DOUGLAS COUNTY HOUSING AUTHORITY
5404 N. 107th Plaza
Omaha, NE 68134
(402) 444-6203 (402) 444-6600
www.douglascountyhousing.com

EQUAL HOUSING OPPORTUNITY

Pre-Application for the Crown Program

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

1. Applicant and Residence Information

Head of Household			**Co-Head of Household**		
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.**		
♦ 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	Relationship to Head of Household	Social Security #	Sex OPTIONAL	Date of Birth	Age	Place of Birth City State Country	Disabled or Handi-capped Yes/No	Full Time Student Yes/No
Head									
Spouse									
3									
4									
5									
6									
7									
8									
9									
10									

Do you anticipate a change in household composition or members within the next twelve months? (Yes _____ / No _____)
If yes, please explain:

3. Estimated Household Income (include all household members)

Check One	HH #	Income Type	HRS worked Per Week if Employed	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 ☐ No ☐		Employment			$		
Yes ☐ No ☐		Employment			$		
Yes ☐ No ☐		Self-Employment			$		
Yes ☐ No ☐		Tips, Bonuses, Commissions			$		
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			$		

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 ☐ No ☐		Welfare Benefits (AFDC)		$		
Yes ☐ No ☐		Social Security		$		
Yes ☐ No ☐		SSI		$		
Yes ☐ No ☐		SSI		$		
Yes ☐ No ☐		Pension/Annuity		$		
Yes ☐ No ☐		Military Pay		$		
Yes ☐ No ☐		Veteran's Benefits		$		
Yes ☐ No ☐		Other-Specify		$		
Yes ☐ No ☐		Other-Specify		$		

You must answer the following questions:

I am a homeless veteran: Yes ☐ No ☐

I am a widow/widower of a veteran: Yes ☐ No ☐

I/we need the features of an accessible unit: Yes ☐ No ☐

- Have any household member applied for AFDC, unemployment, SSI, social security or any other form of income? (Yes/No) _____If yes, please explain: _____
- How did you hear about us: TV___, Radio___, Website___, Newspaper___, Word of Mouth___, Other_____

♦ Race: (Check one - Optional - See Below)

White (Non-Hispanic) ☐	Black (Non-Hispanic) ☐	Hispanic ☐	Asian/Pacific Islander ☐	American Indian/Alaskan Native ☐	Other ☐

The information solicited on this application regarding sex, race and ethnicity is requested by Douglas County Housing Authority in order to assure 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 or members, 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 eligiblity for housing. I understand that all changes in household composition or members and income must be reported to the Douglas County Housing Authority in writing within ten calendar days from the actual date of change.

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. Note: Willful false statements or mispresentation is a crminal offense under Section 1001 of Title 18 of the US Code.