

II. EMPLOYMENT

Attach additional pages if needed

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

Family Member _____

Source/Company _____

Income Amount _____

Position _____

Income Per ___ Hour ___ Week ___ Month ___ Year

Address _____

Hours Per Week _____

City, State, Zip _____

How long have you worked here/received this income _____

Telephone _____

Start Date _____ End Date _____

Family Member _____

Source/Company _____

Income Amount _____

Position _____

Income Per ___ Hour ___ Week ___ Month ___ Year

Address _____

Hours Per Week _____

City, State, Zip _____

How long have you worked here/received this income _____

Telephone _____

Start Date _____ End Date _____

Family Member _____

Source/Company _____

Income Amount _____

Position _____

Income Per ___ Hour ___ Week ___ Month ___ Year

Address _____

Hours Per Week _____

City, State, Zip _____

How long have you worked here/received this income _____

Telephone _____

Start Date _____ End Date _____

III. INCOME

TYPE	WHO RECEIVES INCOME	AMOUNT	HOW OFTEN PAID OR RECEIVED	
Child Support/Alimony			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Disability, Death Benefits or Life Insurance Dividends			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Net Income from a Business, Rental property or Self Employment			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Pensions, Retirement Funds and Annuities			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Public Assistance (ADC, AABD, TANF)			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Social Security			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Supplemental Social Security (SSI)			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Unemployment Compensation			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Veterans Benefits			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Workers Compensation			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Other			Yearly___ 2 times per month ___ Weekly___	Monthly___ Bi-Weekly___
Educational grants or scholarship (for example: Pell)			Yearly___ Quarterly___	Monthly___ 2 times per year___

IV. ASSETS

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

Do you or does anyone in your household have:

YES NO	TYPE	NAME ON ACCOUNT	BANK/SOURCE	ACCOUNT#	CASH VALUE
[] []	CHECKING ACCOUNT				\$
					\$
[] []	SAVINGS ACCOUNT				\$
					\$
[] []	CERTIFICATES OF DEPOSIT				\$
					\$
[] []	ANY STOCKS, BONDS OR MUTUAL FUNDS				\$
					\$
[] []	RETIREMENT				\$
					\$
[] []	OTHER				\$
					\$

YES NO

[] [] Do you own a home, any Real Estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? Cash Value \$ _____

[] [] Have you sold or given away any assets within the last two years for less than Fair Market Value? _____

V. RENTAL HISTORY

Attach additional pages if needed

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

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

VI. OTHER INFORMATION

YES NO

1. Have you or has anyone in your household ever received rental assistance or paid rent based on income?
 What name was used by the person receiving assistance? _____
 Address: _____ City _____ State _____
 When: Month _____ Day _____ Year _____
 Name of Housing Agency _____
 Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to re-certify? If yes, please explain _____
2. Have you or has anyone in your household applied or rented with the Lincoln Housing Authority?
 When: Month _____ Day _____ Year _____
 What name was used on the application? _____
 What name was used and/or who was the Head of Household? _____
 When: _____ Address _____
3. Have you or has anyone in your household ever been evicted?
 When: _____ Why _____ Address _____
 Name of Landlord _____
4. Have you or has anyone in your household ever been charged with, or convicted of a crime? Use note area at end of application if needed to list more than one.
 a. Who was charged or convicted? _____
 b. What crime was the charge or conviction for? _____
 c. When was the charge or conviction? Month _____ Year _____
 d. Where did it occur? City _____ County _____ State _____
 e. Were any of the crimes drug related? If yes, explain _____
5. Do you have full custody of your child(ren)?
 Explain the custody arrangements, where the children are living, and with whom they are living: _____
6. Do you declare a disability for the purposes of eligibility? Some programs have preferences for persons with disabilities. You are under no obligation to declare this. If yes, provide name and address of doctor who can verify your disability _____
 Would you or any members of your household benefit from a handicapped-accessible unit?
 Explain: _____
7. Do you have a pet?
 How many: _____ Type/breed and weight: _____
8. Do you or does anyone in your household own a vehicle? If yes, model &/year _____
 License plate number: _____

VII. RIGHTS AND RESPONSIBILITIES

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

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

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

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

I/We authorize you to verify the above information through a consumer reporting agency. This agency is Tenant Data Services, Inc. (1-800)228-1837. The function of this agency is to track and maintain records such as your resident conduct and personal credit history. Tenant Data Services, Inc. will also obtain a credit report on all applicants for Lincoln Housing Authority owned/managed properties.

AUTHORIZATION TO RELEASE INFORMATION

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

Any individual or organization, including any governmental agency may be asked to release information. For example, information may be requested from: Banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, Veterans Affairs, welfare agencies, utility companies, unemployment compensations, pension/annuities, child care providers and the US Post Office.

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

SIGNATURE OF HEAD OF HOUSEHOLD

PRINT NAME

DATE

SIGNATURE OF SPOUSE/CO-APPLICANT

PRINT NAME

DATE

SIGNATURE OF OTHER ADULTS/CO-APPLICANT

PRINT NAME

DATE

EMERGENCY CONTACT PERSON:

Name: _____

Relationship: _____

Address: _____
Street City State Zip Code

Phone number: _____
(Include Area Code)

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