



APPLICATION FOR OCCUPANCY



Project name: \_\_\_\_\_

FOR OFFICE USE ONLY
Date Received: _____ Time: _____

Size of Unit Requested:  1 BR  
 2 BR  
 3 BR

\*PLEASE COMPLETE ALL BLANKS OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**AN APPLICATION FEE OF \$ \_\_\_\_\_ IS REQUIRED TO ACCOMPANY THIS APPLICATION.**

**I. APPLICANT INFORMATION AND RESIDENCE HISTORY**

Applicant	Co-Applicant (if applicable)
Name: _____	Name: _____
Current Address: _____	Current Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone: Home _____ Work _____	Phone: Home _____ Work _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____
Previous Address: _____	Previous Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____

**II. HOUSEHOLD MEMBER INFORMATION**

A. Provide the following information for all persons who will be members of the household.

Name	Social Security #	Sex	Date of Birth	Age	Full-Time Student (Y/N)

B. Does anyone else claim the Tenant or Co-Tenant as a dependent on their Income Tax Return? YES \_\_\_\_\_ NO \_\_\_\_\_

**III. SPECIAL HOUSING ACCOMMODATIONS**

A. Households where the tenant, co-tenant, or household member is disabled or handicapped, may qualify for a special handicapped accessible unit, and/or an adjustment to income when calculating their rent payment.

- Do you or members of your household qualify for a unit with handicap accessibility?  Yes  No
- Are there any special housing requirements necessary?  Yes  No  
If Yes, please explain \_\_\_\_\_
- Do you request the adjustment to income?  Yes  No

B. The Tenant Selection Policy grants a priority to those tenant applicants that are a holder of a "Letter of Priority Entitlement" issued by the USDA Rural Development, and those households displaced due to housing being rendered uninhabitable.

- Do you hold a "Letter of Priority Entitlement"?  Yes  No
- Are you currently living in a housing unit that has been determined to be uninhabitable?  Yes  No  
If Yes, please explain: \_\_\_\_\_

IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

A. Employment Income

Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income
_____	_____	_____	_____	_____	_____

How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_  
 How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_

Co-Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income
_____	_____	_____	_____	_____	_____

How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_  
 How long have you been employed at this job? \_\_\_\_\_ Date you started this job \_\_\_\_\_

B. Other Income

Source	Explanation	Annual Amount (Applicant)	Annual Amount (Co-Applicant)
Social Security			
Supplemental Social Security			
Welfare (ADC)			
Child Support/Alimony			
Unemployment Benefits			
Disability Benefits			
Pensions			
401-K annual income			
Bank Interest			
Income from Assets			
Other			
<b>TOTAL</b>			

Does the Tenant or Co-Tenant regularly receive gifts of money, food, clothing, utilities, etc. from any source? YES \_\_\_ NO \_\_\_  
 IF YES complete and attach "Statement of Gifts Received by the Family"

**NO INCOME** – If you claim to have no income, complete and attach Attachment 6 B "Certification of Zero Income"

C. Deductible Family Expenses

Expense	Annual Amount
Child Care – If you have child care, complete and attach "Verification of Child Care Expense"	\$ _____
Projected Medical Expenses for 12 month period (Elderly & Handicapped Only) Complete and attach "Medical Expense Projections"	\$ _____
Handicap care or apparatus expenses	\$ _____

V. ASSETS

A. List assets for all household members.

Asset	\$ Amount	Account #	Financial Institution Name & Address
Cash on hand			
Checking Accounts	_____	_____	_____
Savings Accounts	_____	_____	_____
Money Market Certificates/CD's	_____	_____	_____
IRA's			
Pensions or 401-K's			
Revocable Trusts			
Stocks	_____	_____	_____
Bonds (any type)	_____	_____	_____
Life Ins. (cash value)	_____	_____	_____
Other			
Other			

B. List Real Estate Owned by any member of the household.

Description of Real Estate	Value	Debt
	\$	\$
	\$	\$

C. List all assets disposed of for less than FAIR MARKET VALUE during the two years proceeding the effective date of this certification or re-certification.

Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value – Sales Price
		\$	\$	\$
		\$	\$	\$

VII. CREDIT REFERENCES

Lending Institution	Address	Account #

VII. OTHER INFORMATION

- A. Have you ever received housing assistance from the Department of Housing and Urban Development or USDA Rural Development?  
 Yes  No  
 • 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  No
- B. 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 presently enrolled in such a program?  Yes  No
- C. Have you or any members of the household been convicted of a felony?  Yes  No  
 If Yes, please explain circumstances: \_\_\_\_\_
- D. How did you learn about the apartments?  
 Newspaper  Radio  Drive-by  Resident Referral  Other \_\_\_\_\_

VIII. EMERGENCY CONTACT(s):

In case of an emergency the Tenant or Co-Tenants desire that the following persons be contacted if possible:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

IX. SIGNATURE AND CONSENT

I certify that the housing that I am applying for will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location. I declare that the statements contained in this application are true and complete to the best of my knowledge. I hereby authorize release of any information contained herewith to determine my eligibility for this housing. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE. NOTE: USDA RURAL DEVELOPMENT (FORMERLY FmHA) IN NEBRASKA HAS AN AGREEMENT WITH THE DEPARTMENT OF LABOR TO PROVIDE WAGE MATCHING INFORMATION FOR THE PURPOSE OF DETECTION OF FRAUDULENT STATEMENTS REGARDING INCOME.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

C0-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Race: (Optional) [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American  
[ ] Native Hawaiian or other Pacific Islander [ ] White  
Ethnicity: (Optional) [ ] Hispanic or Latino [ ] Not Hispanic or Latino

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."



**GENERAL AUTHORIZATION LETTER**

Date: \_\_\_\_\_

Tenant/Lessee: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Tenant/Lessee: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Property Address: \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Landlord/lessor: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I/We have applied to lease the above-mentioned property and hereby authorize you to release to the Landlord the requested information listed below:

1. **Employers, past and present:** Employment history, dates of employment, title, hours worked, income, etc.
2. **Financial institutions:** Information, to include banking and savings accounts of record (including IRAs and CDs).
3. **Law enforcement agencies:** Information concerning criminal histories and any pending criminal charges and also any civil matters in which I may have been involved.
4. **Utility companies:** Information on my performance records as a customer.
5. **References:** you may release information to the Landlord.
6. **Doctor, Hospital, Pharmacy:** Information concerning past medical expenses for use only in determining the family's eligibility and rent
7. **Social Security Administration:** Information concerning my benefits.

This information is for the confidential use of the Landlord and I waive any right to disclose the same from the Landlord or the supplier of the confidential information.

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply is appreciated.

(Signature) \_\_\_\_\_  
(Printed) \_\_\_\_\_  
Tenant/Lessee Name

(Signature) \_\_\_\_\_  
(Printed) \_\_\_\_\_  
CO-Tenant/Lessee Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip  
(Current Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State Zip  
(Current Address)

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

“This Institution is an Equal Opportunity Provider & Employer”

(for office use only)	CASE# _____
DATE _____	

SUBJECT: REQUEST FOR CRIMINAL HISTORY INFORMATION

FROM: Ord Housing Authority  
 PO Box 348  
 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

## TENANT SELECTION POLICY

1. All applications will be processed using the same procedures.
2. Ineligibility of dangerous sex offenders for admission to Public Housing:  
U.S. Code: Title 42: Section 13663: Subchapter V states in part as follows:  
"Notwithstanding any other provision of law, an owner of federally assisted housing shall prohibit admission to such housing for any household that includes any individual who is subject to a lifetime registration requirement under a State Sex Offender Registration Program."
3. All potential applicants who inquire will be given the opportunity to complete and submit an application to become a tenant in the project. In order to be considered, the applicant must complete the application in its entirety and return it to the designated agent of the project. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.** Applicant households must meet the following criteria to be determined eligible to live in the project:
  - a. Meet USDA Rural Development eligibility requirements for income and tenant population type. USDA Rural Development must give prior approval for owners to rent to ineligible applicants. If this apartment complex is also subject to Section 42 of the Internal Revenue (IRS) Code, occupancy in the project will be further restricted to applicants that also meet the eligibility requirements of the Low Income Housing Tax Credit Program (LIHTC). At the owner's option, due to vacancies, the owner may rent to non-eligible LIHTC applicants with the prior approval of USDA Rural Development.
  - b. Must meet USDA Rural Development occupancy policies.
  - c. Must have legal capacity to enter into a lease agreement.
  - d. Must have a history of compliance with past rental agreements.
  - e. Must not be engaged in or convicted of an illegal act including being a current user, manufacturer or distributor of a controlled substance. Persons presently enrolled in, or who have successfully completed a controlled substance abuse recovery program may be considered for occupancy.
  - f. Must have the ability to maintain a housing unit in a safe, sanitary and decent condition.
  - g. The applicant's tenancy must not constitute a direct threat to the health and safety of other individuals or their property.
  - h. Must have a good credit history and demonstrate willingness to pay debts. Mitigating factors will be taken into consideration when applicants have had or are presently experiencing a hardship situation that is beyond their control such as when they have had disputes with creditors, including landlords, or when they were having difficulty paying rent and utility expenses that exceeded 30 percent of adjusted monthly income.
  - i. Must have the financial capacity to meet the household's basic living expenses and pay required rents. All applicants/tenants with annual adjusted income of \$5,000.00 or less and those applicants paying in excess of 40% of their monthly adjusted income for rent, plus utilities, must provide documentation showing sufficient income to meet their basic living needs, including rent payment.
  - j. Must have good landlord/good housekeeping references.
4. Applicants not meeting the project's eligibility policies will be informed in writing within 15 days of their application that they were not considered eligible. The letter will include the reasons for the denial and advise them of their right to appeal the decision under the "Tenant Grievance and Appeal" procedure.



5. Applicants determined eligible will be informed in writing that they have been selected for immediate occupancy or that their name has been placed on the project's waiting list for the size of unit for which they are eligible. The name of each applicant will be placed on the respective waiting list in chronological order by date and time. If the applicant is offered an apartment, they must take it when it is available or their name **WILL BE REMOVED** from the waiting list unless extenuating circumstances exist.
6. Priority for available apartments will be granted to handicapped or disabled persons needing the design features of the accessible handicapped unit, to holders of "Letters of Priority of Entitlement" issued by USDA Rural Development and to those households displaced due to housing being rendered uninhabitable.
7. Except for the above priorities, selections will be made on a first come, first served basis from the selected income categories in the following order:

- Households with:
- a. Very low income
  - b. Low income
  - c. Moderate income
  - d. Above moderate income (ineligible)

\_\_\_\_\_

Owner/Manager Signature

\_\_\_\_\_

Date

I have read and understand the Tenant Selection Criteria described above.

\_\_\_\_\_

Tenant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Tenant Signature

\_\_\_\_\_

Date

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, and disability, marital or familial status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., SW, STOP 9410, Washington, DC 20250-9410 or call toll free (866) 632-9992, (800) 877-8339 (TDD), (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay).”

