



5700 R Street

Lincoln, NE 68505

Phone: 402-434-5500 **Fax:** 402-434-5502

TDD: 1-800-545-1833 ext 875

www.L-Housing.com

APPLICATION

for
Housing Choice Voucher
and/or
Lincoln Housing Authority
Owned or Managed Properties





APPLICATION

PLEASE CHECK YOUR SELECTIONS BELOW

If you are uncertain about which property might be right for you, please discuss it with an Application Clerk, consult the LHA brochure or the LHA website at L-Housing.com.

☐ **Housing Choice Voucher Program**, sometimes referred to as Section 8, is our largest rental subsidy program. With a Voucher you must find a rental unit to rent within Lincoln that will pass LHA inspection. LHA will pay a portion of rent and you will pay a portion of rent based on your income. LHA will check criminal history. Families, elderly, and disabled are selected from the waiting list before single, non-elderly or non-disabled regardless of preference status.

LHA Properties: *LHA will check landlord references, credit history, criminal history and may require an in-home visit prior to approving an application.*

☐ **Public Housing (Scattered sites located throughout Lincoln)** 2BR ☐ 3BR ☐ 4BR ☐ 5BR ☐ *Please check ✓*

Spacious two-, three-, four- and five-bedroom homes and duplexes located throughout Lincoln. Some two-bedroom units are wheelchair accessible. Applicants must meet income guidelines. Rent is based on income. Security deposit is \$250. Small pet allowed with additional \$300 pet deposit. Smoke-free units. Tenant pays gas, electric and water.

☐ **N32 Family Housing (Scattered sites located throughout Lincoln)** 2BR ☐ 3BR ☐ *Please check ✓*

Spacious two- and three-bedroom homes and duplexes located throughout Lincoln. Some two-bedroom units are wheelchair accessible. Applicants must meet income guidelines. Rent and deposit is based on income. Small pet allowed with additional \$300 pet deposit. Smoke-free units. Tenant pays gas, electric and water.

☐ **Arnold Heights (Neighborhood located off Northwest 48th Street)** 2BR ☐ 3BR ☐ 4BR ☐ *Please check ✓*

Two-, three- and four-bedroom duplexes just minutes from downtown Lincoln. Very reasonably priced with lots of green space for families. Deposit is one month's rent. Small pet allowed with additional \$300 pet deposit. You must have enough income to pay the monthly rent or have a Voucher. Tenant pays gas, electric and water.

☐ **Northwood Terrace and Heritage Square Apartments (23rd & Y and 23rd & W)** Studio ☐ 1BR ☐ 2BR ☐ 3BR ☐ *Please check ✓*

Reasonably priced studio, one-, two- and three-bedroom apartments located close to the University of Nebraska. No pets allowed. Applicants must meet income guidelines. Deposit is one month's rent. You must have enough income to pay the monthly rent or have a Voucher. Tenant pays electric.

☐ **Lynn Creek Apartments (9th & Garber Ave)**

Reasonably priced two-bedroom apartments near the Belmont shopping area and close to the University of Nebraska. No pets allowed. Applicants must meet income guidelines. Deposit is one month's rent. You must have enough income to pay the monthly rent or have a Voucher. Smoke-free buildings. Tenant pays electric.

☐ **Emerald View (South Folsom and West Old Cheney Road)** 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ *Please check ✓*

One- and two-bedroom apartments and three- and four-bedroom townhomes in southwest Lincoln. Half of the units are available at a reduced rent to income-eligible families through the Tax Credit or HOME programs. You must have enough income to pay the monthly rent or have a Voucher. Half the units are available at market rent. Some accessible one- and two-bedroom apartments. No pets allowed. Deposit is one month's rent. Smoke-free buildings. Tenant pays electric.

Tax Credit Unit ☐ Market Rate Unit ☐ *Please check ✓*

PLEASE CHECK YOUR SELECTIONS BELOW

☐ **Prairie Crossing Apartments and Townhomes (33rd & Yankee Hill Road) 1BR ☐ 2 BR ☐ 3BR ☐ Please check ✓**

One- and two-bedroom apartments and three bedroom townhomes. Half of the units are available at a reduced rent to income eligible families through the Tax Credit or HOME programs. You must have enough income to pay the monthly rent or have a Voucher. Half of the units are available at market rent. Some accessible one and two-bedroom apartments. No pets allowed. Deposit is one month's rent. Smoke-free buildings. Tenant pays electric.

Tax Credit Unit ☐ Market Rate Unit ☐ Please check ✓

☐ **Wood Bridge Apartments and Townhomes (22nd & Pine Lake Road) 2BR ☐ 3BR ☐ Please check ✓**

Reasonably priced two-bedroom apartments and three-bedroom townhomes in South Lincoln near SouthPointe Mall. Half of the units are available at a reduced rent to income-eligible families through the Tax Credit Program. You must have enough income to pay the monthly rent or have a Voucher. Half of the units are available at Market Rents. Some accessible two-bedroom apartments. No pets allowed. Deposit is one month's rent. Smoke-free buildings. Tenant pays gas and electric.

Tax Credit Unit ☐ Market Rate Unit ☐ Please check ✓

☐ **Summer Hill Apartments and Townhomes (56th & Union Hill Road) 2BR ☐ 3BR ☐ Please check ✓**

Two- and three-bedroom units located just south of Pine Lake Road. Half of the units are available at a reduced rent to income eligible families through the Tax Credit or other LHA programs. Half of the units are available at Market Rents. No pets allowed. Some wheelchair accessible two-bedroom apartments. Deposit is one month's rent. You must have enough income to pay the monthly rent or have a Voucher. Smoke-free buildings. Tenant pays electric in apartments; gas, electric and water in townhomes.

Tax Credit Unit ☐ Market Rate Unit ☐ Please check ✓

☐ **Sunny Ridge Townhomes (18th & Montini Drive)**

Three-bedroom townhomes near 18th and Superior streets with playground and community room for gatherings. Two wheelchair accessible three bedroom apartments. Applicants must meet income guidelines. You must have enough income to pay the monthly rent or have a Voucher. Security deposit is \$550. No pets allowed. Smoke-free buildings. Tenant pays electric and gas.

☐ **Mahoney Manor Senior Housing (4241 North 61st Street)**

Affordable studio, one-, and two-bedroom apartments for seniors (50+). Waiting List Preference to 62+. Located in the beautiful Havelock area. Six wheelchair-accessible units. Applicants must meet income guidelines and be at least 50 years of age to qualify. Rent is based on income. Security deposit is \$250. Small pet allowed with additional \$300 pet deposit. Smoke-free building.

☐ **Crossroads House Senior Housing (1000 O Street)**

Affordable one-bedroom apartments for seniors. Some one-bedroom accessible units. Applicants must meet income guidelines and be at least 55 years of age. Rent is based on income. Deposit is one month's rent. Cat allowed with additional \$300 pet deposit. Smoke-free building.

☐ **Burke Plaza Senior Housing (6721 L Street)**

Affordable one-bedroom apartments for seniors (62+) and persons with disabilities. Waiting List preference for seniors. Applicants must meet income guidelines and be at least 62 years of age or disabled to qualify. Rent and deposit is based on income. Small pet allowed with additional \$300 pet deposit. Smoke-free building.



APPLICATION

I. Lincoln Housing Authority: Preferences

Please check any that apply to your situation.

Applicants for Housing Choice Voucher, Public Housing, N32 Family Housing, Mahoney Manor and Burke Plaza may be eligible to move higher on the waiting list if one of the following preferences is verifiable.

☐ **Disaster** such as flood or fire — unit is not livable.

☐ **Domestic violence** — displaced/homeless by domestic violence- actual or threatened violence against one or more members of the applicant family by a spouse or other member of the applicant's household. Such applicants must have been forced to move because of domestic violence or lives with a person who engages in domestic violence. Families that become displaced/homeless due to domestic violence must provide documentation from a shelter, case-manager, police reports, protection order or any other credible documentation that substantiates the fact the applicant became displaced/homeless due to domestic violence and the displacement occurred within the last 3 months of the requested preference. Such violence must be recent or continuing. **The applicant must certify that the person who engaged in such violence will not reside with the applicant family unless the Housing Authority has given advance written approval. If the family is admitted, the Housing Authority may deny or terminate assistance to the family for breach of the certification.**

☐ **Homeless family** or individual lacks a fixed or regular and adequate nighttime residence **AND** has a primary nighttime residence that is a supervised public or private operated shelter providing temporary living accommodations; or an institution that provides a temporary residence for persons intended to be institutionalized; such as a nursing care facility or a public or private place not designed for or ordinarily used as regular sleeping accommodation. The acceptable verification must come from a government agency, law enforcement agency, public or private shelter, clergy, or social services agency.

Housing Choice Voucher only preference: (The below preference does not apply to the Public Housing Program or N32 Family Housing.)

☐ Do you have a **Nebraska RentWise Certification**? Yes ☐ No ☐ If yes, please submit a copy of the certification to LHA. RentWise is a 12-hour educational program to help renters obtain and keep rental housing. See enclosed brochure and registration form to enroll.



APPLICATION



If you need us to provide an interpreter check here: ☐

PLEASE USE BLACK INK (Please Print All Information Below)

Head of Household: _____
First Middle Last

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Email Address: _____

Written Language: _____

Spoken Language: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Race Codes

(If multi-racial, you may use more than one code)

- | | |
|--------------------------------------|------------------------|
| 1. White | 4. Asian |
| 2. African American | 5. Native Hawaiian/ |
| 3. American Indian/
Alaska Native | Other Pacific Islander |

I. Household Composition: List below all persons who will be staying in your home, listing head of household first.

Legal Name (First, Middle, Last)	Age	Date of Birth	Relation to Head of Household	Social Security Number	Sex (optional)	Race (Use code above)	Hispanic Y/N	Marital Status
1.		/ /	HEAD					
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						

Maiden Name of female adult household member(s): _____

Other Names/Social Security #'s used by any/all household members: _____

Explain: _____



APPLICATION



II. Household Composition

1. Do you have custody of your minor children? Yes ☐ No ☐ Non Applicable ☐

Explain the custody arrangements: _____

If the parent of the minor is not living in the household, list information as follows:

Absent Parent Name: _____

Child's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Absent Parent Name: _____

Child's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

2. Is anyone in your household attending any school or education program? Yes ☐ No ☐

		Full Time	Part Time
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Will anyone be leaving your household or family within the next 12 months? Yes ☐ No ☐

If yes, please explain: _____

4. Will you be adding anyone to your household in the next 12 months? Yes ☐ No ☐

If yes, please explain: _____

Office Use Only

_____ Verification



APPLICATION



III. Employment:

Enter earned income that any household member will have **within the next year** or **had in the last year**. List most current first.

Office Income Calculation (Office Use Only)

Person Working: _____ Employer: _____
Income Amount: _____ Position: _____
Income Per: _Hour _Week _Month _Year Address: _____
Hours Per Week: _____ City, State, Zip: _____
How long have you worked here/received this income?
Telephone: _____
Start Date: _____ End Date: _____

_____ Verification

Person Working: _____ Employer: _____
Income Amount: _____ Position: _____
Income Per: _Hour _Week _Month _Year Address: _____
Hours Per Week: _____ City, State, Zip: _____
How long have you worked here/received this income?
Telephone: _____
Start Date: _____ End Date: _____

_____ Verification

Person Working: _____ Employer: _____
Income Amount: _____ Position: _____
Income Per: _Hour _Week _Month _Year Address: _____
Hours Per Week: _____ City, State, Zip: _____
How long have you worked here/received this income?
Telephone: _____
Start Date: _____ End Date: _____

_____ Verification

Person Working: _____ Employer: _____
Income Amount: _____ Position: _____
Income Per: _Hour _Week _Month _Year Address: _____
Hours Per Week: _____ City, State, Zip: _____
How long have you worked here/received this income?
Telephone: _____
Start Date: _____ End Date: _____

_____ Verification

Person Working: _____ Employer: _____
Income Amount: _____ Position: _____
Income Per: _Hour _Week _Month _Year Address: _____
Hours Per Week: _____ City, State, Zip: _____
How long have you worked here/received this income?
Telephone: _____
Start Date: _____ End Date: _____

_____ Verification

Subtotal:

IV. Income

Do you or anyone in your household receive any of the following income?

Type	Who Receives Income	Amount	How Often Paid or Received	Source/Company	Calculation/Annual Total (Office Use Only)
Child Support/Alimony Court Order Number			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Disability, Death Benefits or Life Insurance Dividends			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Educational grants or scholarships (for example: Pell)			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Net Income from a Business, Rental property or Self Employment			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Other cash payments or contributions			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Pensions, Retirement Funds and Annuities			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Public Assistance (ADC, AABD, TANF)			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Social Security			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Supplemental Social Security (SSI)			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Unemployment Compensation			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Veterans Benefits			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
Workers Compensation			Yearly: ____ Monthly: ____ 2 times per month: ____ Weekly: ____ Every Two Weeks: ____		
1. Does any household member receive regular contributions (donations or gifts) from any organization or persons not living in your household? If yes, please explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did any household member file a federal income tax return last year? If no, please explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Does any member of the household receive money from someone outside the household to pay bills or living expenses? If yes, please explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. 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? If yes, please explain: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	



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V. Assets

List all assets currently held by all household members and the cash value of each. Assets include Checking and Savings Accounts, CDs, Stocks, Bonds, Mutual Funds, Retirement Accounts, Real Estate and any other property held as an investment.

Do you or anyone in your household have:

Yes	No	Type	Bank/Source	Owner of Account	Account #	Current balance/value	Calculation/Annual Total (Office Use Only)	
		Checking Account					_____ Verification	
		Savings Account					_____ Verification	
		Certificates of Deposit					_____ Verification	
		Any Stocks Bonds, or Mutual Funds					_____ Verification	
		Retirement (401K, IRA)					_____ Verification	
		Life Insurance			Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		_____ Verification	
					Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole			
		Cash					_____ Verification	
		Savings Bonds					_____ Verification	
		List any items not described above.					_____ Verification	
							Subtotal:	



APPLICATION



Own equity in Real Estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property in or out of the country)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you sold or given away any assets within the last two years for less than Fair Market Value? Type of Asset: _____ Cash Value: \$ _____ Date Sold or Given Away: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any household members traveled within or outside of the United States within the last 12 months? If yes, please indicate who, where and when. _____ _____ _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

VI. Residence: Where have the household members resided?

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	Who?	State	Who Resided There	Who?
	City			City	
<input type="checkbox"/> Alabama	_____	_____	<input type="checkbox"/> New York	_____	_____
<input type="checkbox"/> Alaska	_____	_____	<input type="checkbox"/> North Carolina	_____	_____
<input type="checkbox"/> Arizona	_____	_____	<input type="checkbox"/> North Dakota	_____	_____
<input type="checkbox"/> Arkansas	_____	_____	<input type="checkbox"/> Ohio	_____	_____
<input type="checkbox"/> California	_____	_____	<input type="checkbox"/> Oklahoma	_____	_____
<input type="checkbox"/> Colorado	_____	_____	<input type="checkbox"/> Oregon	_____	_____
<input type="checkbox"/> Connecticut	_____	_____	<input type="checkbox"/> Pennsylvania	_____	_____
<input type="checkbox"/> Delaware	_____	_____	<input type="checkbox"/> Rhode Island	_____	_____
<input type="checkbox"/> District of Columbia	_____	_____	<input type="checkbox"/> South Carolina	_____	_____
<input type="checkbox"/> Florida	_____	_____	<input type="checkbox"/> South Dakota	_____	_____
<input type="checkbox"/> Georgia	_____	_____	<input type="checkbox"/> Tennessee	_____	_____
<input type="checkbox"/> Hawaii	_____	_____	<input type="checkbox"/> Texas	_____	_____
<input type="checkbox"/> Idaho	_____	_____	<input type="checkbox"/> Utah	_____	_____
<input type="checkbox"/> Illinois	_____	_____	<input type="checkbox"/> Vermont	_____	_____
<input type="checkbox"/> Indiana	_____	_____	<input type="checkbox"/> Virginia	_____	_____
<input type="checkbox"/> Iowa	_____	_____	<input type="checkbox"/> Washington	_____	_____
<input type="checkbox"/> Kansas	_____	_____	<input type="checkbox"/> West Virginia	_____	_____
<input type="checkbox"/> Kentucky	_____	_____	<input type="checkbox"/> Wisconsin	_____	_____
<input type="checkbox"/> Louisiana	_____	_____	<input type="checkbox"/> Wyoming	_____	_____
<input type="checkbox"/> Maine	_____	_____			
<input type="checkbox"/> Maryland	_____	_____			
<input type="checkbox"/> Massachusetts	_____	_____			
<input type="checkbox"/> Michigan	_____	_____			
<input type="checkbox"/> Minnesota	_____	_____			
<input type="checkbox"/> Mississippi	_____	_____			
<input type="checkbox"/> Missouri	_____	_____			
<input type="checkbox"/> Montana	_____	_____			
<input type="checkbox"/> Nebraska	_____	_____			
<input type="checkbox"/> Nevada	_____	_____			
<input type="checkbox"/> New Hampshire	_____	_____			
<input type="checkbox"/> New Jersey	_____	_____			
<input type="checkbox"/> New Mexico	_____	_____			

U.S. Territory	Who Resided There
<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Northern Mariana Islands	_____
<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> Republic of Palau	_____
<input type="checkbox"/> Republic of the Marshall Islands	_____
<input type="checkbox"/> U.S. Virgin Islands	_____



APPLICATION



VII. Criminal and Drug-Related Activity: Answer for ALL Household Members

1. Are you or any other household member a current user or been arrested, ticketed, charged or convicted of possession, using, dealing or manufacturing a controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you or any household member been convicted of methamphetamine production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you currently on probation or parole? Start date: _____ End date: _____ What specifically are you on probation or parole for, what conviction? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has any household member been arrested, charged, ticketed or convicted of any of the following? Please include both misdemeanors and felonies.		
Drug related activity including:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sale	<input type="checkbox"/>	<input type="checkbox"/>
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>
Possession	<input type="checkbox"/>	<input type="checkbox"/>
Use of illegal controlled substances	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related activity including:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sex offender: Is anyone required to register on any state sex offender registry?	<input type="checkbox"/>	<input type="checkbox"/>
Child abuse/molestation	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Larceny	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>
Disturbing the peace/disorderly conduct	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

If yes was answered to the questions above, complete the following. If you have more than two incidents provide the remaining information on a separate piece of paper.

a. Who was charged or convicted?	b. What crime was the charge or conviction for?	
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____		
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. If yes, please name the facility: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Have you provided a certificate of completion?		
<input type="checkbox"/>		
a. Who was charged or convicted?	b. What crime was the charge or conviction for?	
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____		
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. If yes, please name the facility: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Have you provided a certificate of completion?		
<input type="checkbox"/>		

Office Use Only

_____ Verification



VIII. Additional Information

Yes No

☐ ☐ Have you or has anyone in your household ever received rental assistance or paid rent based on income?
What name was used by the person receiving assistance? _____
Address: City _____ State _____
When: Month _____ Day _____ Year _____
Name of Housing Agency _____

☐ ☐ Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to re-certify? If yes, please explain.

☐ ☐ Have you or has anyone in your household applied or rented with the Lincoln Housing Authority?
When: Month _____ Day _____ Year _____
What name was used on the application? _____
What name was used and/or who was the Head of Household? _____
When: _____ Address _____

☐ ☐ Have you or has anyone in your household ever been evicted?
When: _____ Why _____ Address _____
Name of Landlord _____

☐ ☐ Do you declare a disability for the purposes of eligibility? You are under no obligation to declare this. If yes, provide name and address of doctor who can verify your disability _____

☐ ☐ Would you or any members of your household benefit from a handicapped-accessible unit? Explain:

☐ ☐ Do you have any animals?
How many: _____ Type/breed and weight: _____

Do you or anyone in your household have a vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Model/Year: _____ License Plate Number: _____
----------------------------------------------------	----------------------------------------------------------	--------------------------------------------------

Do you have a second vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Model/Year: _____ License Plate Number: _____
-------------------------------	----------------------------------------------------------	--------------------------------------------------

Do you or anyone applying for or receiving help have a guardian, conservator, or individual acting under power of attorney? Yes ☐ No ☐

Name of person with Guardian, Conservator or Power of Attorney: _____
Name of Guardian, Conservator, or Power of Attorney: _____
Address: _____ Phone number: _____
Street City State Zip Code (Include area code)

List any additional information or notes. Describe any additional information not previously covered such as special needs, required bedroom size, etc.

Has someone assisted you in completing this form? Yes ☐ No ☐

Name of person completing form: _____

IX. Rental History

Attach additional pages if needed

List all places each household member has lived in the past **five (5) years**, beginning with your current address.

Current Residence		Who lives here?	
Street Address:	Dates: Month/Day/Year From:	Landlord: Address:	
City/State/Zip:	To:	City/State/Zip:	
		Phone #:()	Fax: ()
		Email:	
Why do you want to move?		Rent Amount \$	
Do you Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____			

Previous Residence		Who lived here?	
Street Address:	Dates: Month/Day/Year From:	Landlord: Address:	
City/State/Zip:	To:	City/State/Zip:	
		Phone #:()	Fax: ()
		Email:	
Why did you want to move?		Rent Amount \$	
Do you Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____			

Previous Residence		Who lived here?	
Street Address:	Dates: Month/Day/Year From:	Landlord: Address:	
City/State/Zip:	To:	City/State/Zip:	
		Phone #:()	Fax: ()
		Email:	
Why did you want to move?		Rent Amount \$	
Do you Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____			

Previous Residence		Who lived here?	
Street Address:	Dates: Month/Day/Year From:	Landlord: Address:	
City/State/Zip:	To:	City/State/Zip:	
		Phone #:()	Fax: ()
		Email:	
Why did you want to move?		Rent Amount \$	
Do you Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____			



APPLICATION

X. Rights and Responsibilities

I/We certify that all information given to the Lincoln Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements I/we give to the Housing Authority may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of our application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Authority to offer rental assistance nor does it bind me/us to accept any assistance offered.

I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

I/We have received, read and understand the HUD fact sheet "Applying for HUD Housing Assistance."

I/We authorize you to verify the above information through a consumer reporting agency. (This agency is Tenant Data Services Inc. (800) 228-1837. The function of this agency is to track and maintain records such as your resident conduct and personal credit history. Tenant Data Services Inc. also will obtain a credit report on all applicants for Lincoln Housing Authority owned/managed properties.)

Authorization to Release Information

Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Housing Authority of the City of Lincoln, NE, to use this authorization and the information obtained with it, to administer and enforce rules and policies.

Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, Veterans Affairs, Social Service Agencies, utility companies, unemployment benefits, pensions/annuities, child care providers, neighbors and the U.S. Post Office.

By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Housing Authority of the City of Lincoln for inspection and copying.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Applicant

Print Name

Date

Signature of Other Adults/Co-Applicant

Print Name

Date

2004 Census Test

United States
Census
2010

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/>	Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
<input type="checkbox"/>	যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/>	ឈ្មួចញ៉ាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/>	Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/>	如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/>	如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/>	Mark this box if you read or speak English.	11. English
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنید.	12. Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian

LANGUAGE IDENTIFICATION FLASHCARD

<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish
<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

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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 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 of 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 or 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 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.