

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 FILL OUT COMPLETLEY** 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, sherrif'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
Phone Number

Address of Business

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.

CONTACTS: (FOR EMERGENCY AND/OR LEASE NON-COMPLIANCE)

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**

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

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.

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.

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.

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)

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.

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.

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.

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)

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.

Signature

Date

Additional Adult Signature

Date

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS: Public Housing (24 CFR 960) Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982) Section 8 Moderate Rehabilitation (24 CFR 882) Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damage, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of

participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

Form HUD-52675
26-Apr-10
Expires 04/30/2013

OMB. No 2577-0266

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.

4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported Information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the Information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This notice was provided by the below-listed PHA:

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

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:

Signature -

Date

Additional Adult Signature -

Date

26-Apr-10

Form HUD-52675

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: _____