

# Cambridge Housing Agency

209 Nelson St. #1, Cambridge, NE 69022 308-697-3819

## Verification Checklist

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Applicant's Name

Date

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- \_\_\_\_\_ 1. A minimum of 3 current paystubs
- \_\_\_\_\_ 2. If you do not have paystubs, a signed and dated note from your employer with rate of regular pay, over time pay, and hours per week that you normally work.
- \_\_\_\_\_ 3. If self-employed, your Federal Income Tax return
- \_\_\_\_\_ 4. Social Security Card(s). We can temporarily use a tax return, Military ID or other proof of SSN.
- \_\_\_\_\_ 5. Proof of other income. Examples would be Social Security, SSI, Unemployment, Veteran's Benefits, TANF (ADC) – Award Letter, Child Support and Alimony – court order or we can verify Nebraska payments, Pension – copy of the check or automatic deposit document, Federal Grants and Loans for college – FAFSA or we can verify
- \_\_\_\_\_ 6. Proof of assets. Such as checking, savings, stocks, bonds, CD's, & retirement accounts
- \_\_\_\_\_ 7. Proof of Real Estate – County Tax Statement. If you rent the property to someone, we need proof of the income and expenses for the property
- \_\_\_\_\_ 8. Proof of Life Insurance – the policy or the company name, address, and account numbers so we can verify
- \_\_\_\_\_ 9. Proof of any assets sold, traded, or given away for less than the fair market value in the last 2 years
- \_\_\_\_\_ 10. Birth Certificate, or another document such as a crib card from the hospital that proves citizenship or legal immigration status, for each family member
- \_\_\_\_\_ 11. If you are 62 or older or disabled, medical expenses may be deductions to your income. Provide names and addresses of all providers of insurance, prescriptions, doctors, hospitals, etc. for verification
- \_\_\_\_\_ 12. Proof of child/dependent care expenses that you pay for while you work, attend school, or other training
- \_\_\_\_\_ 13. Housing will run Criminal Records or Fingerprint Cards
- \_\_\_\_\_ 14. Other \_\_\_\_\_



**FOR PHA USE ONLY**

Date/Time: \_\_\_\_\_ Application Number: \_\_\_\_\_

**CAMBRIDGE HOUSING AGENCY APPLICATION  
FOR RENTAL ASSISTANCE**

This form must be completed in **YOUR OWN HANDWRITING**. You must use the correct **Legal Name** for each member of your household as it appears on their **Social Security Card**.

**\*\*\*\*\*ALL ADULTS 18 YEARS AND OLDER MUST SIGN THIS FORM\*\*\*\*\***

Applicant Name: \_\_\_\_\_ Any Other Name Used: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

LIST NAMES, ADDRESSES & PHONE NUMBERS OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU.

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL INFORMATION**

Race (Check all that applies):  White (Non Hispanic)  Black (Non-Hispanic)  Hispanic  American Indian or Alaskan Native  Asian or Pacific Islander

Head is (Circle One): 0= Non Elderly 1= 62 or Older 2= Disabled/Handicapped  
Spouse or Co-Head is (Circle One): 0= Non Elderly 1= 62 or Older 2= Disabled/Handicapped

Does anyone in the household have a person/attorney who is designated as your Conservator, Guardian or Power of Attorney?  Yes  No If yes, list their name, address & telephone number: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List the Head of Household and all other members who will be living in the home. Give the relationship of each family member to the head. List all adults, 18 years or older in the household first, followed by children living with you in the home. INCLUDE UNBORNS with their due date.

**SOCIAL SECURITY CARDS MUST BE PROVIDED FOR ALL HOUSEHOLD MEMBERS**

MEMBER FULL NAME	DATE OF BIRTH	RELATIOSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	PLACE OF BIRTH (City and State)
Head		SELF		
2.				
3.				
4.				
5.				
6.				
7.				
8.				



Do you have Life Insurance?  Yes  No Policy #s \_\_\_\_\_

Name and address \_\_\_\_\_

Do you or any household member own a house or other real estate, or mobile home? Do you have any personal property held as an investment such as gems, jewelry, coin collection, antique cars, boats etc.?  Yes  No  
If yes, what: \_\_\_\_\_

Have you or any other household member sold any home or real estate in the past two years?  Yes  No  
If yes, please explain: \_\_\_\_\_

Have you sold or given away any assets or monies in bank accounts in the past two years?  Yes  No  
If yes, please explain: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Please list name(s) of absent parent(s) of your child/children as follows:

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Are you or any household member a student or enrolled in an institution of higher education? (college, trade school, etc.)  Yes  No Name of school and address \_\_\_\_\_

Have you or any member of the household ever been charged or convicted of ANY crime other than a traffic violation? Yes  No  What charge, when, where? \_\_\_\_\_

Is a household member subject to a lifetime sex offender registration requirement in ANY state? Yes  No   
If yes, explain: \_\_\_\_\_

We need you to list ALL states that each family member has resided in as adults. \_\_\_\_\_

**RENTAL INFORMATION**

Have you or any household member lived in or been assisted with any type of assisted housing? Yes  No   
If yes, list where and when: \_\_\_\_\_

If you answered yes to the question above, did you leave owing them money for damages, past due rent or late charges, etc.? Explain: \_\_\_\_\_

Present Landlords Name & Address: \_\_\_\_\_

Present amount you pay for rent: \_\_\_\_\_ #of Bedrooms: \_\_\_\_\_ Utilities \_\_\_\_\_

Names and Addresses of two previous Landlords: \_\_\_\_\_

FAMILIES WITH CHILD CARE EXPENSES

Who do you pay to watch your children? Please include address and phone number.

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If the Department of Health and Human Services or an absent parent or ANY other party pays for any portion of your child care expenses, please list them, the amount they are paying and the amount you pay.

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**Complete the following section ONLY IF you have family members who are ELDERLY, HANDICAPPED, OR DISABLED IF NOT SKIP THIS SECTION**

Do you or any member of your household qualify for a unit with handicap accessibility? Yes  No

Are there any special housing requirements or reasonable accommodations necessary? Yes  No

What accommodations do you need: \_\_\_\_\_

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or for someone else in the family to work? If yes, please explain: \_\_\_\_\_

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1. Do you have Medicare? Yes  No

2. Do you receive any medical assistance through Dept. of Health and Human Services? Yes  No

3. Do you have medical expenses that you pay on a regular basis? Yes  No

**If you pay for a health insurance plan; If you have paid a Doctor for any medical, vision or dental appointments in the past 12 months; If you have prescriptions you have paid for; AND you are Elderly, Handicapped, or Disabled:**

**List all Health, Vision, and Dental Care providers you have paid and include addresses:**

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**APPLICANT CERTIFICATION**

**CERTIFIED STATEMENT:**

The information requested on this application is being collected in connection with regulations of the Cambridge Housing Agency of Cambridge, NE, authorized by the United States Department of Housing and Urban Development to determine an applicant's initial eligibility; the unit size, and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s) for the United States Government and the Housing Agency of Cambridge, NE financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies: when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay or rejection of eligibility approval, or subsequent determinations that initially approved eligibility was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing Community Development Amendments of 1981, P.L. 97-35, 85 Statute, J48, 408.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULANT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**I/We hereby swear and attest that all the information above about myself and all members of the household are true and complete. I/We understand that all changes of income for any family member need to be reported to the Cambridge Housing Agency IN WRITING IMMEDIATELY. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT:** If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 669-9777



In accordance with Federal law and U.S. Department of Agriculture policy, this Institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, marital/familial status.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**CAMBRIDGE HOUSING AGENCY  
209 NELSON ST. #1  
CAMBRIDGE, NEBRASKA 69022  
PHONE: (308) 697-3819  
FAX: (308) 222-1010**

**CONSENT TO RELEASE INFORMATION**

I hereby give authorization to release any and all information and documentation necessary to determine eligibility and continued eligibility for housing assistance through the Cambridge Housing Agency. Information requested includes but may not be limited to:

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A photo or facsimile copy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original. I have read the above and do understand and agree to the release of this information.

The applicant/tenant does not have to sign the consent form if it is not clear who will provide the information or who will receive the information.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signed (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (Spouse)

\_\_\_\_\_  
Date

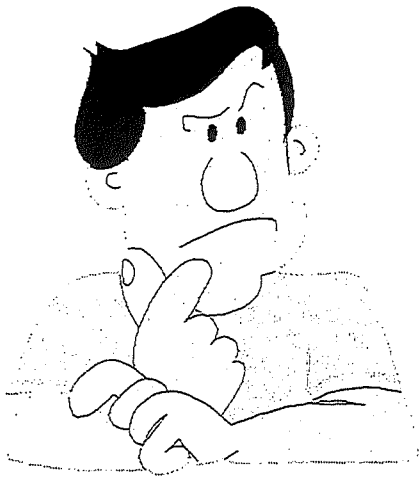
\_\_\_\_\_  
Signed (Other Adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Housing Agency Staff

\_\_\_\_\_  
Date

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208(a) (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).\*\*



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410