Ohio _____
<input type="checkbox"/>	Oklahoma _____
<input type="checkbox"/>	Oregon _____
<input type="checkbox"/>	Pennsylvania _____
<input type="checkbox"/>	Rhode Island _____
<input type="checkbox"/>	South Carolina _____
<input type="checkbox"/>	South Dakota _____
<input type="checkbox"/>	Tennessee _____
<input type="checkbox"/>	Texas _____
<input type="checkbox"/>	Utah _____
<input type="checkbox"/>	Vermont _____
<input type="checkbox"/>	Virginia _____
<input type="checkbox"/>	Washington _____
<input type="checkbox"/>	West Virginia _____
<input type="checkbox"/>	Wisconsin _____
<input type="checkbox"/>	Wyoming _____

U.S. Territory

<input type="checkbox"/>	American Samoa _____
<input type="checkbox"/>	Federated States of Micronesia _____
<input type="checkbox"/>	Guam _____
<input type="checkbox"/>	Midway Islands _____
<input type="checkbox"/>	Northern Mariana Islands _____
<input type="checkbox"/>	Puerto Rico _____
<input type="checkbox"/>	Republic of Palau _____
<input type="checkbox"/>	Republic of the Marshall Islands _____
<input type="checkbox"/>	U.S. Virgin Islands _____

Income Information

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

SSI	\$	Civil Service	\$
Social Security	\$	Interest/Dividend	\$
Pension/Retirement	\$	Railroad Retirement	\$
Veterans Benefits	\$	Military Allotment	\$
Cash Assistance Payments	\$	Rental Income	\$
Workers Compensation	\$	Claims/Disability	\$
Unemployment Compensation	\$	Insurance/Accident Settlement	\$
Farm Income	\$	Striker Income	\$
Annuity	\$	Life Estate	\$
Trusts/Inheritances	\$	Partnerships/Corporations	\$
Native American Benefits	\$	Prizes/Awards/Winnings	\$
Other:	\$	Other	\$

If anyone outside your household helps you pay any part or all of your expenses, 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 \$ _____

If you have childcare expenses related to employment, 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.

Family Member	Employer Name & Employer Address	Hours Per Week	Wage / Salary
			\$
			\$
			\$

Do you expect to receive any other income in the next 12 months? () No () Yes _____

Asset Information

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

401K	\$
Burial Funds / Trusts / Spaces	\$
Savings	\$
Savings Bonds	\$
Life Insurance	\$
Investments	\$
Other:	\$

Annuity	\$
IRA	\$
Checking	\$
Certificates of Deposit (CD)	\$
Real Estate / Farmland	\$
Child's Account	\$
Other:	\$

List below the names and addresses of **all** the banks or institutions the above resources are located.

Bank / Institution	City, State

Bank / Institution	City, State

Have you disposed of any assets the past two years? () No () Yes _____

Medical Deductions

List the name and address of all places where you have out of pocket **medical** expenses. This should include supplemental health insurance, prescription drugs, eye examinations, eyeglasses, dental work and hearing aids. *Not all applicants will qualify for medical deductions/allowances. (Provide if elderly or have a verified disability)*

Family Member	Type	Location	Cost Next 12 mos.
			\$
			\$
			\$
			\$
			\$

References

Please provide the name, address, and telephone number of three personal references (credit, educational, professional, non-family or friends)

Name	Relationship	Phone Number

