



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



Pre-Application for the Crown Program

Please circle one: Gretna / Valley / Both

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	Relation ship to Head of Household	Social Security #	Sex OPTICAL	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 <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			\$		

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"/>		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		\$		

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
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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 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 eligibility 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 misrepresentation is a criminal offense under Section 1001 of Title 18 of the US Code.

Please check the box indicating all states and/or territories where any household member has resided.
 In addition, list the household member's name on the line associated with the state or territory resided in.

State	Who Resided There	State	Who Resided There
<input type="checkbox"/> Alabama	_____	<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> Alaska	_____	<input type="checkbox"/> New Mexico	_____
<input type="checkbox"/> Arizona	_____	<input type="checkbox"/> New York	_____
<input type="checkbox"/> Arkansas	_____	<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> California	_____	<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Colorado	_____	<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Delaware	_____	<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> Washington DC	_____	<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Florida	_____	<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> Georgia	_____	<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> Hawaii	_____	<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Idaho	_____	<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Illinois	_____	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Indiana	_____	<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Iowa	_____	<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Kansas	_____	<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Kentucky	_____	<input type="checkbox"/> Washington	_____
<input type="checkbox"/> Louisiana	_____	<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> Wyoming	_____
<input type="checkbox"/> Massachusetts	_____	U.S. Territory	Who Resided There
<input type="checkbox"/> Michigan	_____	<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Mississippi	_____	<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Missouri	_____	<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Montana	_____	<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> Nebraska	_____	<input type="checkbox"/> Republic of Palau	_____
<input type="checkbox"/> Nevada	_____	<input type="checkbox"/> Republic of the Marshall Islands	_____
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> U.S. Virgin Islands	_____

If you need us to provide an interpreter, please check here.

Written Language: _____
 Spoken Language: _____

Waiting List Preferences (Will be verified to qualify)

- ____ 1 Point - Rent Wise Training Certification
- ____ 2 Points - Head/Co-Head of household is employed at least 25 hour per week
- ____ 2 Points - Families with children
- ____ 4 Points - Head/Co-Head of household is elderly, disabled, a homeless veteran, or an eligible widow of a veteran according to the language in the Veterans Administration Home Loan Guarantee Program

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notifications: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 12404) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist in resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD-Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.