

Arapahoe Housing Authority

208 Sixth Street, Box 0

Arapahoe, NE 68922

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Office Use Only:

Date of Application: _____ Time of Application: _____

Record Effective Date of Action:

Initial _____ Move-In _____ Annual _____ Interim _____

1. Name of Head of Household: _____

2. Name of Adult Co-Head of Household: _____

3. Current Address; Street, Apartment Number: _____

Current City, State and Zip: _____

Current Telephone Number; Area Code and Number: _____

Alternate Phone Number, (cell); Area code and Number: _____

Notice: Our Housing Authority has adopted a "One Strike You're Out" policy. A copy is enclosed with this application. All housing applicants are subject to a criminal history check. If the local law enforcement agency, or third party service provider, advises the Housing Authority that a check of information may match a criminal record indexed in the database, and if the applicant wishes to continue the application process, the applicant must submit an applicant fingerprint card to the FBI through the Furnas County Sheriff's Office. If not, the applicant may withdraw his/her application.

**By signing this application, you are certifying that the information provided by you is
TRUE and COMPLETE.**

With the advent of the mandatory use of the EIV (Enterprise Income Verification system by HUD, this application and subsequent recertifications will be processed in accordance with the Tenant Selection Plan and the EIV Policy.



Please circle your answer Yes or No for the following questions:

For Statistical Purposes Only

4. Race of Head: (a) African American/Black, (b) Asian or Pacific Islander, (c) Native American/Alaska Native, (d) Caucasian/White, (e) Other
5. Ethnicity of Head: (a) Hispanic/Latino, or (b) Non-Hispanic/Non-Latino

Handicapped/Disability Information

6. Do you claim handicapped or disabled status for eligibility? Yes No
7. Are there any special housing requirements necessary? Yes No
If yes, please explain: _____

8. Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? Yes No
If yes, please explain: _____

I understand that an assignment/transfer from this unit will only be allowed based on my eligibility and may require medical or mental health provider verification. Transfers from the original unit assignment may be made according to stipulations contained within the Lease and the Tenant Selection Plan.

_____ *Please initial this paragraph.*

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. ****No one except those listed on this form may live in the unit.****

	First Name and Last Name	Date of Birth	Sex	Social Security Number	Relationship to the Head	Disabled Yes or No	Birth Place Country
H							
2							



9. Is the applicant family displaced by a declared Natural Disaster, such as a flood hurricane, earthquake, tornado, etc.? Yes No

If yes, who can verify this? Please give name, address and phone number of person to verify this:

10. Is the applicant family displaced by governmental action through no fault of their own? Yes No

If yes, who can verify this? Please give name, address and phone number of person to verify this:

11. Is the applicant family displaced by domestic violence? Yes No

If yes, who can verify this? Please give name, address and phone number of person to verify this:

12. Current Marital Status:

(a)Single (never been married) ____ (b)Married ____ (date of marriage_____) (c) Widowed ____ (date of being widowed _____) (d) Divorced ____ (date of divorce _____) (e) Separated ____ (date of legal separation _____)

13. Is any adult family member enrolled in a job training program, including one required under the welfare program? Yes No

If yes, who can verify this? Please give name, address and phone number of person to verify this:

14. Is any family member enrolled in an education program at an institution of higher education full-time? Yes No

If yes, who can verify this? Please give name, address and phone number of person to verify this:

What is the name of the institution? _____

15. Is any family member employed: Yes No

If yes, please provide the name , address and phone number of the employer for each household member employed:



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 wages, self-employment, contributions, retirement benefits, railroad benefits, rental property income, alimony, farm income, AFCD/TANF, Veterans Administration, Social Security, SSI, SSDI, Unemployment, Worker’s compensation, Child Support, etc. ***This list does not comprise all income categories. You are responsible for listing ALL income to the family household.***

Family Member Name	Income Source	Amount \$	Frequency - Per		
			Week	Month	Year

Please list any ANTICIPATED income:

Family Member Name	Income Source	Amount \$	Frequency - Per		
			Week	Month	Year

16. Does anyone outside of your household pay for any of your bills or give you money on a regular basis? Yes No

If yes, please provide the name, address and phone number of the person providing you with this service and the amount that is being given to you: _____

Assets

Has any member of your household disposed of any assets for less than fair market value during the past 2 years? (This includes gifts – monetary or otherwise – to relative and friends.) Yes No

If yes, list the asset, name of person who received the asset, and the date it was disposed or gifted:

_____ Please initial this paragraph.



17. Do any members of your household have checking and/or savings accounts? Include IRA's, KEOGH accounts, Certificates Of Deposit, Money Market Accounts, or other liquid assets. Yes No
If yes, list in the following table.

18. Do any members of your household own stocks, bonds, or trusts? Yes No
If yes, list in the following table.

19. Do any members of your household own real estate? Yes No
If yes, list in the following table. *If you own your own home, farm land, or other real estate, you must bring your most recent tax statements to the Housing Authority office. This may be obtained from your County Treasurer/Assessor's office in which the property is located.*

20. Do any members of your household file an Income Tax return? Yes No
If yes, you must provide a copy of the most current return to the Housing Authority.

List ALL assets held by EACH family member. These assets may be checking accounts, savings, accounts, CD's, stocks, bonds, real estate, rental property, annuities, retirement funds, pension funds, insurance policies, etc. Please attach a separate page to list additional assets if there is not enough room in this table.

Type of Account	Cash Value	Earnings	Account Number	Name and Address of Financial Institution

Resident Screening

20. Have you ever been evicted? Yes No
If yes, please explain: (Where were you evicted, what was the cause, etc.) _____

21. Do you have any past due utility bills? Yes No
If yes, please describe and give amount due: _____



22. Have you ever lived in public housing or federally subsidized housing before making this application? Yes No

If yes, where: _____

When? Dates: From _____ To _____

Name of Landlord: _____

23. Do you owe any money to any Housing Authority or federally subsidized housing program? Yes No

If yes, to whom? List name and address of the program: _____

24. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No

If yes, please explain the nature of the problem, who was involved, and the outcome: _____

25. Is anyone in your household currently on parole or probation? Yes No

If yes, please explain: _____

26. Are you, or any member of your household, subject to a registration requirement under a state sex offender registration program? Yes No

If yes, please provide an explanation and the name of the state: _____

27. Please list each state in which you have ever lived: _____

28. Does anyone live with you now who are not listed on this application? Yes No

If yes, please explain: _____



29. Do you plan to have anyone live with you who are not listed on this application? Yes No

If yes, please explain: _____

30. Have you ever used a name other than the one you are using now and have listed on this application? Yes No

If yes, please provide other names and explanation: _____

*Female Applicants: Maiden Name: _____

31. Have you ever used a social security number other than the one you are using now? Yes No

If yes, please explain: _____

32. Has anyone that is listed on this application been engaged in the felonious use, sale, manufacture, or distribution of a controlled substance? Yes No

If yes, please explain: Who? What? Where? When? _____

33. Do you use medical marijuana? Yes No

Deductions in Calculation of Rent

34. Are any members of your household full time students? Yes No

If yes, who and what school do they attend? _____

35. Do you pay for child care while you are at work, school, or looking for a job? Yes No

Please list the name and address of the child care provider: _____

Do you receive assistance from agencies for this expense? Yes No

If yes, please list what agency and how much assistance is provided. _____

36. Is the head of household or spouse age 62 or older or a person with a disability? Yes No

If yes, please provide the following information. If no, please skip to question #37.



For elderly(age 62 or older), handicapped or disabled families only. Please provide the names and addresses of medical providers that you have used in the past 12 months. Please provide information for providers that you have had to pay yourself. List "out of pocket" expenses only.

Yes, I have used these service providers in the past 12 months	Type of Service Provider	Name and Address of Provider
	Physician	
	Mental Health Provider	
	Rx Drugs	
	Health Insurance Premiums	
	Transportation for medical appointments	
	Dental	
	Eyes	
	Hearing	
	Health Care Services	
	On Account Medical Bills	
	Hospital	
	Other	
	Other	

37. Do you receive medical assistance through the Department of Health and Human Services, Social Services, Welfare, etc.? Yes No

38. Do you have Medicare insurance? Yes No

Your Medicare number is: _____

39. Did Medicare, Medicaid, or any other health insurance company **reimburse** you for any medical expenses listed above? Yes No

If yes, provide details: _____

40. Have you been reimbursed for transportation costs from anyone or agency? Yes No

If yes, please explain: _____



41. If you are on Medicaid please attach any letter that you have received from the Department of Health and Human Services regarding an amount you have to pay before Medicaid will pay for your medical expenses. (Sometimes this is called a “spend down.”)

Landlord References

Please list the last five (5) years of rental history. For recertifications list: Arapahoe Housing Authority and the move-in date.

Landlord’s Name	Landlord’s Address	Telephone Number	Your address while renting

42. If you do not have a rental history, please explain where you are now living and where you have been living during the past 5 years: _____

Personal References

Please list three (3) references

Name	Address	Relationship to You	Phone Number

The Housing Authority will be contacting all former landlords for the period of three years from the date of application. Also note that the Housing Authority will be using all available databases provided



by HUD including the EIV (Enterprise Income Verification) system. This provides data about your previous tenancies with HUD programs.

Housing Authority Policy

It is a HUD mandate to charge a security deposit. The option is available to make 3 equal monthly payments. If not paid by the third month, it will be deducted from any money received. The possibility exists, therefore; that rent will be delinquent, thus late fees will apply and eviction for non-payment of rent may begin, if the Security Deposit is not paid in FULL by the third month of occupancy.

Applicant/Resident Signatures and Certifications

I/We certify that the statements on this application are true and complete to the best of my/our knowledge and believe, 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 Health and Human Services, 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/s to be disqualified for admission.

Everyone 18 years of age and older must sign this application.

Applicant Signature	Date
Co-Applicant Signature	Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD 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 verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 \$5,000.00. 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 or the owner responsible for the unauthorized disclosures or improper use. Penalty provisions for misusing Social Security numbers are contained in the Social Security Act at 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

