Select Program/Property:

- ❑ Section 8 Voucher Program
- ❑ Section 8 Blair Voucher
- ❑ North Acres (1 BR)
- ❑ Valley View (1 BR)
- ❑ Valley Heights (1 BR)
- ❑ Benn View (1 BR)
- ❑ River Road Townhomes (2 BR)
- ❑ Woodgate Townhomes (2&3 BR)
- ❑ Platte Valley Apartments (1,2&3 BR)
- ❑ Single Family Houses (3&4 BR)

DOUGLAS COUNTY HOUSING AUTHORITY
5404 N. 107th Plaza
Omaha, NE 68134
(402) 444-6203 Fax (402) 444-6600
www.douglascountyhousing.com

Select CROWN Program:

- ❑ Valley CROWN
- ❑ Gretna CROWN

Credit to Own Homeownership Program

EQUAL HOUSING OPPORTUNITY

Application for Housing Assistance

Please complete all blanks on this application. Incomplete forms will not be processed.

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. _____

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

Household Member #	Name	Relationship to Head of Household	Social Security #	Sex OPTIONAL	Date of Birth	Age	Place of Birth City State Country	Disabled or Handi-capped Yes/No	Full Time Student 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.
Have any household members under age six tested positive for elevated lead levels in their blood?_____
If yes, please name which children & date of testing:_____

	YES	NO
♦ Do you anticipate a change to household members within the next 12 months? ***(include members out of the household on a temporary basis (school; foster care; incarceration; any other extended absence)***		
♦ If yes, please explain:		

Non-Custodial Parent Information

Household Member Name	Biological Parent's Name:	Biological Parent's Address & Phone Number

Do you have custody of your minor children? _____ Yes _____No
Explain the custody arrangements: _____
_____

3. Estimated Household Income

Check One	HH #	Income Type	HRS worked Per Week if Employed	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 ☐ No ☐		Employment			$		
Yes ☐ No ☐		Employment			$		
Yes ☐ No ☐		Self-Employment			$		
Yes ☐ No ☐		Tips, Bonuses, Commissions			$		
Yes ☐ No ☐		Unemployment			$		
Yes ☐ No ☐		Worker's Compensation/ Severance Pay			$		
Yes ☐ No ☐		Child Support through a Court Order			$		
Yes ☐ No ☐		Child Support direct from absent parent			$		
Yes ☐ No ☐		Alimony			$		
Yes ☐ No ☐		Welfare Benefits (AFDC)			$		
Yes ☐ No ☐		Social Security			$		
Yes ☐ No ☐		SSI			$		
Yes ☐ No ☐		SSI			$		
Yes ☐ No ☐		Pension/Annuity			$		
Yes ☐ No ☐		Military Pay			$		
Yes ☐ No ☐		Veteran's Benefits			$		
Yes ☐ No ☐		Other-Specify			$		
Yes ☐ No ☐		Other-Specify			$		

- 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? (Yes/No)_____If yes, please explain:_____
- Does any household member receive regular contributions from any organization or persons not living in your household? (Yes/No)_____If yes, please explain:_____
- Did any household member file a federal income tax return last year? (Yes/No)_____If yes, which members? _____
- Does any household member receive income from the rental of property? (Yes/No)_____ If yes, please explain. _____
- Does any member of the household receive money from someone outside the household to pay bills or living expenses? (Yes/No)_____If yes, please explain:_____

4. Assets for all household members

Check One	H.H. #	Asset	$ Amount	Account #	Financial Institution Name & Address
Yes ☐ No ☐		Cash on Hand			
Yes ☐ No ☐		Checking Account			
Yes ☐ No ☐		Savings Account			
Yes ☐ No ☐		Money Market / CDs			
Yes ☐ No ☐		IRAs-Retirement Acct			
Yes ☐ No ☐		Revocable Trusts			
Yes ☐ No ☐		Stocks/Bonds			
Yes ☐ No ☐		Other			

List real estate owned by any member of the household.

Legal Description of Real Estate & Address:	Value	Debt
	$	$

List all assets disposed of for less than fair market value during the two years preceding this application.

Item	Date Disposed of	Fair Market Value	Sales Price	Fair Market Value-Sale Price

Do you or anyone in your household own a vehicle? YES NO

Registered to	Make	Model	Year	License #

5. Allowable Deductions

Childcare	Out of Pocket Expense $ Week_____ Month _____		**Amount: $**_____ **How often: Yearly**_____ **Monthly:**_____ **2 times per month**_____ **Weekly** _____ **Every 2 weeks:**_____
Childcare Provider		Phone Number:	
Address:			
Children's Names:			
**** 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
Handicap Care /Aide		$
Pharmacy		$
		$
		$
Doctor		$
		$
		$
Hospital		$
		$
Medical Equipment		$
Medicare		$
Supplemental Insurance		$
Other (Dental, Eye, Hearing, etc...)		$
TOTAL		$

List all family members who are attending any school or educational program:			
Name of Student	School Name	School Address and Telephone	Full Time (FT) Part Time (PT)
You must answer the following questions:			
I am a homeless veteran:		Yes _____	No _____
I am a widow/widower of a veteran:		Yes _____	No _____
I/we need the features of an accessible unit:		Yes_____	No _____

6. Previous Housing Assistance: Check One	YES	NO
Has any household member received housing assistance (Section 8, Public Housing, Mod Rehab, etc.) from another Housing Authority? If yes, please provide Housing Authority name and dates of occupancy:		
If Yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with re-certification procedures? If yes, please explain:		
Do you owe any money to another Housing Authority?		
If Yes, which housing program?		

7. 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 members of the household been arrested, charged or convicted of a felony?		
♦ If Yes, please explain:		
♦ Are you or any household member required to registered under a State Sex Offender Registration Program?		
Among the crimes that threaten health, safety or the right to peaceful enjoyment of the premises are crimes of violence, crimes against property, crimes that impose a financial cost and crimes that involve disturbing the peace.		
Has any household member been arrested, charged or convicted of any of the following? Please include both misdemeanors and felonies.	**Check One**	
	YES	**NO**
♦ Murder/Manslaughter		
♦ Battery		
♦ Assault		
♦ Sexual Assault		
♦ Child abuse/molestation		
♦ Burglary		
♦ Larceny		
♦ Robbery		
♦ Vandalism		
♦ Arson		
♦ Disturbing the peace/disorderly conduct		
Drug related activity including:		
♦ Sale		
♦ Manufacture of methamphetamine or other drugs		
♦ Possession		
♦ Use of illegal controlled substances		
Alcohol related activity including:		
♦ Driving under the influence of alcohol		
If Yes was answered to any of the above items, identify the person(s) involved.		

8. Additional Information

Emergency Contact Person	

Name:	Relationship:
Address:	Phone Number:
City State Zip Code	(include area code)
Do you or anyone applying for or receiving help have a guardian, conservator, or individual acting under power of attorney?	Yes_____ No _____
Name of person with Guardian, Conservator, or Power of Attorney	
Name of Guardian, Conservator, or Power of Attorney:	Address
	City State Zip
	Phone Number

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 or 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.

- Race: (Check one - Optional - See Below)

White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Other

The information solicited on this application regarding sex, race and ethnicity is requested by Douglas County Housing Authority in order to assure that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the DCHA is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

How did you hear about us: TV___, Radio___, Website___, Newspaper___, Word of Mouth___, Other_____

8. 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 eligiblity 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 cerify 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. Note: USDA Rural Development (Formerly FmHA) in Nebraska has an agreement with the Department of Labor to provide wage matching information for the purpose of detection of fraudulent statements regarding income. The Douglas County Housing Authority has an agreement with Housing and Urban Development to provide wage matching information for the purpose of detemrining eligiblity for subsidizes housing programs.

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.