

OAKLAND HOUSING AUTHORITY

100 N AURORA AVE
 OAKLAND, NEBRASKA 68045
 Telephone (402) 685-5440
 Fax (402) 685-5440
 Email: oakhousauth@abbnebraska.com

PLEASE LEAVE BLANK FOR OAKLAND HOUSING AUTHORITY USE ONLY:

Date _____	Landlord _____
Time _____	Credit Check/Criminal History ____/____

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Driver's License No. & State _____

No. of Bedrooms in current unit _____

Bedroom Size Requested: One Bedroom _____

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Driver's License No. & State _____

No. of Bedrooms in current unit _____

Two Bedroom (minimum 2 people) _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Provide the following information for all persons who will be members of the household (including yourself and co-applicant). You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign the last page certifying the information pertaining to them.

Member's Full Name	Relationship	Birth Date	Age	Sex	Social Security Number	Full Time Student	Who Claims this person as a dependent

Does anyone live with you now who is not listed above? Yes No

Have you or any other adult member ever used any name(s) or Social Security number(s) other than you are currently using? Yes No If yes, explain _____

Does anyone plan to live with you in the future who is not listed above? Yes No

Have any of the applicants been students in the past 12 months? Yes No
 If yes, When _____ Where _____

Are any of the applicant's current students or planning on becoming a student in the next 12 months? Yes No

If yes, When _____ Where _____

If any of the applicants are students, have the applicants filed a joint tax return for Federal Income Tax purposes? Yes No

Have you or any member of your family lived in assisted housing? Yes No

If yes, When _____ Where _____

Also, if yes, did you leave owing any monies for damages, past due rent or late charges in the assisted housing?
Yes No

Have you ever been requested to repay money for knowingly misrepresenting information or committed any fraud in a Federally assisted housing program? Yes No

If yes, explain _____

Are you currently without housing or about to be without housing? Yes No

If yes, explain _____

Have you or anyone listed on this application engaged in drug related criminal activity or violent criminal, including criminal activity by any family member as defined below? Yes No

If yes, explain _____

DRUG-RELATED CRIMINAL ACTIVITY MEANS ONE OF THE FOLLOWING:

- (A) The felonious manufacture, sale, or distribution, or the possession with intent to manufacture, sell, or distribute, of a controlled substance, except that such use before the date that the PHA provides notice to an applicant or participant, under 887.405, of the PHA's determination to deny admission or terminate assistance. Drug-related criminal activity does not include this use of possession, if the family member can demonstrate that he or she:
- 1) has an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; and
 - 2) has recovered from such addiction and does not currently use or possess controlled substances.

VIOLENT CRIMINAL ACTIVITY includes any felonious criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

FELONIOUS means that the criminal activity is classed as a felony under Federal, State, or local law.

Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? Yes No

If yes, has that person(s) successfully completed a controlled substance abuse recovery program or is presently enrolled in such a program? Yes No

Name of Program _____ (Provide a copy of certification of completion)

Have you or any member of your household been convicted of a felony? Yes No

If yes, please explain _____

Have you or any member of your household been convicted of any crime involving physical violence to persons or property at any time, including any form of sexual assault, rape, or sexual contact? Yes No

If yes, please explain _____

Are you or any member of your household required to register your address or other information pursuant to a Sex Offender Registration Law of any state? Yes No

If yes, please list each State and explain the reason for the registration requirement _____

Are you Applying for status as an "Elderly Household" where the tenant or co-tenant is 62 or older or disabled as defined by Rural Development? Yes No

If yes, do you realize you will be eligible for a \$400 and medical deduction? Yes No Please realize that your eligibility must be verified.

Is any household member disabled? Yes No If yes, name of disabled member _____

Do you have a Guardian or a Conservator? Yes No Name _____

Has or is anyone in the household Military Service/Veteran? Yes No If yes, name of member _____
Period of Service _____ to _____

Are you a smoker? Yes No

Do you own any pets Yes No If yes, describe _____

Are you separated? _____ Are you divorced? _____ If separated or divorced, fill in the information of spouse/ex-spouse below if known:

Name: _____

Address: _____

Name: _____

Address: _____

Social Security #: _____

Social Security #: _____

RENTAL HISTORY
list years of consecutive landlord history
 attach additional sheets if necessary

Applicant	Co-Applicant
Current Landlord _____	Current Landlord _____
Landlord Phone Number _____	Landlord Phone Number _____
Landlord Address _____	Landlord Address _____
Rental Address _____	Rental Address _____
How long have you rented here _____	How long have you rented here _____
Present monthly rent _____	Present monthly rent _____
Date of Occupancy _____	Date of Occupancy _____

Previous Landlord _____	Previous Landlord _____
Landlord Phone Number _____	Landlord Phone Number _____
Landlord Address _____	Landlord Address _____
Rental Address _____	Rental Address _____
How long have you rented here _____	How long have you rented here _____
Monthly rent _____	Monthly rent _____
Date of Occupancy _____	Date of Occupancy _____

Previous Landlord _____	Previous Landlord _____
Landlord Phone Number _____	Landlord Phone Number _____
Landlord Address _____	Landlord Address _____
Rental Address _____	Rental Address _____
How long have you rented here _____	How long have you rented here _____
Monthly rent _____	Monthly rent _____
Date of Occupancy _____	Date of Occupancy _____

Are you being evicted? Yes No
 If yes, why? _____

Have you ever been evicted? Yes No
 If yes, when? _____ Where _____ Why _____

Have you ever received housing assistance from the Department of Housing and Urban Development (HUD), USDA Rural Development or a Local Housing authority? Yes No
 If yes, when? _____ Where _____

ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

Applicant	Co-Applicant
Employer Name _____	Employer Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Rate per Hour _____ Hours per Week _____	Rate per Hour _____ Hours per Week _____
Annual Income _____	Annual Income _____
How long employed at this job? _____	How long employed at this job? _____

Other Income

Source	Monthly Amount-Applicant	Monthly Amount Co-Applicant	Annual Amount (Applicant)	Annual Amount (Co-Applicant)	Where Source is Located – County
Social Security					
SSI					
Welfare (AFDC)					
Child Support					
Alimony					
Unemployment Benefits					
Disability Benefits					
Pensions					
Veterans Benefits					
Full Time Student Income					
Bank Interest					
Income from Assets					
Other Income					
Total Gross Annual Income					

Please provide documentation of your income from sources other than an employer.

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If yes, please explain _____

Do you expect to receive any other income in the next 12 months? Yes No

If yes, from what source? _____

Assets

List assets for all household members

Cash on Hand \$ _____	Other:
Checking Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____	Savings Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____
Money Market Account: Amount \$ _____ Account # _____ Financial Institution _____ Address _____	Annuity Accounts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____
Certificates/CDs: Amount \$ _____ Account # _____ Financial Institution _____ Address _____	IRA Accounts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____
Revocable Trusts: Amount \$ _____ Account # _____ Financial Institution _____ Address _____	Bonds (any type): Amount \$ _____ Account # _____ Financial Institution _____ Address _____

Do you or any household member own any Real Estate? Yes No If yes

Address _____ Market Value _____

_____ Debt Owed _____

Amount of Annual Insurance Premium \$ _____ Amount of Most Recent Tax Bill \$ _____

Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats etc.)? Yes No

If yes, from what source? _____

MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Child Care: complete **ONLY** for children 12 and younger paid for by the applicant

Provider Name _____
Address _____ City _____ State _____ Zip _____
\$ _____ Per week How many weeks per year _____

Projected Medical Expenses for 12-month period (complete this part **ONLY** if Head of Household or Co-Tenant is 62 or older, or disabled)

Do you or any member of your household claim handicapped or disabled status for eligibility purpose? Yes No

Do you have medical bills on which you are paying on a regular basis? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

Do you receive assistance through the Medicaid program (Health and Human Services/Social Service Office)? Yes No If yes, please attach any letter you have received from Health and Human Services/Social Services regarding an amount you have to pay before Medicaid will pay your medical expenses.

Medicare Premiums \$ _____

Medical (Health) Insurance Coverage \$ _____ Name & Address of Insurance Company _____

Physician Name & Address _____

Pharmacy Name & Address _____

Medical Bills or outstanding costs you are making Monthly Payments for: _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables disabled applicants or other in the household to work. Complete **ONLY** if Disabled Expenses allow someone in the household to work.

List Type of Expenses, Weekly Amount, Paid to whom:

List any cars, trucks or other vehicles owned by you. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle)

Year _____ Make _____ Model _____ Color _____ License No. _____

Year _____ Make _____ Model _____ Color _____ License No. _____

References

Please provide the name, address, and telephone number of three personal references (credit, educational, professional, non-family or friends)

Applicant	Co-Applicant
Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____

Signature and Consent

I/We hereby certify that the housing that I/We am applying for will be my/our permanent residence and I/We will not maintain a separate subsidized rental unit in a different location. I/We understand that I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on HUD income limits and by the properties selection criteria. I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We do hereby authorize release of any information contained herewith to determine my/our eligibility for this house. I/We do hereby authorize representatives of the property to contact any agencies, police departments, offices, groups or organization to obtain and verify any information or materials, which are deemed necessary to complete my/our application for housing. I/We further agree to release and hold harmless the landlord from any damages or liability resulting from the use of such information. I/We further acknowledge that any material false statement or misrepresentation in this Application shall constitute the basis for termination of the Lease Agreement, which shall require the Applicant(s) to immediately vacate the apartment unit without the right to cure.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

APPLICANT(S)/TENANT(S) STATEMENT:

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

Applicant's Signature _____ Date: _____
 Co-Applicant's Signature _____ Date: _____

Race: (Optional)

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> |

Ethnic Group: (Optional)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Non-Hispanic or Latino |
|---|---|

Gender

- | | | | |
|-------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Male | | | <input type="checkbox"/> Female |
|-------------------------------|--|--|---------------------------------|