



PLEASE LEAVE BLANK
OFFICE USE ONLY No.
RECEIVED:

ORD HOUSING AUTHORITY APPLICATION

Applicant Name: _____
Mailing Address: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Cell Phone: _____

Personal Declaration

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 the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. Please print.

.....

Household Composition
List below all household members who will be living in the unit.

(Legal Name) First Name, Middle Initial, and Last Name	Date of Birth	Relationship to Head of Household	Social Security Number	Place of Birth
HEAD				
Please list any additional family members on the back of this application and check this box ☐				

Do you anticipate a change in your family size in the next twelve months? Yes ____ No ____
If yes, explain changes below:

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

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Social Security #: _____	Social Security: _____

GENERAL INFORMATION

HUD requires that we obtain the following information for each family member. If a member is bi-racial, we ask that you indicate all races: Please use guide to the right and indicate which numbers apply.

	<u>Race</u>	<u>Ethnicity</u>	<u>Race</u>
Head of Household	_____	_____	1 – White
Spouse/Other Adult	_____	_____	2 – Black
Household Member	_____	_____	3 – American Indian or Alaskan
Household Member	_____	_____	4 – Asian
Household Member	_____	_____	5 – Hawaiian/Pacific Islander
Household Member	_____	_____	6 – Mixed: See above paragraph.
			<u>Ethnicity:</u> Please mark A or B.
			A – Hispanic
			B – Non-Hispanic

Head of Household and/or Spouse: Please check one:
____ Non-Elderly ____ 62 Years or Older ____ Person with a Disability

- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes ____ No ____ If yes, explain below:

- 2) Are you or any adult member of your family students? Yes ____ No ____ If yes, where do you attend school? _____
- 3) Have you or any member of your family lived in assisted housing? Yes ____ No ____ If yes, list where and when? _____

Also, if yes, did you leave owing any monies for damages, past due rent or late charges in the assisted housing? Yes ____ No ____
- 4) Have you ever been requested to repay money knowingly misrepresenting information or committed any fraud in a Federally assisted housing program? Yes ____ No ____ If yes, explain : _____
- 5) Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes ____ No ____ Do you draw SSI _____, VA Disability _____, SS Disability _____, Other _____ Explain: _____
- 6) Do you or any member of your household require a special needs dwelling unit? Yes ____ No ____ Explain: _____
- 7) How did you hear about our program? _____
- 8) Who is your caseworker at Social Services? _____
Address _____

Have you or anyone listed on this application engaged in drug-related criminal activity or violent criminal activity, including criminal activity by any family member as defined below? Yes ____ No ____ If yes, please explain: _____

Crime by family members:

- (a) **At any time, the HA may deny assistance to an applicant,** or terminate assistance to a participant family if any member of the family commits:
 - (1) **Drug-related criminal activity; or**
 - (2) **Violent criminal activity**
- (b) **If the HA seeks to deny or terminate assistance** because of illegal use, or possession for personal use, of a controlled substance, such use or possession must have occurred within five years before the date that the HA provides notice to the family of the HA determination to deny or terminate assistance. The HA may not deny or terminate assistance for such use or possession by a family member, if the family member can demonstrate that he or she:
 - (1) Has an addiction to a controlled substance, has a record of such impairment, or is regarded as having such an impairment; and
 - (2) Is recovering, or has recovered from such an addiction and does not currently use or possess controlled substances. The HA may require a family member who has engaged in the illegal use of drugs to submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.
- (c) **Evidence of criminal activity.** In determining whether to deny or terminate assistance based on drug-related criminal activity or violent criminal activity, the HA may deny or terminate assistance if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.

Taken from Housing and Urban Development (Code of Federal Regulations – CFR 24, CH. IZ 982.553 (4-1-97))

INCOME INFORMATION

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security(including Medicare), disability payments (SSI), Worker’s Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts (including CD, savings, checking, and Money Market accounts), alimony, unemployment and all other sources.

Head of Household	Spouse/Other Adult
Social Security/Medicare: \$ _____	\$ _____
Gross Wages: \$ _____	\$ _____
<i>Please indicate how often paid on gross wages.</i>	
SSI: \$ _____	\$ _____
Disability: \$ _____	\$ _____
Pension/Retirement: \$ _____	\$ _____
Rental Income: \$ _____	\$ _____
Real Estate: \$ _____	\$ _____
Child Support: \$ _____ Payor _____ County _____ Case # _____	

Names of Financial Institution(s) – Account Numbers

List: CD’s, Checking, Savings, Money Market, Stocks, Bonds, IRA’s, & %Of Interest

- 1) Does anyone outside of your household pay for any of your bills or give you money?
Yes ____ No ____ If yes, please explain: _____

- 2) Do you expect to receive any other income in the next twelve (12) months?
Yes ____ No ____ If yes, from what source? _____
- 3) Employer Name: _____
Employer Address: _____
Date Employed: _____ Hours: _____ Wage: _____ HR/WK/MO
- 4) Employer Name: _____
Employer Address: _____
Date Employed: _____ Hours: _____ Wage: _____ HR/WK/MO

ASSET INFORMATION

- 1) 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, ect.)? Yes ____ No ____ If yes, please explain

- 2) Have you sold any real estate or disposed of any asset in the last two years?
Yes ____ No ____ If yes, please explain _____

3) Do you own vehicle(s)? _____ Make/Model/Year _____
Make/Model/Year _____ License Plate #'s _____

MISCELLANEOUS INFORMATION

- 1) Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes ___ No ___
- 2) Do you or any member of your household require a mobility free dwelling unit? Yes ___ No ___
- 3) Do you have Medicare? Yes ___ No ___ If yes, what is your Medicare number? _____
- 4) Do you receive medical assistance through the welfare department (Medicaid)? Yes ___ No ___
- 5) Do you have medical bills on which you are paying on a regular basis? Yes ___ No ___
- 6) Do you expect to have any medical expenses during the next twelve (12) months? Yes ___ No ___
- 7) In order to be employed, do you have daycare expense? Yes ___ No ___
If Yes Provider name and address _____

THE FOLLOWING SECTION NEEDS COMPLETED FOR ELDERLY, DISABLED, OR HANDICAPPED FAMILIES ONLY:

- 1) If you pay for a health insurance plan, please give us the amount you pay, whether it is monthly, quarterly, semi-annual, annual, your account and policy numbers, and what company you have the insurance with: _____
- 2) List below all Doctors/Hospitals and their addresses plus any other medical expenses you have paid in the last twelve months and **have not** been reimbursed by Medicare, Medicaid, or health insurance: _____
- 3) If you have prescriptions, please list below the name and address of the pharmacy you go to: _____
- 4) Did Medicare or your health insurance company pay for or reimburse you for any medical expenses in the past twelve months? Yes ___ No ___ If yes, you must enclose copies of the forms you received from the insurance agency or Medicare with this application form.

RENTAL HISTORY

Present landlord(s): Name: _____
Address: _____
Phone: _____

Your previous address: _____
Street Address City State Zip

Move-In Date Move-Out Date Reason for Leaving

Previous landlord(s): Name: _____
Address: _____
Phone: _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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)

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 the 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

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 hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to 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(l)(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 had access to the funds and when the funds were received. 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		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 Numbers 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.

Your previous address: _____

Street Address

City

State

Zip

Move-In Date

Move-Out Date

Reason for Leaving

Person to call in case of emergencies:

Name: _____ Relation to you: _____

Address: _____ Phone Number: _____

All Applicants: Please read the following certification statement and sign where indicated. The Executive Director will assist you with any questions you may have.

Certified Statement: The information requested on this form is being collected in connection with regulations of the City of Ord Housing Authority, Ord, Nebraska authorized by the United States Department of Housing & Urban Development to determine an applicant’s initial and continuing eligibility; unit size, and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the City of Ord Housing Authority’s financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348, 408.

WARNING: Section 1001 of Title 18 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 or agency of the United States.

Applicant(s)/Tenant(s) Statement:
I do hereby swear and attest that all of the information above about me is true and correct. All adults over the age of 18 must sign the application. 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 City of Ord Housing Authority in WRITING IMMEDIATELY.

Signature of Head of Household	Date
Signature of Spouse or Other Adult	Date
Signature of Other Adult	Date
Signature of Other Adult	Date

STANDARDS FOR ADMISSION POLICY

Persons applying for these apartment/housing units may be denied admission for the following reasons:

1. Failure to be classified as an eligible tenant by FmHA/HUD regulations.
2. A history of recent criminal activity including cases in which a member of the family who is expected to reside in the household was or is engaged in criminal activity. That involvement shall not be a ground for ineligibility if it occurred more than five years ago.
3. A pattern of violent behavior, which includes evidence of, repeated acts of violence on the part of an individual against his own family or others.
4. Abandonment of a previous housing unit without advising the owner so that the unit could be secured and protected from vandalism.
5. Initiating threats or behaving in a manner indicating an intent to assault others.
6. Non-payment or slow payment of financial obligations.
7. Intentionally falsifying or withholding information on a pre-rental application including giving false information regarding family income, size, or utilization of an alias.
8. Record of serious disturbances of neighbors, destruction of property or other disruptive behavior including patterns of behavior which endanger the life, safety, morals, or welfare of other persons seeking a sound family and community life. This includes neglect of children, being evicted from previous housing on the grounds of creating a nuisance, objectionable conduct, alcoholism, drug usage, frequent loud parties, which have resulted in a disturbance to neighbors.
9. Unsanitary or hazardous housekeeping including the creation of a fire hazard, severe damage to premises and equipment which causes conditions that create foul odors, insect infestation that seriously affects neighbors.
10. Destruction of property.
11. Disregard for rules of occupancy and rights of others.
12. If single, whether the applicant is capable of living independently.
13. Applicant's verified income is insufficient to meet the required rent payment according to the formulas supplied by FmHA/HUD
14. Applicant fails to return requested verification forms, which would allow stated income to be verified at the source.

ANY ITEM CIRCLED ABOVE REPRESENTS THE CRITERIA UPON WHICH THE APPLICANT WAS DENIED OCCUPANCY OF A UNIT AT THIS TIME.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application 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 recertification 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 meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	▫ All sources of money you or any member of your household 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 a savings account, credit union, or certificate of deposit; dividends from stock, etc.); ▫ Earnings from second job or part time job; ▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 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 everything is complete and accurate.
- When you sign the 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.

Recertifications

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

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets 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; and,
- Get a written explanation if you are required to pay for anything 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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



(for office use only)	CASE# _____
DATE _____	

SUBJECT: REQUEST FOR CRIMINAL HISTORY INFORMATION

FROM: Ord Housing Authority
 2410 K Street
 Ord, Nebraska 68862

TO: Nebraska State Patrol
 Identification & Record Division
 3800 NW 12th Street-Suite A
 Lincoln, NE 68521

CRIMINAL HISTORY REQUESTED

NAME(PRINT LAST/FIRST/M.I.)	D.O.B.
PLACE OF BIRTH:	
S.S.#	MAIDEN NAME/ALIAS

I hereby authorize the release of any and all criminal history information maintained on me.

 NAME(PRINT LAST/FIRST/M.I.)

 SIGNATURE
 DATE _____

 SIGNATURE OF REQUESTER