



PLEASE LEAVE BLANK  
OFFICE USE ONLY      No.  
RECEIVED:

ORD HOUSING AUTHORITY APPLICATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Declaration

*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 the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. Please print.*

.....

Household Composition  
List below all household members who will be living in the unit.

| (Legal Name)<br>First Name, Middle<br>Initial, and Last Name  | Date of<br>Birth | Relationship to<br>Head of<br>Household | Social Security<br>Number | Place<br>of Birth |
|---|------------------|---|---------------------------|-------------------|
| HEAD  |                  |   |                           |                   |
|   |                  |   |                           |                   |
|   |                  |   |                           |                   |
|   |                  |   |                           |                   |
|   |                  |   |                           |                   |
| Please list any additional family members on the back of this application and check this box <input type="checkbox"/> |                  |   |                           |                   |

Do you anticipate a change in your family size in the next twelve months? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain changes below:

Are you separated? \_\_\_\_ Are you divorced? \_\_\_\_ If separated or divorced, fill in  
information of spouse/ex-spouse below, if known:

|                          |                        |
|--------------------------|------------------------|
| Name: _____              | Name: _____            |
| Address: _____           | Address: _____         |
| _____                    | _____                  |
| Social Security #: _____ | Social Security: _____ |

GENERAL INFORMATION

HUD requires that we obtain the following information for each family member. If a member is bi-racial, we ask that you indicate all races: Please use guide to the right and indicate which numbers apply.

|                    | Race  | Ethnicity | Race                                  |
|--------------------|-------|-----------|---------------------------------------|
| Head of Household  | _____ | _____     | 1 – White                             |
| Spouse/Other Adult | _____ | _____     | 2 – Black                             |
| Household Member   | _____ | _____     | 3 – American Indian or Alaskan        |
| Household Member   | _____ | _____     | 4 – Asian                             |
| Household Member   | _____ | _____     | 5 – Hawaiian/Pacific Islander         |
| Household Member   | _____ | _____     | 6 – Mixed: See above paragraph.       |
|                    |       |           | <i>Ethnicity: Please mark A or B.</i> |
|                    |       |           | A – Hispanic                          |
|                    |       |           | B – Non-Hispanic                      |

Head of Household and/or Spouse: Please check one:  
\_\_\_\_ Non-Elderly      \_\_\_\_ 62 Years or Older      \_\_\_\_ Person with a Disability



- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes \_\_\_ No \_\_\_ If yes, explain below:  
\_\_\_\_\_
- 2) Are you or any adult member of your family students? Yes \_\_\_ No \_\_\_ If yes, where do you attend school? \_\_\_\_\_
- 3) Have you or any member of your family lived in assisted housing? Yes \_\_\_ No \_\_\_ If yes, list where and when? \_\_\_\_\_  
  
Also, if yes, did you leave owing any monies for damages, past due rent or late charges in the assisted housing? Yes \_\_\_ No \_\_\_
- 4) Have you ever been requested to repay money knowingly misrepresenting information or committed any fraud in a Federally assisted housing program? Yes \_\_\_ No \_\_\_ If yes, explain : \_\_\_\_\_
- 5) Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes \_\_\_ No \_\_\_ Do you draw SSI \_\_\_\_\_, VA Disability \_\_\_\_\_, SS Disability \_\_\_\_\_, Other \_\_\_\_\_ Explain: \_\_\_\_\_
- 6) Do you or any member of your household require a special needs dwelling unit? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_
- 7) How did you hear about our program? \_\_\_\_\_
- 8) Who is your caseworker at Social Services? \_\_\_\_\_  
Address \_\_\_\_\_

Have you or anyone listed on this application engaged in drug-related criminal activity or violent criminal activity, including criminal activity by any family member as defined below? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

#### **Crime by family members:**

- (a) **At any time, the HA may deny assistance to an applicant,** or terminate assistance to a participant family if any member of the family commits:
  - (1) **Drug-related criminal activity; or**
  - (2) **Violent criminal activity**
- (b) **If the HA seeks to deny or terminate assistance** because of illegal use, or possession for personal use, of a controlled substance, such use or possession must have occurred within five years before the date that the HA provides notice to the family of the HA determination to deny or terminate assistance. The HA may not deny or terminate assistance for such use or possession by a family member, if the family member can demonstrate that he or she:
  - (1) Has an addiction to a controlled substance, has a record of such impairment, or is regarded as having such an impairment; and
  - (2) Is recovering, or has recovered from such an addiction and does not currently use or possess controlled substances. The HA may require a family member who has engaged in the illegal use of drugs to submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.
- (c) **Evidence of criminal activity.** In determining whether to deny or terminate assistance based on drug-related criminal activity or violent criminal activity, the HA may deny or terminate assistance if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.

Taken from Housing and Urban Development (Code of Federal Regulations – CFR 24, CH. IZ 982.553 (4-1-97))



INCOME INFORMATION

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security(including Medicare), disability payments (SSI), Worker’s Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts (including CD, savings, checking, and Money Market accounts), alimony, unemployment and all other sources.

| Head of Household   | Spouse/Other Adult |
|---|--------------------|
| Social Security/Medicare: \$ _____                            | \$ _____           |
| Gross Wages: \$ _____   | \$ _____           |
| <i>Please indicate how often paid on gross wages.</i>         |                    |
| SSI: \$ _____   | \$ _____           |
| Disability: \$ _____  | \$ _____           |
| Pension/Retirement: \$ _____                                  | \$ _____           |
| Rental Income: \$ _____                                       | \$ _____           |
| Real Estate: \$ _____   | \$ _____           |
| Child Support: \$ _____ Payor _____ County _____ Case # _____ |                    |

Names of Financial Institution(s) – Account Numbers

List: CD’s, Checking, Savings, Money Market, Stocks, Bonds, IRA’s, & %Of Interest

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1) Does anyone outside of your household pay for any of your bills or give you money?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 2) Do you expect to receive any other income in the next twelve (12) months?  
Yes \_\_\_\_ No \_\_\_\_ If yes, from what source? \_\_\_\_\_
- 3) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Hours: \_\_\_\_\_ Wage: \_\_\_\_\_ HR/WK/MO
- 4) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Hours: \_\_\_\_\_ Wage: \_\_\_\_\_ HR/WK/MO

ASSET INFORMATION

- 1) Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, ect.)? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain  
\_\_\_\_\_
- 2) Have you sold any real estate or disposed of any asset in the last two years?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_



3) Do you own vehicle(s)? \_\_\_\_\_ Make/Model/Year \_\_\_\_\_  
Make/Model/Year \_\_\_\_\_ License Plate #'s \_\_\_\_\_

MISCELLANEOUS INFORMATION

- 1) Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes \_\_\_ No \_\_\_
- 2) Do you or any member of your household require a mobility free dwelling unit? Yes \_\_\_ No \_\_\_
- 3) Do you have Medicare? Yes \_\_\_ No \_\_\_ If yes, what is your Medicare number? \_\_\_\_\_
- 4) Do you receive medical assistance through the welfare department (Medicaid)? Yes \_\_\_ No \_\_\_
- 5) Do you have medical bills on which you are paying on a regular basis? Yes \_\_\_ No \_\_\_
- 6) Do you expect to have any medical expenses during the next twelve (12) months? Yes \_\_\_ No \_\_\_
- 7) In order to be employed, do you have daycare expense? Yes \_\_\_ No \_\_\_  
If Yes Provider name and address \_\_\_\_\_

THE FOLLOWING SECTION NEEDS COMPLETED FOR ELDERLY, DISABLED, OR HANDICAPPED FAMILIES ONLY:

- 1) If you pay for a health insurance plan, please give us the amount you pay, whether it is monthly, quarterly, semi-annual, annual, your account and policy numbers, and what company you have the insurance with: \_\_\_\_\_
- 2) List below all Doctors/Hospitals and their addresses plus any other medical expenses you have paid in the last twelve months and **have not** been reimbursed by Medicare, Medicaid, or health insurance: \_\_\_\_\_
- 3) If you have prescriptions, please list below the name and address of the pharmacy you go to: \_\_\_\_\_
- 4) Did Medicare or your health insurance company pay for or reimburse you for any medical expenses in the past twelve months? Yes \_\_\_ No \_\_\_ If yes, you must enclose copies of the forms your received from the insurance agency or Medicare with this application form.

RENTAL HISTORY

Present landlord(s): Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Your previous address: \_\_\_\_\_  
Street Address City State Zip

Move-In Date Move-Out Date Reason for Leaving

\*\*\*\*\*  
Previous landlord(s): Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



## Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

Melinda Rowse, Executive Director  
Ord Housing Authority  
2410 K Street Ord, NE 68862

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

### Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.



**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

|  |      |                                 |      |
|--|------|---------------------------------|------|
| _____  |      | _____                           |      |
| Head of Household                                    | Date |                                 |      |
| _____  |      | _____                           |      |
| Social Security Number (if any) of Head of Household |      | Other Family Member over age 18 | Date |
| _____  |      | _____                           |      |
| Spouse   | Date | Other Family Member over age 18 | Date |
| _____  |      | _____                           |      |
| Other Family Member over age 18                      | Date | Other Family Member over age 18 | Date |
| _____  |      | _____                           |      |
| Other Family Member over age 18                      | Date | Other Family Member over age 18 | Date |

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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 HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Your previous address: \_\_\_\_\_  

Street Address

City

State

Zip

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Move-In Date

Move-Out Date

Reason for Leaving

Person to call in case of emergencies:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**All Applicants:** Please read the following certification statement and sign where indicated. The Executive Director will assist you with any questions you may have.

**Certified Statement:** The information requested on this form is being collected in connection with regulations of the City of Ord Housing Authority, Ord, Nebraska authorized by the United States Department of Housing & Urban Development to determine an applicant’s initial and continuing eligibility; 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 protecting the United States Government and the City of Ord Housing Authority’s 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 determination that initially approved eligibility 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 and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348, 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 false or fraudulent statements to any department or agency of the United States.**  
\*\*\*\*\*

**Applicant(s)/Tenant(s) Statement:**  
I do hereby swear and attest that all of the information above about me is true and correct. All adults over the age of 18 must sign the application. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the City of Ord Housing Authority in WRITING IMMEDIATELY.

|                                    |      |
|------------------------------------|------|
| Signature of Head of Household     | Date |
| Signature of Spouse or Other Adult | Date |
| Signature of Other Adult           | Date |
| Signature of Other Adult           | Date |



Equal Housing Opportunity





## STANDARDS FOR ADMISSION POLICY

Persons applying for these apartment/housing units may be denied admission for the following reasons:

1. Failure to be classified as an eligible tenant by FmHA/HUD regulations.
2. A history of recent criminal activity including cases in which a member of the family who is expected to reside in the household was or is engaged in criminal activity. That involvement shall not be a ground for ineligibility if it occurred more than five years ago.
3. A pattern of violent behavior, which includes evidence of, repeated acts of violence on the part of an individual against his own family or others.
4. Abandonment of a previous housing unit without advising the owner so that the unit could be secured and protected from vandalism.
5. Initiating threats or behaving in a manner indicating an intent to assault others.
6. Non-payment or slow payment of financial obligations.
7. Intentionally falsifying or withholding information on a pre-rental application including giving false information regarding family income, size, or utilization of an alias.
8. Record of serious disturbances of neighbors, destruction of property or other disruptive behavior including patterns of behavior which endanger the life, safety, morals, or welfare of other persons seeking a sound family and community life. This includes neglect of children, being evicted from previous housing on the grounds of creating a nuisance, objectionable conduct, alcoholism, drug usage, frequent loud parties, which have resulted in a disturbance to neighbors.
9. Unsanitary or hazardous housekeeping including the creation of a fire hazard, severe damage to premises and equipment which causes conditions that create foul odors, insect infestation that seriously affects neighbors.
10. Destruction of property.
11. Disregard for rules of occupancy and rights of others.
12. If single, whether the applicant is capable of living independently.
13. Applicant's verified income is insufficient to meet the required rent payment according to the formulas supplied by FmHA/HUD
14. Applicant fails to return requested verification forms, which would allow stated income to be verified at the source.

ANY ITEM CIRCLED ABOVE REPRESENTS THE CRITERIA UPON WHICH THE APPLICANT WAS DENIED OCCUPANCY OF A UNIT AT THIS TIME.





November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

|                                |   |
|--------------------------------|---|
| Purpose                        | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.  |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p> |
| Asking Questions               | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.   |
| Completing The Application     | When you answer application questions, you must include the following information:  |
| Income                         | <ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>                              |
| Assets                         | <ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>  |



- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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#### Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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#### Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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#### Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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#### Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.





|                       |             |
|-----------------------|-------------|
| (for office use only) | CASE# _____ |
| DATE _____            |             |

SUBJECT: REQUEST FOR CRIMINAL HISTORY INFORMATION

FROM: Ord Housing Authority  
2410 K Street  
Ord, Nebraska 68862

TO: Nebraska State Patrol  
Identification & Record Division  
3800 NW 12th Street-Suite A  
Lincoln, NE 68521

## CRIMINAL HISTORY REQUESTED

|                             |                   |
|-----------------------------|-------------------|
| NAME(PRINT LAST/FIRST/M.I.) | D.O.B.            |
| PLACE OF BIRTH:             |                   |
| S.S.#                       | MAIDEN NAME/ALIAS |

I hereby authorize the release of any and all criminal history information maintained on me.

\_\_\_\_\_  
NAME(PRINT LAST/FIRST/M.I.)

\_\_\_\_\_  
SIGNATURE  
DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER



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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____         </td> </tr> </table>   |   | <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent  | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |   |   |
| <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.



## BACKGROUND CHECK WAIVER

This form must be completed and signed by every current or prospective tenant, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under Nebraska law.

I hereby authorize **Ord Housing Authority** to submit a set of my fingerprints and this form to the Nebraska State Patrol for the purpose of accessing and reviewing the Nebraska and FBI national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the above agency with which I am seeking to obtain housing, be employed or to serve as a volunteer.

I understand that, I am entitled to challenge the accuracy and completeness of any information contained in any such report. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as a tenant, employee, volunteer, contractor, or subcontractor.

I \_\_\_\_\_ have OR \_\_\_\_\_ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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I am a current or prospective (check one): \_\_\_\_\_ Tenant \_\_\_\_\_ Employee \_\_\_\_\_ Volunteer  
\_\_\_\_\_ Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_



# Fingerprint-Based Background Check Disclosure

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), section 50.12, both governmental and non-governmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI.

Identification records obtained from the FBI may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so.

An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI's CJIS division records system, the applicant should be advised that the procedures to change, correct or update the record are set forth below:

## **Title 28, CFR, section 16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.