

- Elderly/Disabled Complexes:**
- North Acres
  - Valley View
  - Valley Heights
  - Bennington
  - Woodgate



**DOUGLAS COUNTY HOUSING AUTHORITY**

5404 N. 107<sup>th</sup> Plaza  
 Omaha, NE 68134  
 (402) 444-6203

www.douglascountyhousing.com



**Other DCHA Programs:**

- Section 8/Tenant Based
- Single Family Homes
- Section 8/Project Based
- Section 8/Blair
- Valley CROWN
- Gretna CROWN

**Application for Housing Assistance**

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

**1. Applicant Information and Residence History**

Applicant			Co-Applicant		
Name			Name		
Current Address			Current Address		
City	State	Zip	City	State	ZIP
Phone	Phone		Phone	Phone	
How long have you resided at this address?			How long have you resided at this address?		
Landlord's Name			Landlord's Name		
Landlord's Phone No.			Landlord's Phone No.		
Previous Landlord's Name			Previous Landlord's Name		
Previous Landlord's Phone No.			Previous Landlord's Phone No.		
♦ Is mailing address different than address listed above? If yes, please provide the complete mailing address.					

**2. Household Composition and Member Information (please include unborn children with expected due date)**

Household Member #	Name	Relation ship to Head of House hold	Social Security #	Sex	Date of Birth	Age	Place of Birth City State Country	Disabled or Handi-capped	Full Time Student
								Yes/No	Yes/No
Head									
Spouse									
3									
4									
5									
6									
7									
8									
9									
10									

**\*\*Social Security Cards** must be presented to the Douglas County Housing Authority for all individuals in the household.

Have any household members under age six tested positive for elevated lead levels in their blood? \_\_\_\_\_  
 If yes, please name which children & date of testing: \_\_\_\_\_

♦ Do you anticipate a change to household composition within the next 12 months?	YES	NO
♦ If yes, please explain:		

**Non-Custodial Parent Information**

Household Member #	Biological Parent's Name:	Biological Parent's Address:

### 3. Estimated Household Income

Check One	HH#	Income Type	Start Date	Amount Received	How paid Annual, monthly, weekly	Income Source and Address (Please list Health and Human Services caseworker name and phone number by AFDC)
Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Self-Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Tips, Bonuses, Commissions		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Unemployment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Worker's Compensation/ Severance Pay		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Child Support through a Court Order		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Child Support direct from absent parent		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Alimony		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Welfare Benefits (AFDC)		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		SSI		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		SSI		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Pension/Annuity		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Military Pay		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran's Benefits		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Other-Specify		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Other-Specify		\$		

- Has anyone in the household applied for any of the following within the last twelve months?: employment, AFDC, unemployment compensation, social security, SSI, pension or disability benefits? (Yes/No)\_\_\_\_\_ If yes, please explain:\_\_\_\_\_
- Does any household member receive regular contributions from any organization or persons not living in your household? (Yes/No)\_\_\_\_\_ If yes, please explain:\_\_\_\_\_
- Did any household member file a federal income tax return last year? (Yes/No)\_\_\_\_\_ If yes, which members? \_\_\_\_\_
- Does any household member receive income from the rental of property? (Yes/No)\_\_\_\_\_ If yes, please explain. \_\_\_\_\_
- Does any member of the household receive money from someone outside the household to pay bills or living expenses? (Yes/No)\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

### 4. Assets for all household members

Check One	H.H. #	Asset	\$ Amount	Account #	Financial Institution Name & Address
Yes <input type="checkbox"/> No <input type="checkbox"/>		Cash on Hand			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Checking Account			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Savings Account			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Money Market / CDs			
Yes <input type="checkbox"/> No <input type="checkbox"/>		IRAs-Retirement Acct			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Revocable Trusts			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Stocks/Bonds			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Other			

### List real estate owned by any member of the household.

Legal Description of Real Estate & Address:	Value	Debt
	\$	\$

	\$	\$
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List all assets disposed of for less than fair market value during the two years preceding this application.

Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value-Sale Price

Do you have a vehicle?      **YES**                      **NO**

Registered to	Make	Model	Year	License #

**5. Allowable Deductions**

Childcare	Out of Pocket Expense    \$ Week _____ Month _____	<b>Annual Amount</b>  \$
Childcare Provider	Phone Number: _____	
Address:	_____	
<b>** What (if any) amount is Social Services paying for childcare (Title XX)?</b> \$		\$

Projected Medical Expenses for 12 Month Period: (Elderly, Disabled & Handicapped Only)		
Provider:	Name & Address:	Amount Paid
Handicap Care /Aide		\$
Pharmacy		\$
		\$
		\$
Doctor		\$
		\$
		\$
Hospital		\$
		\$
Medical Equipment		\$
Medicare		\$
Supplemental Insurance		\$
Other (Dental, Eye, Hearing, etc...)		\$
<b>TOTAL</b>		\$

List all family members 18 years of age and older who are full-time students		
Name of Family Member	School Name	School Address and Telephone

6. Previous Housing Assistance:	Check One	YES	NO
Has any household member received housing assistance (Section 8, Public Housing, Mod Rehab, etc.) from another Housing Authority? If yes, please provide Housing Authority name and dates of occupancy:			
If Yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with re-certification procedures? If yes, please explain:			
Do you owe any money to another Housing Authority?			
If Yes, which housing program?			

7. Criminal and Drug-Related Activity: One	Check	YES	NO
		◆ 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?	
◆ If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?			
◆ If Yes, please name the facility:			
◆ Have you or any household member been convicted of methamphetamine production?			
◆ Have you or any members of the household been convicted of a felony?			
◆ If Yes, please explain:			
◆ Are you or any household member required to registered under a State Sex Offender Registration Program?			
<b>Among the crimes that threaten health, safety or the right to peaceful enjoyment of the premises are crimes of violence, crimes against property, crimes that impose a financial cost and crimes that involve disturbing the peace.</b>			
<b>Has any household member been arrested, charged or convicted of any of the following? Please include both misdemeanors and felonies.</b>		<b>Check One</b>	
		<b>YES</b>	<b>NO</b>
◆ Murder/Manslaughter			
◆ Battery			
◆ Assault			
◆ Sexual Assault			
◆ Child abuse/molestation			
◆ Burglary			
◆ Larceny			
◆ Robbery			
◆ Vandalism			
◆ Arson			
◆ Disturbing the peace/disorderly conduct			
<b>Drug related activity including:</b>			
◆ Sale			
◆ Manufacture			
◆ Possession			
◆ Use of illegal controlled substances			
<b>Alcohol related activity including:</b>			
◆ Driving under the influence of alcohol			
<b>If Yes was answered to any of the above items, identify the person(s) involved.</b>			

**AT ANY TIME, the Douglas County Housing Authority may deny assistance to an applicant or terminate assistance to a family if any member of the family commits: drug related criminal activity, violent criminal activity, engages in alcohol abuse or has mandatory enrollment in a State Sex Offender Program. All adult household members eighteen (18) years of age and older will be required to sign a Criminal History Release of Information and Waiver Liability form, and criminal background checks will be conducted at the time verifications are processed.**

◆ If the application is for Douglas County Housing Authority property, how did you learn about the units?

<input type="radio"/> Newspaper	<input type="radio"/> Website	<input type="radio"/> Drive-by	<input type="radio"/> Resident Referral	<input type="radio"/> Other
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◆ Race: (Check one - Optional - See Below)

White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Other
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The information solicited on this application regarding sex, race and ethnicity is requested by Douglas County Housing Authority 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 DCHA is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**8. Signature and Consent**

I do hereby swear and attest that all of the information provided regarding my household composition, income, assets, deductions, previous housing assistance and criminal background are true and correct to the best of my knowledge. I hereby authorize release of information contained herein to determine my eligibility for housing. I understand that all changes in household composition and income must be reported to the Douglas County Housing Authority in writing within ten calendar days from the actual date of change.

I certify that the housing that I am applying for will be my permanent residence, and I will not maintain a separate subsidized unit in a different location. I declare that the statements contained in this application are true and complete to the best of my knowledge. **WARNING: WILLFUL FALSE STATEMENTS OR MISPRESENTATION 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.

Head of Household Signature: \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: The information requested on this application is being collected in connection with regulations, policies and procedures of the Douglas County Housing Authority and authorized by the U.S. Department of Housing and Urban Development to determine an applicant's initial eligibility, unit size and the amount of rental contribution by the client(s). The information will be used to adequately manage the program(s), to protect the United States Government and the Douglas County Housing Authority's financial interest, and to verify the accuracy of the information furnished. It may be released to the appropriate Federal, State and local agencies, and, when relevant, to civil, criminal and regulatory investigators or prosecutors. Failure to provide any information may result in a delay, a rejection of eligibility approval, or subsequent determination that initially approved eligibility was erroneous.

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, disability and marital or family status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Buildings, 1400 Independence Avenue, SW, Washington, DC, 20250-9400 or call (202) 720-5964 (voice and TDD). USDA is an Equal Opportunity Provider and Employer.