

GRESHAM HOUSING AUTHORITY

120 MAUD STREET
 GRESHAM, NEBRASKA 68367
 Telephone (402) 735-7292
 Fax (402) 367-3641
 Email: greshamhane@gmail.com

PLEASE LEAVE BLANK FOR GRESHAM HOUSING AUTHORITY USE ONLY:

| | |
|------------|-----------------------------------------|
| Date _____ | Landlord _____ |
| Time _____ | Credit Check/Criminal History ____/____ |

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone: _____

Text Messages ____ Yes ____ No

Email Address _____

Driver's License No. & State _____

No. of Bedrooms in current unit _____

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Cell Phone: _____

Text Messages ____ Yes ____ No

Email Address _____

Driver's License No. & State _____

No. of Bedrooms in current unit _____

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Provide the following information for all persons who will be members of the household (including yourself and co-applicant). You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign the last page certifying the information pertaining to them.

| Member's Full Name | Relationship | Birth Date | Age | Sex | Social Security Number | Full Time Student | Who Claims this person as a dependent |
|--------------------|--------------|------------|-----|-----|------------------------|-------------------|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Does anyone live with you now who is not listed above? Yes No

Have you or any other adult member ever used any name(s) or Social Security number(s) other than you are currently using? Yes No If yes, explain _____

Does anyone plan to live with you in the future who is not listed above? Yes No

Have any of the applicants been students in the past 12 months? Yes No

If yes, When _____ Where _____

Are any of the applicant's current students or planning on becoming a student in the next 12 months? Yes No

If yes, When _____ Where _____

If any of the applicants are students, have the applicants filed a joint tax return for Federal Income Tax purposes? Yes No

Have you or any member of your family lived in assisted housing? Yes No

If yes, When _____ Where _____

Also, if yes, did you leave owing any monies for damages, past due rent or late charges in the assisted housing?

Yes No

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

If yes, explain _____

Are you currently without housing or about to be without housing? Yes No

If yes, explain _____

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? Yes No

If yes, explain _____

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? Yes No

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program? Yes No

Name of Program _____ (Provide a copy of certification of completion)

Have you or any member of your household been convicted of a felony? Yes No

If yes, please explain _____

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? Yes No

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? Yes No

If yes, please list each State and explain the reason for the registration requirement _____

Are you Applying for status as an "Elderly Household" where the tenant or co-tenant is 62 or older or disabled as defined by Rural Development? Yes No

If yes, do you realize you will be eligible for a \$400 and medical deduction? Yes No Please realize that your eligibility must be verified.

Is any household member need reasonable accommodations? Yes No

Do you have a Guardian or a Conservator? Yes No Name _____

Has or is anyone in the household Military Service/Veteran? Yes No If yes, name of member _____
Period of Service _____ to _____

Are you a smoker? Yes No

Do you own any pets Yes No If yes, describe _____

Are you separated? _____ Are you divorced? _____ If separated or divorced, fill in the information of spouse/ex-spouse below if known:

Name: _____

Address: _____

Name: _____

Address: _____

Social Security #: _____

Social Security #: _____

RENTAL HISTORY

list a minimum of 10 years of consecutive landlord history

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 _____ |

| | |
|-------------------------------------|-------------------------------------|
| 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 being evicted? Yes No
 If yes, why? _____

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

Have you ever received housing assistance from the Department of Housing and Urban Development (HUD), USDA Rural Development or a Local Housing authority? Yes No
 If yes, when? _____ Where _____

ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

| | |
|------------------------------------------|------------------------------------------|
| Applicant | Co-Applicant |
| Employer Name _____ | Employer Name _____ |
| Address _____ | Address _____ |
| Phone Number _____ | Phone Number _____ |
| Rate per Hour _____ Hours per Week _____ | Rate per Hour _____ Hours per Week _____ |
| Annual Income _____ | Annual Income _____ |
| How long employed at this job? _____ | How long employed at this job? _____ |

Other Income

| Source | Monthly Amount-Applicant | Monthly Amount Co-Applicant | Annual Amount (Applicant) | Annual Amount (Co-Applicant) | Where Source is Located – County |
|----------------------------------|--------------------------|-----------------------------|---------------------------|------------------------------|----------------------------------|
| Social Security | | | | | |
| SSI | | | | | |
| Welfare (AFDC) | | | | | |
| Child Support | | | | | |
| Alimony | | | | | |
| Unemployment Benefits | | | | | |
| Disability Benefits | | | | | |
| Pensions | | | | | |
| Veterans Benefits | | | | | |
| Full Time Student Income | | | | | |
| Bank Interest | | | | | |
| Income from Assets | | | | | |
| Other Income | | | | | |
| Total Gross Annual Income | | | | | |

Please provide documentation of your income from sources other than an employer.

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If yes, please explain _____

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

If yes, from what source? _____

Assets

List assets for all household members

| | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Cash on Hand \$ _____ | Other: |
| Checking Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ | Savings Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ |
| Money Market Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ | Annuity Accounts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ |
| Certificates/CDs: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ | IRA Accounts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ |
| Revocable Trusts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____ | Bonds (any type): Amount \$ _____ Account # _____ Financial Institution _____ Address _____ |

Do you or any household member own any Real Estate? Yes No If yes

Address _____ Market Value _____

_____ Debt Owed _____

Amount of Annual Insurance Premium \$ _____ Amount of Most Recent Tax Bill \$ _____

Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats etc.)? Yes No

If yes, from what source? _____

MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Child Care: complete **ONLY** for children 12 and younger paid for by the applicant

Provider Name _____
Address _____ City _____ State _____ Zip _____
\$ _____ Per week How many weeks per year _____

Projected Medical Expenses for 12-month period (complete this part **ONLY** if Head of Household or Co-Tenant is 62 or older, or disabled)

Do you or any member of your household claim handicapped or disabled status for eligibility purpose? Yes No

Do you have medical bills on which you are paying on a regular basis? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

Do you receive assistance through the Medicaid program (Health and Human Services/Social Service Office)? Yes No If yes, please attach any letter you have received from Health and Human Services/Social Services regarding an amount you have to pay before Medicaid will pay your medical expenses.

Medicare Premiums \$ _____

Medical (Health) Insurance Coverage \$ _____ Name & Address of Insurance Company _____

Physician Name & Address _____

Pharmacy Name & Address _____

Medical Bills or outstanding costs you are making Monthly Payments for: _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables disabled applicants or other in the household to work. Complete **ONLY** if Disabled Expenses allow someone in the household to work.

List Type of Expenses, Weekly Amount, Paid to whom:

List any cars, trucks or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle)

Year _____ Make _____ Model _____ Color _____ License No. _____

Year _____ Make _____ Model _____ Color _____ License No. _____

References

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

| Applicant | Co-Applicant |
|--------------------|--------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Phone Number _____ | Phone Number _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Phone Number _____ | Phone Number _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Phone Number _____ | Phone Number _____ |

Signature and Consent

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 properties 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 material 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: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

APPLICANT(S)/TENANT(S) STATEMENT:

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

Applicant's Signature _____ Date: _____
 Co-Applicant's Signature _____ Date: _____

Race: (Optional)

White

Black/African American

Native Hawaiian/Pacific Islander

Asian

American Indian/Alaskan Native

Ethnic Group: (Optional)

Hispanic or Latino

Non-Hispanic or Latino

Gender

Male

| | Female

GRESHAM HOUSING AUTHORITY

120 MAUD – PO BOX 224
GRESHAM, NE 68367
Telephone 402-735-7292
Fax 402-367-3641

CRIMINAL BACKGROUND REQUEST

TO: NE State Patrol Office
C.I.D.
P. O. Box 94907
Lincoln NE 68509

FROM: Gresham Housing Authority
120 Maud St
PO Box 224
Gresham, NE 68367

Federal regulation, under the Federal Housing Law, require the Gresham Housing Authority (GHA) to verify arrest records, criminal and drug-related activities of prospective or present clients of the GHA, for subsidized housing by Federal funds. The Federal Government, through the Department of Housing and Urban Development, has mandated that GHA verify whether clients have or have not been cited or convicted of violent criminal activity and/or drug-related criminal activity, including the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use a controlled substance, or is on the Federal Sex Offender list. As a result, the GHA is seeking information from local, county, state, and/or federal law enforcement agencies to determine eligibility for housing assistance. Information provided will be used to determine eligibility for housing assistance **only**. Clients may be requested to complete finger printing.

Renee Williams, Executive Director

Date

AUTHORIZATION TO RELEASE INFORMATION

| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME | ALIAS USED |
|-----------|------------|-------------|-------------|------------|
| | | | | |

| DATE OF BIRTH | AGE | DRIVER'S LICENSE # | SOCIAL SECURITY # |
|---------------|-----|--------------------|-------------------|
| | | | |

I hereby give my consent to release any criminal background records to the Gresham Housing Authority.

Client Signature

Date

LAW ENFORCEMENT AGENCY REPORT

The following information for the above named individual is based on criminal report data available to our agency. The report provided herein has not been authenticated through fingerprinting.

| LIST CHARGES and/or CONVICTIONS INVOLVING VIOLENT and/or DRUG-RELATED ACTIVITY | DATE |
|--------------------------------------------------------------------------------|----------------|
| | |
| | |
| | |
| LIST ANY ARREST RECORDS (include CHARGES and/or CONVICTIONS) | DATE |
| | |
| | |
| IS THIS PERSON ON THE REGISTERED SEX OFFENDER LIST? | [] YES [] NO |

Signature of Law Enforcement Agency Representative

Date

Authorization for the Release of Information

PHA requesting release of information:

GRESHAM HOUSING AUTHORITY
 120 MAUD – PO BOX 224
 GRESHAM, NE 68367

Authority: 42 U.S.C. 14371 and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to released the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that Has that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|---------------------------------|-------|------------------------------------------------------|-------|
| _____ | _____ | _____ | _____ |
| Head of Household | Date | Social Security Number (if any) of Head of Household | |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.