

**Nebraska City Housing Authority**  
**Riverview Terrace**  
**200 N 3rd, Nebraska City, NE 68410**  
**Phone:402.873.5451 Fax:402.873.7383**  
**office@nebraskacityhousing.org**



### **Information and Instructions for filling out NCHA application**

You are encouraged to read all the following information about our application for admission to Nebraska City Housing Authority. You may also request a NCHA Community Service and Self- Sufficiency Requirement Policy. Please be aware **ALL** public housing authority units and commons areas are smoke- free.

**Note: a single person with a disability or family that includes a person with a disability may request special accommodation at any time during application or occupancy process**

The application **MUST BE FILLED OUT COMPLETELY** answering all questions on application to be considered for admissions. If application is not filled out completely to include signatures application will not be considered.

**Criminal History:** A criminal history check will be run on all household members who are 18 years old and over. NCHA **May** require fingerprints of household members if criminal history has been detected at a local or state level. NCHA is screening for specific criminal backgrounds and criminal activities that would prevent an individual from receiving public housing assistance. Activities include registering as a sex offender, a person who has been convicted of methamphetamine manufacturing and delivery in a public housing facility or property. **An application will not be denied if there is a minor or petty criminal conviction. An applicant who has been offered an unit prior to background checks and the background checks come back with violent or drug-related criminal activity the lease will become invalid and lease terminated.**

In addition to a signed application the applicant must provide the following information

- Social Security numbers for all household members
- Birth Certificate for all minor children to include any custody agreements
- Income verification to include but not limited to; bank statements, award letters, paystubs, medical verifications and any deductions

Original documents provided will be copied and return top applicant

**Waiting List;** your application will be reviewed within 10 days of receiving the complete signed application with supporting documents. Upon approval application will be placed on waiting list and NCHA will reach out to applicant when the application reaches the top of waiting list



Dear Perspective Applicant:

Thank you for your interest in residing at Riverview Terrace. It is the intent of the Nebraska City Housing Authority to provide safe affordable housing to individuals and families that will promote economic mobility and a suitable living environment free from discrimination. **NCHA is an equal opportunity housing establishment**

Please print your information legibly.

**APPLICANT/HEAD OF HOUSEHOLD INFORMATION**

First Name, Middle Initial & Last Name:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ City and State of your Birth: \_\_\_\_\_

Sex: Male / Female Marital Status: Single / Married / Divorced / Widowed

Other Names Used (such as maiden name or previous married names):

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Current Physical Home Address, City, State, Zip: \_\_\_\_\_ How long have you lived at this address?

\_\_\_\_\_

Name of the County you reside in: \_\_\_\_\_

Name, Address & Phone Number to your County's Local Law Enforcement Agency (police station, sheriff's station, etc.)

\_\_\_\_\_

**Nebraska City Housing Authority conducts a criminal record check and credit check on all applicants.**

Date	NCHA Staff	Details of contact

**APARTMENT SPECIFICATIONS**

Total number of family members that will be occupying your unit? \_\_\_\_\_

If more than 1 person, is a 1-bedroom unit acceptable? Yes / No

Are any family members smokers or have smoked in the past 12 months? Yes / No

Are you homeless? Yes / No

Have you recently been evicted? Yes / No

If yes, explain. \_\_\_\_\_

Are you currently living with family members and/or friends? Yes / No

If yes, explain. \_\_\_\_\_

Have you been displaced by a declared Natural Disaster (flood, hurricane, earthquake, etc.)? Yes / No

If yes, explain. \_\_\_\_\_

Have you been displaced due to domestic violence? Yes / No

If yes, explain. \_\_\_\_\_

Do any family members have a need for a dwelling unit with special features (handicap accessible) or a live-in aide due to a

Disability? Yes / No

**-If answered yes then the attached Reasonable Accommodation Form needs completed.**

Do any family members have a Pet or a Service Animal? Yes / No Pet / Service Animal

**If answered yes for a Service Animal then the attached Reasonable Accommodations Form needs completed.**

Type of Animal: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are any household members currently full-time students? Yes / No

If yes, explain. \_\_\_\_\_

Have any household members ever resided in Public Housing or Section 8 Programs? Yes / No

If yes, explain. \_\_\_\_\_

Have any household members ever been evicted or refused housing? Yes / No

If yes, explain. \_\_\_\_\_

Do any household members owe money to any Housing Authorities? Yes / No

If yes, explain. \_\_\_\_\_

Have any household members ever been convicted of a crime? Yes / No

If yes, explain. \_\_\_\_\_

Have any household members ever been convicted of a felony? Yes / No

If yes, explain. \_\_\_\_\_

Are any household members currently on parole or probation? Yes / No

If yes, explain. \_\_\_\_\_

Are any household members subject to a lifetime registration as a sex offender? Yes/ No

If yes, explain. \_\_\_\_\_

Are any household members' current users of controlled substances? Yes / No

If yes, explain. \_\_\_\_\_

Do any household members use tobacco products? Yes / No

If yes, explain. \_\_\_\_\_

Do any household members 'have a history with substance abuse requiring the intervention of treatment or law enforcement? Yes / No

If yes, explain. \_\_\_\_\_

**PERSONAL REFERENCES**

Persons who can verify your ability to pay your rent on time, get along with neighbors, and maintain your apartment in a clean and sanitary manner. Do not list family or any co-applicants.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you known them?: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long have you known them?: \_\_\_\_\_

**RENTAL HISTORY**

Your current Landlord's Name: \_\_\_\_\_

Your current Landlord's Address, City, State, Zip: \_\_\_\_\_

Your current Landlord's Phone Number: \_\_\_\_\_

If you have resided at your current residence for less than 3 years, please list your previous address

Physical Address, City, State, Zip: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

**CO-APPLICANT/SPOUSE INFORMATION**

First Name, Middle Initial & Last Name:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City and State of your Birth: \_\_\_\_\_

Sex: Male / Female                      Marital Status: Single / Married / Divorced / Widowed

Other Names Used (such as maiden name or previous married names):

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Current Physical Home Address, City, State, Zip: How long have you lived at this address?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the County you reside in: \_\_\_\_\_

Name, Address & Phone Number to your County's Local Law Enforcement Agency (police station, sheriff's station, etc.)

\_\_\_\_\_

Please list any additional household members on a separate sheet of paper and attach to your application.

**HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS**

Circle One	Who??	Type	Monthly Net Amount	Monthly Gross Amount
Yes No	_____	Social Security	\$ _____	\$ _____
Yes No	_____	SSI	\$ _____	\$ _____
Yes No	_____	Pension	\$ _____	\$ _____
Yes No	_____	VA Benefits	\$ _____	\$ _____
Yes No	_____	Employment	\$ _____	\$ _____
Yes No	_____	Misc/Other	\$ _____	\$ _____

Does any member of the household receive money from any organization or from someone outside the household to pay bills or living expenses? (i.e. Health & Human Services, SENCA, General Assistance, etc.) Yes / No

If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

NOTICE: If you are reporting that you have \$0.00 monthly income, an additional packet of paperwork must be requested, completed and submitted with the application.

**ASSETS FOR ALL HOUSEHOLD MEMBERS**

Circle One	Which applicant?	Asset Type	Amount/ Value	Bank/Institution
Yes /No	_____	Cash on Hand	\$ _____	_____
Yes/ No	_____	Checking Account(s)	\$ _____	_____
Yes/ No	_____	Savings Accounts(s)	\$ _____	_____
Yes/ No	_____	Life Insurance	\$ _____	_____
Yes/ No	_____	Misc/Other	\$ _____	_____

**REAL ESTATE OWNED BY ANY MEMBER OF HOUSEHOLD**

Legal description of Real Estate & Address:

\_\_\_\_\_

Current Value \$ \_\_\_\_\_ Current Debt \$ \_\_\_\_\_

Have you disposed of any assets/real estate for less than Market Value during the past two (2) years? Yes / No

Item: \_\_\_\_\_ Date disposed of: \_\_\_\_\_

Fair Market Value at time of disposal \$ \_\_\_\_\_ Sale Price Received \$ \_\_\_\_\_

**BUSINESS CREDIT REFERENCES**

Minimum of three (3) are required to be listed - examples include utility companies, cell phone provider, credit cards, car payments, mortgage company.

Do not list current Landlord as a reference.

Name of Business Number	Address of Business	Phone
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\_\_\_\_\_

\_\_\_\_\_

**MEDICAL EXPENSES FOR ALL HOUSEHOLD MEMBERS**

Persons qualifying under the classification of elderly (age 62 and up) and/or disabled (receiving SSI) are allowed a percentage of their out-of-pocket medical expenses to be deducted from their annual income.

Do you pay Medicare premiums? Yes/ No

Monthly Amount: \$ \_\_\_\_\_

Do you pay premiums for a Medicare Prescription Drug Plan? Yes / No

Monthly Amount: \$ \_\_\_\_\_

Do you pay premiums for any additional health care coverage? Yes / No

Monthly Amount: \$\_\_\_\_\_

Do you pay money out of your pocket for services rendered at the physician's office? Yes / No

Do you pay money out of your pocket for prescriptions at the drug store? Yes / No

Do you pay money out of your pocket for services rendered at the hospital? Yes/ No

Do you pay money out of your pocket for services rendered for any other medical provider?

Yes / No

In the space provided below, please make a list of providers whom you have experienced medical expenses for in the past calendar year.

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**In the event of an emergency, the Applicant and/or Co-Applicant desire the following person(s) to be contacted if possible:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

**APPLICANT/PARTICIPANT CERTIFICATION**

I/We certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified.

I/We authorize the release of information to Nebraska City Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/We understand that any false statement made on this application will cause me/us to be disqualified for admission.

_____	_____
Signature of Head of Household/Applicant	Date
_____	_____
Signature of Co-Applicant/Spouse	Date
_____	_____
Signature of Additional Adult Household Member	Date



**PLEASE READ**

**The following documentation must be attached to the application; incomplete applications will not be processed:**

- \* Driver's License or State Photo I.D. for all household members age 18 years and up**
- \* Social Security Cards for all household members**
- \* Birth Certificate for any household members under the age of 17**
- \* Proof of Income for all household members**
- \* Any additional documentation requested upon answering specific questions in application**

**To be qualified for admission to public housing an applicant must:**

- \* Be a family as defined in NCHA's Admission and Continued Occupancy policy;**
  - \* Meet the HUD requirements on citizenship or immigration status;**
  - \* Have an Annual Income at the time of admission that does not exceed the income limits established by HUD;**
  - \* Provide documentation of Social Security numbers and state photo ID for all family members, or certify that they do not have Social Security numbers;**
  - \* Meet or exceed the Applicant Selection criteria;**
  - \* Pay any money owed to NCHA or any other housing authority;**
  - \* Not have had a lease terminated by any Public Housing Authority in the past three (3) years;**
  - \* Be able and willing to comply with the Public Housing Lease;**
  - \* Meet the screening requirements related to criminal activity and drug and alcohol abuse; and**
  - \* Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.**
- Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type, size, and admission preference. Each applicant who meets the above qualifications will receive one unit of the appropriate size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, does not respond to letters sent by NCHA, or does not notify us of address changes, the application will be withdrawn from the waiting list and the applicant will need to reapply.**

**AT ANY TIME NEBRASKA, CITY HOUSING AUTHORITY (NCHA) may deny housing to an applicant if:**

- \* Any household member has a history of criminal activity involving crimes of physical violence against persons or**

**Property and any other criminal activity including drug-related criminal activity that would adversely affect the health,**

**safety, or well-being of other tenants or staff or cause damage to the property**

**\* Any household member has committed fraud, bribery or any other corruption in connection with any Federal housing**

**Assistance program, including the intentional misrepresentation of information related to their housing application or**

**Benefits derived there from**

**\* Any household member has been convicted of manufacturing or producing methamphetamine**

**\* Any household member has a lifetime registration under a State Sex Offender program**

**\* Any household member has ever been evicted from Public Housing or Section 8 programs**

**\* Any household member owes money to another Public Housing or Section 8 program**

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF**

**A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY**

**DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**We do not discriminate on the basis of race, color, religion, sex, familial status, national origin, disability, age, sexual preference, or on the grounds that a person is a victim of domestic violence, dating violence, or stalking.**

**The information requested on this form is being collected in connection with regulations of NCHA, and authorized by the U.S. Department of Housing and Urban Development to determine an applicant's initial eligibility, apartment size, and the amount of rental contribution by the Client. The information will be used to adequately manage the program(s), to protect the United States Government and NCHA'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.**

**If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-669-9777.**

**Nebraska City Housing Authority is an Equal Housing Opportunity Provider.**

### Nebraska City Housing Authority Reasonable Accommodations

Name of family member with a special housing need:

\_\_\_\_\_

Nature of need:

- A barrier-free apartment (wheel chair accessible)
- Unit for vision-impaired
- Live-In Aide
- Unit for hearing-impaired
- Service Animal
- Other modification to unit

Please explain in detail the nature of your need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address and Phone Number of your Physician and Facility whom can verify and provide documentation of medical necessity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we hereby authorize the release of the below requested information:

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

***The information below is to be completed by the physician.***

The above-named person is applying for admission to Public Housing and has submitted this Request for Reasonable Accommodations.

We need your assistance in providing proof that the accommodations are of a medical necessity.

Please do not provide any information

about the nature or extent of the applicant's disability, simply indicate whether, in your professional judgment, the applicant needs the above

feature(s) in an apartment. Please return this form to Nebraska City Housing Authority. Your prompt return would expedite processing

and be greatly appreciated.

1. Does the person named above pose a direct threat to the health and safety of other individuals or result in substantial

physical damage to the property of others? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Can the threat be eliminated or significantly reduced by the medical or supportive service provider's treatment and monitoring? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

## THINGS YOU SHOULD KNOW

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***Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and re-certification forms.***

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**Purpose:** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties for Fraud:** The United States Department of Housing and Urban Development (HUD) places a high priority on **Committing and preventing fraud**. If your application or re-certification forms contain false or incomplete information,

you may be:

Evicted from your apartment or house

Required to repay all overpaid rental assistance you received

Fined up to \$10,000

Imprisoned for up to 5 years

Prohibited from receiving future assistance

Your state and local governments may have other laws and penalties as well.

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**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

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**Completing the application** When you give your answers to application questions, you must include the following information:

All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pensions, etc.)

Any money you receive on behalf of your children (child support, social security for children, etc.)

Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from

stocks, etc.)

Earnings from a second job or part-time job

Any anticipated income (such as a bonus or pay raise you expect to receive)

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**Assets:** You must provide updated information, no older than 120 days.

All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you. Any business or asset you sold in the last two (2) years for less than its full value such as your home to your children. The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application:** Do not sign any form unless you have read it, understand it, and are sure that everything is complete and accurate.

When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.

Information you give on your application will be verified by your housing agency, in addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

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**Re-certifications:** You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms: All income changes, such as pay increases or benefits, change of jobs, loss of jobs, loss of benefits, etc. for all adult family/household members any family/household member who has moved in or out All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

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**Beware of Fraud:** You should be aware of the following fraud schemes:

Do not pay any money to file an application

Do not pay any money to move up on the waiting list

Do not pay for anything not covered by your lease

Do Get a receipt for any money you pay

Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

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**Reporting Abuse:**

If you are aware of anyone who has falsified an application or if anyone tries to persuade you to make false statements,

report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the

HUD Office of Inspector General (OIG) Hotline at 1-800-347-3735. You can also write to: HUD-OIG HOTLINE, (GFI)

451 Seventh Street, S.W., Washington, DC 20410.

HUD-1140\_OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

**APPLICANTS:**

**The undersigned acknowledges having received the Things You Should Know Statement of Family Obligations briefing.**

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**Signature**

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**Date**

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**Additional Adult Signature**

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**Date**

U.S. Department of Housing and Urban Development      Office to Public and Indian Housing

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995,) the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "X" in the appropriate boxes. Sign and date. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

**DECLARATION OF CITIZENSHIP SECTION 214 STATUS**

**NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S.

Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an Immigration lawyer or other immigration expert of your choosing.

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

**FAMILY MEMBER NO. 1**

I, \_\_\_\_\_, certify under penalty of perjury, that, to be best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under #1001(a)(15) or 101(a)(20) of the INA
  - Permanent residence under #249 of INA
  - Refugee, asylum or conditional entry status under #207, 208, or 203 of the INA
  - Parole status under #212(d)(f) of the INA
  - Threat to life of freedom under #243(h) of the INA
  - Amnesty under #254 of the INA

\_\_\_\_\_  
Signature -

\_\_\_\_\_  
Date

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_

Date \_\_\_\_\_

**FAMILY MEMBER NO. 2**

I, \_\_\_\_\_, certify under penalty of perjury, that, to be best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS

document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under #1001(a)(15) or 101(a)(20) of the INA
- Permanent residence under #249 of INA
- Refugee, asylum or conditional entry status under #207, 208, or 203 of the INA
- Parole status under #212(d)(f) of the INA
- Threat to life of freedom under #243(h) of the INA
- Amnesty under #254 of the INA

\_\_\_\_\_  
 Signature - \_\_\_\_\_ Date \_\_\_\_\_  
 HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY MEMBER NO. 3**

I, \_\_\_\_\_, certify under penalty of perjury, that, to be best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS

document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under #1001(a)(15) or 101(a)(20) of the INA
- Permanent residence under #249 of INA
- Refugee, asylum or conditional entry status under #207, 208, or 203 of the INA
- Parole status under #212(d)(f) of the INA
- Threat to life of freedom under #243(h) of the INA
- Amnesty under #254 of the INA

\_\_\_\_\_  
 Signature - \_\_\_\_\_ Date \_\_\_\_\_  
 HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY MEMBER NO. 4**

I, \_\_\_\_\_, certify under penalty of perjury, that, to be best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations).

Attach INS

document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under #1001(a)(15) or 101(a)(20) of the INA
- Permanent residence under #249 of INA
- Refugee, asylum or conditional entry status under #207, 208, or 203 of the INA
- Parole status under #212(d)(f) of the INA
- Threat to life of freedom under #243(h) of the INA
- Amnesty under #254 of the INA

Signature - \_\_\_\_\_

\_\_\_\_\_ Date

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208, or 203 of the INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]); or as a result of being granted conditional entry under



203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a) [amnesty granted under INA 245(a)].

**RELEASE OF INFORMATION FOR BACKGROUND CHECKS**

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, Nebraska City Housing Authority wishes to avoid admitting a family member who is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

I/We understand that I/we am/are subject to a criminal and credit background check in order to qualify for housing by the Nebraska City Housing Authority. I/We understand that this is a requirement of Public Housing and failure to give consent will result in the denial of my/our application. I/We hereby authorize the release of information requested.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

## Authorization for the Release of Information/ Privacy Act Notice

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Nebraska City Housing  
200 N. 3rd  
Nebraska City, NE 68410

07/07/2021

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

XX XX  
XX XX  
XX XX  
XX  
XX XX  
XX XX  
XX XX

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.  
**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

	Date			
Head of Household				
Social Security Number (if any) of Head of Household				
Spouse				
Other Family Member over age 18				
Other Family Member over age 18				

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.