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www.yorkhousingauthority.org

INSTRUCTIONS & QUALIFICATIONS FOR NEW APPLICANTS

Keep the "Instruction & Qualification" forms and the "Applying for HUD Housing Assistance" forms for your own information. They explain how the housing programs work.

Please complete the rest of the application as fully as possible and return them to our office. You will be given an appointment when your name reaches the top of our waiting list.

When you come for your appointment you will need to bring:

- Social Security Cards for all family members
- Birth Certificates for all family members
- Photo ID for all adults
- Proof of income (social security, wages, etc)
- Your latest bank statement
- Most Recent Tax Return

If you do not have these items please make arrangements to have them by the time of your appointment. This will help the application process go faster. These items are required before your assistance can begin.

PUBLIC HOUSING (North Building)

Income limits may not exceed:

Family of one\$49,700.00
 Family of two\$56,800.00

SECTION 8 NEW CONSTRUCTION (South Building)

1. At least 62 years old
2. Disabled
3. Handicap

Income limits may not exceed:

Family of one\$49,700.00
 Family of two\$56,800.00

HOUSING CHOICE VOUCHER (Rental assistance)

Income limits for York County may not exceed:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$31,050	\$35,500	\$39,950	\$44,350	\$47,900	\$51,450

Income limits for the town of Stromsburg may not exceed:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$31,650	\$36,150	\$40,650	\$45,150	\$48,800	\$52,400



INSTRUCTIONS & QUALIFICATIONS FOR NEW APPLICANTS

STEPS FOR HOUSING CHOICE VOUCHER ASSISTANCE

1. Fill out and return the application to the YHA office.
2. Upon receiving the application, name is placed on the Wait List. At any point, if any data on the application changes, please notify the YHA office.
3. As applicant is closer to the top of the Wait List, applicant will receive a phone call or letter of date and time of initial interview. All applicants who fail to keep a scheduled interview without good cause will be removed from the Wait List.
4. After the initial interview and all verifications are returned, eligibility is documented and approved (or not approved).
5. When the family is approved, an appointment will be scheduled to explain how the program works. In order to receive a voucher the family is required to attend the briefing. If they cannot attend the originally scheduled briefing, they may attend a later session. If the family fails to attend two briefings without good cause, they will be denied admission.
6. Return the "Request for Lease Approval" with an **unsigned** lease. An inspection of the prospected rental unit will be set up.
7. Unit selected passes inspection.
8. Leases, HAPS and other documents are signed.



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!

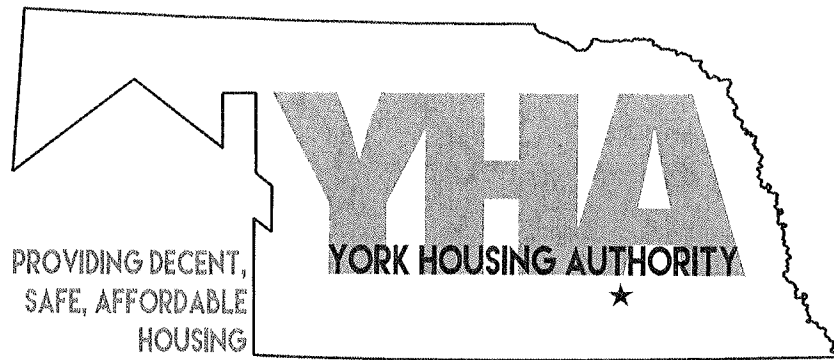
- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required 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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



215 N. Lincoln Ave., York, NE 68467

Phone: 402-362-5900 Fax: 402-362-1557

TDD: 402-362-5900

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APPLICATION

for

PUBLIC HOUSING

for

SECTION 8 NEW CONSTRUCTION

for

HOUSING CHOICE VOUCHER

How did you find us?

Word of mouth

Website

Facebook

Other, explain: _____





APPLICATION

If you need us to provide an interpreter check here:

(Please Print All Information Below)

Head of Household: _____
First Middle Last

Residence Address: _____
Street City State Zip Code

Mailing Address: _____
Street City State Zip Code

Email Address: _____

Written Language: _____
 Spoken Language: _____
 Home Phone: () _____
 Cell Phone: () _____
 Work Phone: () _____

Race Codes

(If multi-racial, you may use more than one code)
 1. White 4. Asian
 2. African American 5. Native Hawaiian/
 3. American Indian/ Alaska Native Other Pacific Islander

I. Household Composition: List below all persons who will be staying in your home, listing head of household first.

1.	Legal Name (First, Middle, Last)	Age	Date of Birth	Relation to Head of Household	Social Security Number	Sex (Optional)	Race (Use code above)	Hispanic Y/N	Marital Status	For Office Use Only			
										BC	SSC	214	MEI Y/N
			/ /	HEAD						BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N
			/ /							BC	SSC	214	MEI Y/N

Maiden Name of female adult household member(s): _____

Other Names/Social Security #'s used by any/all household members: _____

Explain: _____

II. Household Composition

1. Do you have custody of your minor children? Yes No Not Applicable

Explain the custody arrangements: _____

If the parent of the minor is not living in the household, list information as follows:

Absent Parent Name: _____
 Child's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone #: _____

Absent Parent Name: _____
 Child's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone #: _____

2. Is anyone in your household attending any school or education program? Yes No

Student: _____	School: _____	Full Time	Part Time
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>
Student: _____	School: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. Will anyone be leaving your household or family within the next 12 months? Yes No

If yes, please explain: _____

4. Will you be adding anyone to your household in the next 12 months? Yes No

If yes, please explain: _____

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_____ Verification



APPLICATION

III. Employment:

Enter earned income that any household member (18 years or older) will have **within the next year**.
List most current first.

**Office Income Calculation
 (Office Use Only)**

Person Working: _____ Employer: _____
 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: _____

_____ Verification

Person Working: _____ Employer: _____
 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: _____

_____ Verification

Person Working: _____ Employer: _____
 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: _____

_____ Verification

Person Working: _____ Employer: _____
 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: _____

_____ Verification

Person Working: _____ Employer: _____
 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: _____

_____ Verification

Subtotal:



IV. Income

Do you or anyone in your household receive any of the following income?

Type	Who Receives Income	Amount	How Often Paid or Received	Source/Company	Calculation/Annual Total (Office Use Only)
Child Support/Alimony Court Order Number			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Disability, Death Benefits or Life Insurance Dividends			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Educational grants or scholarships (for example: Pell)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Net Income from a Business, Rental property or Self Employment			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Other cash payments or contributions			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Pensions, Retirement Funds and Annuities			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Public Assistance (ADC, AABD, TANF)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Social Security			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Supplemental Social Security (SSI)			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Unemployment Compensation			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Veterans Benefits			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
Workers Compensation			Yearly: _____ Monthly: __ 2 times per month: __ Weekly: __ Every Two Weeks: __		
1. Does any household member receive regular contributions (donations or gifts) from any organization or persons not living in your household? If yes, please explain: _____				Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did any household member file a federal income tax return last year? If no, please explain: _____				Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does any member of the household receive money from someone outside the household to pay bills or living expenses? If yes, please explain: _____				Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has anyone in the household applied for any of the following within the last twelve months? Employment, AFDC, unemployment compensation, social security, SSI, pension or disability benefits? If yes, please explain: _____				Yes <input type="checkbox"/>	No <input type="checkbox"/>

V. Assets

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

Do you or anyone in your household have:

Yes	No	Type	Bank/Source	Owner of Account	Account #	Current balance/value	Calculation/Annual Total (Office Use Only)
		Checking Account					_____ Verification
		Savings Account					_____ Verification
		Certificates of Deposit					_____ Verification
		Any Stocks Bonds, or Mutual Funds					_____ Verification
		Retirement (401K, IRA)					_____ Verification
		Life Insurance			Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		_____ Verification
					Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		
		Cash					_____ Verification
		Savings Bonds					_____ Verification
		List any items not described above.					_____ Verification
							Subtotal:



APPLICATION

Own equity in 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)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you sold or given away any assets within the last two years for less than Fair Market Value? Type of Asset: _____ Cash Value: \$ _____ Date Sold or Given Away: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

VI. Residence: Where have the household members resided?

Please check the box indicating all states and/or territories where any household member has resided. In addition, list the household member's name on the line associated with the state or territory resided in.

State	Who Resided There		
<input type="checkbox"/> Alabama	_____	<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> Alaska	_____	<input type="checkbox"/> New Mexico	_____
<input type="checkbox"/> Arizona	_____	<input type="checkbox"/> New York	_____
<input type="checkbox"/> Arkansas	_____	<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> California	_____	<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Colorado	_____	<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Connecticut	_____	<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Delaware	_____	<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> District of Columbia	_____	<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Florida	_____	<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> Georgia	_____	<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> Hawaii	_____	<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Idaho	_____	<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Illinois	_____	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Indiana	_____	<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Iowa	_____	<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Kansas	_____	<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Kentucky	_____	<input type="checkbox"/> Washington	_____
<input type="checkbox"/> Louisiana	_____	<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Maine	_____	<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Maryland	_____	<input type="checkbox"/> Wyoming	_____
<input type="checkbox"/> Massachusetts	_____		
<input type="checkbox"/> Michigan	_____	U.S. Territory	Who Resided There
<input type="checkbox"/> Minnesota	_____	<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Mississippi	_____	<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Missouri	_____	<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Montana	_____	<input type="checkbox"/> Midway Islands	_____
<input type="checkbox"/> Nebraska	_____	<input type="checkbox"/> Northern Mariana Islands	_____
<input type="checkbox"/> Nevada	_____	<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> New Hampshire	_____	<input type="checkbox"/> Republic of Palau	_____
		<input type="checkbox"/> Republic of the Marshall Islands	_____
		<input type="checkbox"/> U.S. Virgin Islands	_____

Expenses

VII. Child Care

1. Do you pay child care expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Child care provider: _____ Address: _____
Amount: _____ How Often: Yearly: _____ Monthly: _____ 2 times per week: _____ Weekly: _____ Every two weeks: _____	Children's Names: _____ _____

Office Use Only

_____ Verification

VIII. Medical Expenses FOR 62 OR OLDER/DISABLED ONLY

1. Do you pay health insurance premiums? Yes <input type="checkbox"/> No <input type="checkbox"/>	Plan number: _____ Provider name: _____ Provider address: _____
2. Premium Amount: _____ How Often: Yearly: _____ Monthly: _____	
3. Do you pay prescription insurance premiums? Yes <input type="checkbox"/> No <input type="checkbox"/>	Plan number: _____ Provider name: _____ Provider address: _____
Premium Amount: _____ How Often: Yearly: _____ Monthly: _____	
4. Do you anticipate any out-of-pocket medical expenses in the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Do you have any prescription expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider: _____ Address: _____ Amount: _____ How often: Yearly: _____ Monthly: _____
6. Do you have any medical office visit expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider: _____ Address: _____
7. Do you have other types of medical expenses or insurance expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider: _____ Address: _____ Amount: _____ How often: Yearly: _____ Monthly: _____ 2 times per week: _____ Weekly: _____ Every two weeks: _____
8. Do you have anything else taken out of Social Security check besides Humana Medicare Part D? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider: _____ Address: _____ Amount: _____ How often: Yearly: _____ Monthly: _____ 2 times per week: _____ Weekly: _____ Every two weeks: _____

Subtotal: _____

IX. Criminal and Drug-Related Activity: Answer for ALL Household Members

1. Are you or any other household member a current user or been arrested, ticketed, charged or convicted of possession, using, dealing or manufacturing a controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Have you or any household member been convicted of methamphetamine production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Are you currently on probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Has any household member been arrested, charged, ticketed or convicted of any of the following? Please include both misdemeanors and felonies.			
Drug related activity including:	Yes	No	
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender: Is anyone required to register on any state sex offender registry?
Possession	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse/molestation
Use of illegal controlled substances	<input type="checkbox"/>	<input type="checkbox"/>	Burglary
Alcohol related activity including:	Yes	No	
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Larceny
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Robbery
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Arson
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace/disorderly conduct
			Other: _____

Office Use Only
_____ Verification

If yes was answered to the questions above, complete the following. If you have more than two incidents provide the remaining information on a separate piece of paper.

a. Who was charged or convicted?	b. What crime was the charge or conviction for?
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____	
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
g. If yes, please name the facility: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
h. Have you provided a certificate of completion? <input type="checkbox"/>	

a. Who was charged or convicted?	b. What crime was the charge or conviction for?
c. When was the charge or conviction? Month: _____ Year: _____	e. Were any of the crimes drug related? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Where did it occur? City: _____ County: _____ State: _____	
f. If drug related, has that person(s) successfully completed a supervised drug treatment program or is presently enrolled in such a program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
g. If yes, please name the facility: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
h. Have you provided a certificate of completion? <input type="checkbox"/>	

X. Additional Information

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	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 _____	
<input type="checkbox"/>	<input type="checkbox"/>	Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to re-certify? If yes, please explain. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or has anyone in your household applied or rented with the York 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 _____	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or has anyone in your household ever been evicted? When: _____ Why _____ Address _____ Name of Landlord _____	
<input type="checkbox"/>	<input type="checkbox"/>	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 _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Would you or any members of your household benefit from a handicapped-accessible unit? Explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a pet? How many: _____ Type/breed and weight: _____	
Do you or anyone in your household have a vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Model/Year: _____ License Plate Number: _____	
Do you have a second vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Model/Year: _____ License Plate Number: _____	
Do you or anyone applying for or receiving help have a guardian, conservator, or individual acting under power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of person with Guardian, Conservator or Power of Attorney: _____			
Name of Guardian, Conservator, or Power of Attorney: _____			
Address: _____		Phone number: _____	
Street	City	State	Zip Code (Include area code)

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

Has someone assisted you in completing this form? Yes No
Name of person completing form: _____



APPLICATION

XI. Rental History

Attach additional pages if needed

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

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

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

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

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



XII. Rights and Responsibilities

I/We certify that all information given to the York 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 "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. (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. also will obtain a credit report on all applicants for York 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 York, 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. Information may be requested from but is not limited to: banks and other financial institutions, courts, law enforcement agencies, credit bureaus, landlords, past and present employers, medical providers, educational institutions, Veterans Affairs, Social Service Agencies, utility companies, unemployment benefits, pensions/annuities, child care providers, neighbors and the U.S. 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 York 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

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.