

Select Waiting List Property:

- North Acres (1 BR)
- Valley View (1 BR)
- Valley Heights (1BR)
- Benn View I (1BR)
- Benn View II (1 BR)
- River Road Townhomes (2 BR)
- Woodgate Townhomes (2-3 BR)
- Platte Valley Apartments (1,2,3 BR)
- Single Family Houses (3-4 BR)

Douglas County Housing Authority
 3211 N 90th Street
 Omaha, NE 68134
 P (402)444.6203 F (402)444.6600
 www.douglascountyhousing.com



Pre-Application for Rental Housing Assistance

Please complete all sections 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:
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 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?	Full-Time Student?
Head								Y N	Y N
Spouse								Y N	Y N
3								Y N	Y N
4								Y N	Y N
5								Y N	Y N
6								Y N	Y N
7								Y N	Y N
8								Y N	Y N
9								Y N	Y N
10								Y N	Y N
Do you anticipate a change in household composition or members within the next 12 months? If yes, please explain:									Y N

3. Estimated Household Income (include all household members)

Circle One	HH #	Income Type	Hours worked per week	Start Date	Amount Received	How Often? (annual, monthly, weekly, etc)	Income Source and Address (Please list HHS caseworker name and phone number for AFDC)
Y N		Employment			\$		
Y N		Employment			\$		
Y N		Self-Employment			\$		
Y N		Tips, Bonuses, Commissions			\$		
Y N		Unemployment			\$		
Y N		Worker's Compensation/ Severance Pay			\$		
Y N		Child Support through a Court Order			\$		
Y N		Child Support direct from absent parent			\$		
Y N		Alimony			\$		

Circle One	HH #	Income Type	Start Date	Amount Received	How Often? (Annual, monthly, weekly, etc)	Income Source and Address (Please list HHS caseworker name and phone number by AFDC)
Y	N	Welfare Benefits (AFDC)		\$		
Y	N	Social Security		\$		
Y	N	SSI		\$		
Y	N	SSI		\$		
Y	N	Pension/ Annuity		\$		
Y	N	Military Pay		\$		
Y	N	Veteran's Benefits		\$		
Y	N	Other- Specify		\$		
Y	N	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(s) 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 (Circle one below – optional):

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 evaluation 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.

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

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

Written Language: _____

Spoken Language: _____

Waiting List Preferences (Please mark all that apply. Will be verified to qualify)

____ 1 Point- Rent Wise Training Certification

____ 2 Points- Head/ Co-Head of household is employed at least 25 hours per week

____ 2 Points- Families with Children

____ 4 Points- Head/Co-Head of household is elderly and 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 Number:	Cell Phone Number:
Name of Additional Contact Person or Organization:	
Address:	
Telephone Number:	Cell Phone Number:
Email Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Mark all that apply)	
<input type="radio"/> Emergency <input type="radio"/> Termination of Rental Assistance <input type="radio"/> Eviction from Unit <input type="radio"/> Late Payment of Rent	<input type="radio"/> Assist with Recertification Process <input type="radio"/> Change in Lease Terms <input type="radio"/> Change in House Rules <input type="radio"/> Other:
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 Notification: 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.

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 at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing And Community Development Act 1992 (42 U.S.C. 13604) 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 organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with 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 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. **Form HUD-92006 (05/09)**