



**DOUGLAS COUNTY HOUSING AUTHORITY**

5404 N. 107<sup>th</sup> Plaza  
 Omaha, NE 68134  
 (402) 444-6203

www.douglascountyhousing.com



**Interim Recertification Form**

**1. Tenant and Residence Information**

Head of Household			Co-Head of Household		
Name			Name		
Current Address			Current Address		
City	State	Zip	City	State	ZIP
Phone	Phone		Phone	Phone	
Email			Email		
How long have you resided at this address?			How long have you resided at this address?		
Landlord's Name			Landlord's Name		
Landlord's Phone No.			Landlord's Phone No.		
♦ Is mailing address different than address listed above? If yes, please provide the complete mailing address.			_____		
Please describe the changes requiring this Interim Recertification: (family composition or members, income, address, changes in allowances)					

**Note:** Families are required to report any changes in income, household composition or members or allowable expenses within ten calendar days from the actual date the change occurred. The family must report changes by the 15<sup>th</sup> of the month in order to process a change by the first of the month following the request.

**2. Household Composition and Member Information (please include unborn children with expected due date)**

Household Member #	Name	Relation ship to Head of House hold	Social Security #	Sex <small>O P T I O N A L</small>	Date of Birth	Age	Place of Birth City State Country	Disabled or Handi-capped	Full Time Student
								Yes/No	Yes/No
Head									
Spouse									
3									
4									
5									
6									
7									
8									
9									
10									

**\*\*Social Security Cards** must be presented to the Douglas County Housing Authority for all individuals in the household.

Non-Custodial Parent Information		
Household Member #	Biological Parent's Name:	Biological Parent's Address:

**3. Estimated Household Income**

Check One	HH#	Income Type	Start Date	Amount Received	How paid Annual, monthly, weekly	Income Source and Address (Please list Health and Human Services caseworker name and phone number by AFDC)
Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Self-Employment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Tips, Bonuses, Commissions		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Unemployment		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Worker's Compensation/ Severance Pay		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Child Support through a Court Order		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Child Support direct from absent parent		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Alimony		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Welfare Benefits (AFDC)		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		SSI		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		SSI		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Pension/Annuity		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Military Pay		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran's Benefits		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Other-Specify		\$		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Other-Specify		\$		

- Have any household member applied for AFDC, unemployment, SSI, social security or any other form of income? (Yes/No) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**4. Assets for all household members**

- Has any household member received a lump sum payment within the last twelve months? (Yes/No) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
- Does any household member receive income from any assets, including interest on checking or savings accounts and interest or dividends on CDs, stocks or bonds not reported during the initial application or annual recertification? (Yes/No) \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**5. Allowable Deductions**

Childcare	Out of Pocket Expense \$ Week _____ Month _____	Annual Amount \$
Childcare Provider	Phone Number: _____	
Address:	_____	
** What (if any) amount is Social Services paying for childcare (Title XX)? \$		\$

Projected Medical Expenses for 12 Month Period: (Elderly, Disabled & Handicapped Only)		
Provider:	Name & Address:	Amount Paid
		\$
		\$
		\$
		\$

List all family members 18 years of age and older who are full-time students		
Name of Family Member	School Name	School Address and Telephone

6. Criminal and Drug-Related Activity:	Check One	YES	NO
◆ Are you or any other household member a current user or been arrested, charged or convicted of possession, using, dealing or manufacturing a controlled substance?			
◆ If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program?			
◆ If Yes, please name the facility:			
◆ Have you or any household member been convicted of methamphetamine production?			
◆ Have you or any members of the household been convicted of a felony?			
◆ If Yes, please explain:			
◆ Are you or any household member required to registered under a State Sex Offender Registration Program?			
<b>Has any household member been arrested, charged or convicted of any of the following? Please list both misdemeanors and felonies.</b>	<b>Check One</b>		
	<b>YES</b>	<b>NO</b>	
◆ Murder/Manslaughter			
◆ Battery			
◆ Assault			
◆ Sexual Assault			
◆ Child abuse/molestation			
◆ Burglary			
◆ Larceny			
◆ Robbery			
◆ Vandalism			
◆ Arson			
◆ Disturbing the peace/disorderly conduct			
<b>Drug related activity including:</b>			
◆ Sale			
◆ Manufacture			
◆ Possession			
◆ Use of illegal controlled substances			
<b>Alcohol related activity including</b>			
◆ Driving under the influence of alcohol			
<b>If Yes was answered to any of the above items, identify the person(s) involved.</b>			

**AT ANY TIME, the Douglas County Housing Authority may deny assistance to an applicant or terminate assistance to a family if any member of the family commits: drug related criminal activity, violent criminal activity, engages in alcohol abuse or has mandatory enrollment in a State Sex Offender Program. All adult household members eighteen (18) years of age and older will be required to sign a Criminal History Release of Information and Waiver Liability form, and criminal background checks will be conducted at the time verifications are processed.**

**7. Signature and Consent**

I do hereby swear and attest that all of the information provided regarding my household composition or members, income, assets, deductions, previous housing assistance and criminal background are true and correct to the best of my knowledge. I hereby authorize release of information contained herein to determine my eligibility for housing. I understand that all changes in household composition or members and income must be reported to the Douglas County Housing Authority in writing within ten calendar days from the actual date of change.

I certify that the housing that I am applying for will be my permanent residence, and I will not maintain a separate subsidized unit in a different location. I declare that the statements contained in this application are true and complete to the best of my knowledge. **WARNING: WILLFUL FALSE STATEMENTS OR MISPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

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

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

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

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

Note: The information requested on this application is being collected in connection with regulations, policies and procedures of the Douglas County Housing Authority and authorized by the U.S. Department of Housing and Urban Development to determine an applicant's initial eligibility, unit size and the amount of rental contribution by the client(s). The information will be used to adequately manage the program(s), to protect the United States Government and the Douglas County Housing Authority'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.