

OFFICE USE ONLY: _____ Bedroom Size DATE: _____
_____ Public Housing TIME: _____

APPLICATION FOR: EMERSON HOUSING AUTHORITY, EMERSON, NE 68733

(This form must be completed in its entirety). You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members must sign below certifying the information that pertains to them.

PLEASE PRINT:

APPLICANT NAME (Head of Household-HOH): _____

Place of Birth: _____ DOB: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Name of Adult co-head of Household _____

Place of Birth: _____ DOB: _____ Age: _____

Maiden Name: _____ Social Security Number: _____

Current Address: _____

City, State, Zip: _____

Applicant Phone Number: _____ Work: _____

Co-Head Phone Number: _____ Work: _____

Person to call in case of Emergency: (Name, address, phone number, & relationship)

-Do you or is anyone in the household a smoker? Circle one YES NO
(There is no smoking allowed within 25 feet of any building on the EHA property)

-If separated or divorced, List names of spouse/ex-spouse as follows:

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Race of Head of Household :(Circle one) **1**=White **2**=Black or African American
3=Asian or Pacific Islander **4**=American Indian or Alaskan Native

Ethnicity of Head of Household:(Circle one) **1**=Hispanic **2**=Non-Hispanic

Head/Spouse:(Circle one) **1**=Non Elderly **2**=62+ **3**=Disabled-Please identify any special housing needs required as a result of the disability_____

-Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Circle one YES NO Explain:_____

-Do you draw SSI____VA disability____SS disability____Other_____

-Name of your caseworker:_____

- Office Address:_____Phone:_____

-Does anyone live with you now that is not listed above? Circle one Yes No If yes, please explain_____

-Do you have a live-in aide? Circle one YES NO If yes, provide name, address and social security number_____

-Do you pay for this service yourself? Circle one YES NO Please explain:_____

-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? Circle one YES NO If yes, please explain_____

-Have you or anyone in your household ever been convicted of any crime other than simple traffic violations? Circle one YES NO If yes, please explain WHO, WHY and DATES:_____

-Have you or anyone in your household ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Circle one YES NO If yes, please explain the circumstance(s)_____

-Do you or anyone in your household own/lease any recreational vehicles, cars, boats, or motorcycles? Circle one YES NO If yes, please specify_____

HOUSEHOLD ADULT MEMBERS:

Please list all household adult members who will be living in the unit other than Head of Household or Co-Head. **Social Security Cards, IDs and birth certificates must be presented and photo copied for all members of the household.**

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Social Security Number: _____ Disabled Person (circle one) Y or N

Circle all that apply: Male-Female-Single-Married-Divorced-Separated-Widow-Full-time Student-Disabled-Handicapped-Employed-Unemployed-Self-Employed-Retired

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Social Security Number: _____ Disabled Person (circle one) Y or N

Circle all that apply: Male-Female-Single-Married-Divorced-Separated-Widow-Full-time Student-Disabled-Handicapped-Employed-Unemployed-Self-Employed-Retired

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Social Security Number: _____ Disabled Person (circle one) Y or N

Circle all that apply: Male-Female-Single-Married-Divorced-Separated-Widow-Full-time Student-Disabled-Handicapped-Employed-Unemployed-Self-Employed-Retired

Are any other adult members of the household separated or divorced, complete the following:

Adult members name	Ex-Spouse Name	Address
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Adult members name	Ex-Spouse Name	Address
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CHILDREN IN HOUSEHOLD:

Please list all children who will be living in the unit. **Social Security Cards, IDs and birth certificates must be presented and photo copied for all members of the household.**

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Name: _____ Relationship to HOH: _____

Place of Birth: _____ DOB: _____ Sex: _____

Foster Children: Is anyone living in your home a foster child? If yes, complete name.

Official Use Only
Documentation of foster care status for each child Foster Care License

-Do you employ the service of a Care Provider for a child 12 years or under or for a disabled person? Circle one YES NO If yes, complete the following:

Care Provider's Name Phone Number Amount paid weekly/monthly

-Are you being displaced from your present home? Circle one YES NO If yes, please

Explain: _____

-What is your current rent: _____ What utilities do you pay? _____

-Are you currently living in a government subsidized unit (ie Public Housing, Sec. 8, Sec. 236, or Sec. 221(d) subsidized projects)? Circle one YES NO If Sec. 8, enter the date(s) of occupancy _____

-Have you ever been evicted or refused housing elsewhere: Circle one YES NO If yes,

Where _____ Address _____

Current Landlord _____

Street address, City, State, Zip _____

_____ Phone ! _____

Previous Landlord _____

Street address, City, State, Zip _____

_____ Phone _____

ASSET INFORMATION:

List all checking and savings account (including IRA's, Keough accounts, and Certificates of Deposit, Life Insurance policies, trust funds, stocks or bonds, CDs, Money Market accounts, Notes, Mortgages, or Deeds, Retirement accounts, Deferred Compensation, Real Estate or other: Please explain) of all household members; including children.

Family Member	Bank Name	Type of Account	Account Number	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List the value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Provide copies of the last statements available.

-Does anyone own or in the process of buying real estate, land, buildings, farm ground etc.? Circle one YES NO If yes, please explain _____

If yes, please bring your most recent Real Estate Tax Statement given to you by the County Treasurers/Assessors office.

-Have you or anyone in your household sold or given away any real property or other assets in the past 2 years? Circle one YES NO If yes, please explain _____

Market Value of the Asset \$ _____ Amount received \$ _____

-Does anyone have the use of any vehicle, such as a car, truck, motorcycle, off-road vehicle, camper, boat or any other type of vehicle? Circle one YES NO

Type	License #	State	Year	Make and Model
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Type	License #	State	Year	Make and Model
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INCOME INFORMATION:

- | | YES | NO |
|--|-------|-------|
| 1. Is any member of your household employed, full-time, part-time or seasonal? | _____ | _____ |
| 2. Does any member of your household expect to work for any period during the next 12 months? | _____ | _____ |
| 3. Does any member of your household work for someone who pays them cash? | _____ | _____ |
| 4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity Or military leave? | _____ | _____ |
| 5. Does any member of your household now receive or expect to receive unemployment benefits? | _____ | _____ |
| 6. Does any member of your family now receive or expect to receive child support? | _____ | _____ |
| 7. Is any member of your household entitled to child support that he/she is not now receiving? | _____ | _____ |
| 8. Does any member of your household now receive or expect to receive alimony payments? | _____ | _____ |
| 9. Is any member of your household entitled to alimony payments that he/she is not now receiving? | _____ | _____ |
| 10. Does any member of your family receive or expect to receive Public Assistance? | _____ | _____ |
| 11. Does any member of your family receive or expect to receive Social Security benefits or SSI? | _____ | _____ |
| 12. Does any member of your household receive or expect to receive income from a pension/annuity? | _____ | _____ |
| 13. Does any member of your household receive regular cash contributions from individuals Not living in the unit or from agencies? | _____ | _____ |
| 14. Does any member of your household receive income from assets including interest on checking Or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income From the rental of property? | _____ | _____ |
| 15. Is anyone in your household a member of the Armed Forces or Reserves? | _____ | _____ |
| 16. Does any member of your household receive or expect to receive income from training, work study, grants, scholarships or educational loans | _____ | _____ |
| 17. Does any member of your household receive or expect to receive income from Workman's Comp | _____ | _____ |

For each type of income that you receive, give the source of the income and the amount of income that can be expected from the source during the next 12 months.

Family Member	Type of Income	Monthly Amount	Annual Amount
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-If any household member is working; please provide the Employer's Name, Address and Phone number _____

If you have ZERO INCOME; you will need to complete a Zero Income worksheet.

-Does anyone receive contributions, gifts or loans from any source? Circle one YES NO
If yes, complete the following:

Item received	Value of item	from Whom?	Frequency
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-Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you any money?
Circle one YES NO If yes, please explain: _____

-If receiving child support; please complete the following: Monthly payment \$ _____

Parents Name _____

Address _____

Case NO. _____ Social Security Number _____

Medical Expenses-Elderly, Handicapped, or Disabled Families only. If the head of the household or the spouse of the head of household is a) 62 years of age or older: b) handicapped: or c) disabled: and if any household member pays for OR expects to pay for medical expenses including but not limited to medications, medical/dental treatments, medical insurance, travel or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine, or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your Medicare and insurance statements with you.

Name of Medical Provider	Address	City, State and Zip

COMMENTS OR ADDITIONAL INFORMATION: _____

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities. HUD uses family income and other information to assist in managing and monitoring HUD-assisted Housing programs; to protect the Government's interest; and to verify the accuracy of the information furnished. HUD will conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed, or released outside of HUD, except as permitted by law.

You must provide all the information requested by the Emerson Housing Authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers six (6) years of age and older is mandatory, and choosing not to provide 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.

Authority information collection: The following laws authorize the collection of this information by HUD or the Emerson Housing Authority; the U.S. Housing Act of 1937 (42 U.S.C. 147 ET. Seq.), Title VI of the Civil Rights Act of 1968. The Housing Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

CERTIFIED STATEMENT

- The information requested on this form is being collected in connection with regulations of the Emerson Housing Authority, Emerson, Nebraska, authorized by the United States Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility; apartment size; and the amount of contributions by the tenant(s).
- It will be used to provide the basis for managing the program, for protecting the United States and the Emerson 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 the initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42 U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Statute, 348,408.

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- The applicant certifies that the following information was either provided and/or reviewed at the Initial Interview:

 "Things You Should Know"

 HUD form 903.1 "Are You A Victim of Housing Discrimination?"

 State of Nebraska Equal Opportunity Commission Notice

 Handbook of Rules and Regulations

The applicant was also informed the Housing Authority will verify Credit Bureau reports, Criminal and Drug history, Employment, and past landlord reports. Upon leasing and annual re-certifications; the income and wage information is transmitted electronically to federal agencies and cross matching will be completed.

I (we) do hereby swear and attest that all of the information above about me (us) is true and correct. I (we) also understand that all changes for any member of the household, as well as any changes in the household members must be reported to the Emerson Housing Authority in writing immediately.

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 \$10,000.00
 - Imprisoned for up to (5) years; and/or
 - Prohibited from receiving future assistance
-

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Taken from Housing and Urban Development "Code of Federal Regulations" CFR 24, CH. IX 982.553 (4-1-07).

The information on this form is being furnished to the Department of Housing and Urban Development (HUD) for the purpose of determining your eligibility for the program. HUD will use this information to determine your eligibility for the program. If you provide false information, you may be subject to criminal penalties and civil sanctions. HUD will refer any such information to the appropriate law enforcement authorities. HUD will also refer any such information to the appropriate law enforcement authorities. HUD will also refer any such information to the appropriate law enforcement authorities.

The applicant certifies that the following information was not provided and/or reviewed at the time of application:
"Things You Should Know"
HUD Form 9831, "The New A System of Housing Inspections"
State of Nevada Civil Complaint Commission Rules
Handbook of Nevada Statutes
The applicant was advised that the Housing Authority will verify Credit Bureau reports, Criminal and Drug History, and other pertinent reports. Upon failing and annual recertification, the applicant and wage information is transmitted electronically to federal agencies and other entities and is available.

I (we) do hereby swear that all of the information above about me (us) is true and correct. I (we) also understand that providing false information, as well as any changes in the household member's status reported to the Housing Authority in writing immediately.

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 certification forms contain false or deceptive information, you may be:
• Evicted from your apartment or home
• Required to repay all overdue rental assistance you received
• Fined up to \$10,000.00
• Imprisoned for up to (5) years; and/or
• Prohibited from receiving future assistance