

**Housing Partners of Western Nebraska
89A Woodley Park Road
Gering, NE 69341**

Phone #: (308) 632-0473

Fax #: (308) 632-0476

Dear **Perspective Applicant**,

Thank you for your interest in making an application in our office.

Our office administers several programs and you may apply for one or all Programs. Please indicate on the pre-application form the Program and/or Programs you are interested in applying for.

PUBLIC HOUSING: are apartments that belong to the Housing Authority and are located in Minatare, Morrill, Gering (Terrytown), and Scottsbluff, NE.

SECTION 8: are units that you find by yourself and the Housing Authority subsidizes the rent based on your income, etc. once your name comes up on the waiting list, you attend a briefing and you are issued a voucher.

Please bring in the Original Social Security Card(s) and original birth certificates or legal document showing date and place of birth everyone in the household.

The Head of Household and everyone eighteen (18) years of age and/or older must sign all papers.

All income and assets must be listed. All members of your family who will be part of your household must be listed on the pre-application.

Income: Social Security Benefits, Employment, Unemployment, TANF, etc.

Assets: Specify whether you own a home, a car, real estate, and/or receive benefits from annuity. If you received income from CD's, stocks, and/or bonds, please list that also. If you do own any real estate please bring in a copy of the tax evaluation.

If the Head of Household is elderly, disabled or handicapped, medical deductions may be listed. (Please list those you have paid only in the last 12 months)

The Housing Authority will require third party verification.

Please take note that on the pre-application form, a list of landlord's and information of your past rental history is required for participation in Public Housing.

If you are separated or divorced, we will need proof of a separation affidavit or divorce papers.

Our office hours are Monday through Friday from 7:30 to 4:00.

Applications are only taken Tuesday through Thursday from 7:30 to 3:00.

FRIDAYS ARE NON-CLIENT DAYS.

Thank you for your interest in applying at Housing Partners of Western Nebraska. If you have any questions or concerns, or just need a little assistance in filling out the application, we will answer any questions during the interview process.



Sites Managed by Housing Authority:

- Bluff View
- Rebecca Winters
- Colson Manor
- Morrill Manor
- Valacia
- Valacia North
- Courthouse Villa
- Elmwood
- Crown
- Barrier-Free
- Chappell
- Section 8
- Other _____



HOUSING PARTNERS OF WESTERN NEBRASKA
89A WOODLEY PARK ROAD
GERING, NEBRASKA 69341
www.scottsbluffhousing.com



PHA #	
Sec 8 #	
Other #	

Date:	
Time:	

Application for Housing Assistance



Applications Taken
 Tuesday thru Thursday
 7:30 A.M. to 3:00 P.M.

Please complete all blanks on this application. Incomplete forms will not be processed.

HEAD OF HOUSEHOLD					
Last Name	First Name	M.I.	SSN	Marital Status	
Other Names Used...Such As Maiden Name Or Previous Married Names					
Race: Check one (please use these numbers for household members below)		Ethnicity: Check One (please use these numbers for household members below)		Income Source: (Name, Address, Phone #)	
1. White		Please Circle YES or NO Do you require any modifications in order to fully utilize the unit or the program and its services? YES NO	Monthly Income \$ _____ (Before Deductions)		
2. Black	1. Hispanic				
3. American Indian					
4. Alaska Native					
5. Asian	2. Non-Hispanic				
6. Pacific Islander					
Current Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Current Landlord's Name		Current Landlords Address/Phone #		How long at this address?	
Previous Landlord's Name		Previous Landlord's Address/Phone #		How long at this address?	
1.					
2.					

Are you homeless?	YES NO	Please Explain:
Have you recently been evicted?	YES NO	Please Explain:
Are you currently living with family members and/or friends?	YES NO	Please Explain:
Does anyone live with you now that is not listed above?	YES NO	Please Explain:
Do you expect anyone to move in or out of your household within the next 12 months?	YES NO	Please Explain:

HOUSEHOLD MEMBERS **Social Security Cards & legal documentation of date and place of birth must be presented for all individuals in household.

Member Name	Relation-ship to HOH	Race	Ethnicity	Social Security #	Sex	Date of Birth	Age	Place of Birth City, State	Full Time Student? Y or N
	Head								
	Co-Head								

INCOME

Circle One	Name of Member	Income Type	Start Date Month/Year	Amount Received	How Paid? (Monthly, Weekly, etc.)	Name and Address (Please be sure to include address.)
YES NO		Employment		\$		
YES NO		Employment		\$		
YES NO		Self-Employment		\$		
YES NO		Unemployment		\$		
YES NO		Worker's Compensation/ Severance Pay		\$		
YES NO		Child Support through a Court Order		\$		
YES NO		Child Support direct from absent parent		\$		
YES NO		Alimony		\$		
YES NO		Welfare Benefits (AFDC)		\$		(Name of Caseworker & phone number.)
YES NO		Social Security		\$		
YES NO		SSI		\$		
YES NO		Pension/Annuity		\$		
YES NO		Military Pay		\$		
YES NO		Veteran's Benefits		\$		
YES NO		Rental of Property		\$		
YES NO		Other – Specify		\$		

Has anyone in the household applied for any of the following within the last 12 months? Employment, AFDC, unemployment compensation, social security, SSI, pension or disability benefits?	YES NO	If yes, please explain:
Does any member of the household receive money from any organization or from someone outside the household to pay bills or living expenses?	YES NO	If yes, please explain:

PREVIOUS HOUSING ASSISTANCE		
Has any household member received housing assistance (Section 8, Public Housing, Subsidized Housing, etc.)? If yes, please provide Housing Agency name and dates of occupancy:	YES or NO	If yes, name of Housing Agency and dates of occupancy:
If yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with re-certification procedures?	YES or NO	If yes, please explain:
Do you owe any money to any Subsidized Housing Agency?	YES or NO	If yes, which housing agency?

CRIMINAL AND DRUG-RELATED ACTIVITY	
	Circle One
Are you or any other household member a current user or been arrested, charged or convicted of possession, using, dealing or manufacturing a controlled substance within the past 3 years?	YES NO
If yes, has that person(s) successfully completed a controlled substance abuse recover program or presently enrolled in such a program? Please attach certificate or documentation.	YES NO
Have you or any household member been convicted of methamphetamine production?	YES NO
Have you or any members of the household been convicted of a felony?	YES NO
If yes, please explain:	
Are you any household member required to register under a State Sex Offender Registration Program?	YES NO

ASSETS FOR ALL HOUSEHOLD MEMBERS					
Circle One	Name of Member	Asset	\$ Amount	Account #	Name of Institution and Address
YES NO		Cash on Hand	\$		
YES NO		Checking Account	\$		
YES NO		Savings Account	\$		
YES NO		Money Market/CDs	\$		
YES NO		IRAs-Retirement Acct	\$		
YES NO		Revocable Trusts	\$		
YES NO		Stocks/Bonds	\$		
YES NO		Other	\$		

REAL ESTATE OWNED BY ANY MEMBER OF HOUSHOLD		
Legal description of Real Estate & Address	Value	Debt
	\$	\$
	\$	\$

ASSETS/REAL ESTATE DISPOSED OF FOR LESS THAN MARKET VALUE DURING THE PAST 2 YEARS.				
Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value – Sales Price
		\$	\$	\$
		\$	\$	\$

ALLOWABLE DEDUCTIONS

*** CHILD CARE**

Provider Name	Address	Phone #	Paid Weekly	Paid Monthly	Annual Amount
			\$	\$	\$
			\$	\$	\$

** What amount (if any) is paid by Social Services? \$ \$

*** PAYMENT OF CHILD SUPPORT (Public Housing ONLY)**

Name of Member Paying Child Support	Name of Person Receiving the Child Support	Case Number	Amount Paid	How Paid? (Monthly, Weekly, etc.)
		#	\$	
		#	\$	

*** PROJECTED MEDICAL EXPENSES FOR 12 MONTH PERIOD: (ELDERLY, DISABLED, & HANDICAPPED ONLY)**

	Provider Name	Address, City, State, Zip	Phone #	Amount Paid
Handicap Care/Aide				\$
Pharmacy				\$
Pharmacy				\$
Doctor				\$
Doctor				\$
Hospital				\$
Hospital				\$
Medical Equipment				\$
Medicare				\$
Supplemental Ins.				\$
Other (Dental, Eye, Hearing, Etc.)				\$
TOTAL				\$

PERSONAL CONTACTS

Name	Address	Phone Number	Relationship

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to Housing Partners of Western Nebraska (PHA) on family composition and characteristics, drug, and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to come into the Housing Partners of Western Nebraska office and report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Scotts Bluff Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in person by coming to Housing Partners of Western Nebraska office within ten (10) days of change. Further that no one is permitted to move into my unit without prior written approval from the Scotts Bluff Housing Authority (PHA) and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Co-Head or Spouse: _____ Date: _____

Signature of other adult: _____ Date: _____

Signature of other adult: _____ Date: _____

NOTICE: You are required to notify Housing Partners of Western Nebraska (in writing) of any change of address. If we cannot contact you at the above address or phone number, your name may be removed from the waiting list, and you will need to re-apply.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hotline at 1-800-669-9777.

Please use this space for any addition room needed for explanations.

“This institution is an Equal Opportunity Provider and Employer”

THINGS YOU SHOULD KNOW

Don't risk your chances from Federal assisted housing by providing false, incomplete, or inaccurate information on your application and re-certification forms.

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- **Evicted from your apartment or house;**
- **Required to repay all overpaid rental assistance you received;**
- **Fined up to \$10,000**
- **Imprisoned for up to 5 years; and/or**
- **Prohibited from receiving future assistance.**

Your state and local governments may have other laws and penalties as well.

Asking Questions: When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

Completing the Application: When you give your answers to application questions, you must include the following information:

- **All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.)**
- **Any money you receive on behalf of your children (child support, social security for children, etc.)**
- **Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks, etc.)**
- **Earnings from a second job or part-time job:**
- **Any anticipated income (such as a bonus or pay raise you expect to receive)**

Assets: You must provide updated information, no older than 120 days.

- **All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.**
- **Any business or asset you sold in the last two (2) years for less than its full value such as your home to your children.**
- **The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.**

Signing the Application:

Do not sign any form unless you have read it, understand it, and are sure that everything is complete and accurate.

- **When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.**
 - **Information you give on your application will be verified by your housing agency, in addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.**
-

Re-certifications:

You must provide updated information at least once a year. Some programs required that you report any changes in income or family/household composition immediately. Be sure to ask when you must re-certify. You must report on re-certification forms:

- **All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members**
 - **Any family/household member who has moved in or out**
 - **All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.**
-

Beware of Fraud:

You should be aware of the following fraud schemes.

- **Do not pay any money to file an application**
 - **Do not pay any money to move up on the waiting list**
 - **Do not pay for anything not covered by your lease**
 - **Get a receipt for any money you pay**
 - **Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)**
-

Reporting Abuse:

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on 1-800-347-3735. This is a toll free number, but you may also write to the HUD Hotline, Room 8254, 451Seventh Street, SW, Washington, DC 20410

Signature of Head of Household

Date

Signature of Spouse/Other Adult Member (18 and Over)

Date

Other Adult Member (18 and Over)

Date

**DECLARATION OF SECTION 214 STATUS
NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Warning:

18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisonment for not more than five years, or both.

Directions: Please fill out a form for each member of the household, if there are minors (children, grand-children, step-children, etc.) fill out a form for the minor(s). Please check the appropriate box for each individual, sign and date.

**Family
Member**

No. 1

I, _____, certify under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 1001 (a)(15) or 101 (a)(20) of the INA;
 - Permanent residence under 249 of INA; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA;
 - Parole status under 212 (d)(f) of the INA; or
 - Threat to life or freedom under 243 (h) of the INA; or
 - Amnesty under 245 of the INA.

Signature of Family Member No. 1

Date

**Family
Member**

No. 2

I, _____, certify under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 1001 (a)(15) or 101 (a)(20) of the INA;
 - Permanent residence under 249 of INA; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA;
 - Parole status under 212 (d)(f) of the INA; or
 - Threat to life or freedom under 243 (h) of the INA; or
 - Amnesty under 245 of the INA.

Signature of Family Member No. 2

Date

Directions: Please fill out a form for each member of the household, if there are minors (children, grand-children, step-children, etc.) fill out a form for the minor(s). Please check the appropriate box for each individual, sign and date.

**Family
Member
No. 3**

I, _____, certify under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 1001 (a)(15) or 101 (a)(20) of the INA;
 - Permanent residence under 249 of INA; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA;
 - Parole status under 212 (d)(f) of the INA; or
 - Threat to life or freedom under 243 (h) of the INA; or
 - Amnesty under 245 of the INA.

Signature of Family Member No. 3

Date

**Family
Member
No. 4**

I, _____, certify under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 1001 (a)(15) or 101 (a)(20) of the INA;
 - Permanent residence under 249 of INA; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA;
 - Parole status under 212 (d)(f) of the INA; or
 - Threat to life or freedom under 243 (h) of the INA; or
 - Amnesty under 245 of the INA.

Signature of Family Member No. 4

Date

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Housing Partners of Western Nebraska
89A Woodley Park Road
Gering, NE 69341

Nancy Bentley, Executive Director

Authority: Section 904 of the Stewart B. McKinney homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible 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 income 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 income 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 income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19 (c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation
SHP Homes Forever Permanent Supportive Housing

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 assisted housing benefits, or both. Denial of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to the wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income

information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually has access to the funds and when the funds were received. In addition, I must be given and 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		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Number you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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 the form HUD-9886 is restricted to the purposes cited on the form HUD-9886. 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.

RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECK

CRIMINAL AND DRUG-RELATED ACTIVITY	
	Circle One
Are you or any other household member a current user or been arrested, charged or convicted of possession, using, dealing or manufacturing a controlled substance within the past 3 years?	YES NO
If yes, has that person(s) successfully completed a controlled substance abuse recover program or presently enrolled in such a program? Please attach certificate or documentation.	YES NO
Have you or any household member been convicted of methamphetamine production?	YES NO
Have you or any other household member been arrested, charged or convicted of any violent criminal activity within the past 3 years?	YES NO
Have you or any members of the household been convicted of a felony?	YES NO
Are you any household member required to register under a State Sex Offender Registration Program?	YES NO

I hereby give Housing Partners of Western Nebraska permission to do a criminal background check. I understand this is necessary for everyone **18 and older** that will reside in the household. I also understand that this is necessary before I can receive any help in the Section 8 Programs of Public Housing.

Directions: Please Print Clearly.

FULL LEGAL NAME (INCLUDE ANY MIDDLE NAMES)

MAIDEN NAME OR OTHER NAMES USED

DATE OF BIRTH (EX. 01/31/2004)

_____, _____
BIRTHPLACE

- - -
SOCIAL SECURITY NUMBER

_____ **MALE** _____ **FEMALE**

RACE: CHECK ONE

- _____ **WHITE**
- _____ **BLACK**
- _____ **AMERICAN INDIAN**
- _____ **ALASKA NATIVE**
- _____ **ASIAN**
- _____ **PACIFIC ISLANDER**

ETHNICITY: CHECK ONE

_____ **HISPANIC** _____ **NON-HISPANIC**

FULL LEGAL NAME (INCLUDE ANY MIDDLE NAMES)

MAIDEN NAME OR OTHER NAMES USED

DATE OF BIRTH (EX. 01/31/2004)

_____, _____
BIRTHPLACE

- - -
SOCIAL SECURITY NUMBER

_____ **MALE** _____ **FEMALE**

RACE: CHECK ONE

- _____ **WHITE**
- _____ **BLACK**
- _____ **AMERICAN INDIAN**
- _____ **ALASKA NATIVE**
- _____ **ASIAN**
- _____ **PACIFIC ISLANDER**

ETHNICITY: CHECK ONE

_____ **HISPANIC** _____ **NON-HISPANIC**

RACE: CHECK ONE

WHITE

BLACK

AMERICAN INDIAN

ALASKA NATIVE

ASIAN

PACIFIC ISLANDER

ETHNICITY: CHECK ONE

HISPANIC NON-HISPANIC

FULL LEGAL NAME (INCLUDE ANY MIDDLE NAMES)

MAIDEN NAME OR OTHER NAMES USED

DATE OF BIRTH (EX. 01/31/2004)

_____, _____
BIRTHPLACE

_____-_____-_____
SOCIAL SECURITY NUMBER

MALE

FEMALE

RACE: CHECK ONE

WHITE

BLACK

AMERICAN INDIAN

ALASKA NATIVE

ASIAN

PACIFIC ISLANDER

ETHNICITY: CHECK ONE

HISPANIC NON-HISPANIC

FULL LEGAL NAME (INCLUDE ANY MIDDLE NAMES)

MAIDEN NAME OR OTHER NAMES USED

DATE OF BIRTH (EX. 01/31/2004)

_____, _____
BIRTHPLACE

_____-_____-_____
SOCIAL SECURITY NUMBER

MALE

FEMALE

RACE: CHECK ONE

WHITE

BLACK

AMERICAN INDIAN

ALASKA NATIVE

ASIAN

PACIFIC ISLANDER

ETHNICITY: CHECK ONE

HISPANIC NON-HISPANIC

FULL LEGAL NAME (INCLUDE ANY MIDDLE NAMES)

MAIDEN NAME OR OTHER NAMES USED

DATE OF BIRTH (EX. 01/31/2004)

_____, _____
BIRTHPLACE

_____-_____-_____
SOCIAL SECURITY NUMBER

MALE

FEMALE

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require.

You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant*s application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD*s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.