

HOUSING AUTHORITY OF THE CITY OF LEXINGTON

609 East 3rd Street
Lexington, NE 68850

Phone: 308-324-4633 Fax: 308-324-4360

TDD: 308-324-6619

Email: office@lexhousing.com



APPLICATION

for

Housing Choice Voucher

(Section 8)

and/or

Lexington Housing Authority
Owned & Managed Properties



ONLY COMPLETE applications can be accepted!!!

What will you need to complete this application?

All documents would be preferred to be originals, and if you make a copy make it colored.

- Social Security card for every member of the household (Front & Back).
- State issued birth certificate or Immigration documents (Front & Back) for every family member.
- Photo ID (Front & Back) for all adults (Anyone 18 years or older).
- A "Declaration of Section 214 Status" correctly filled out for each member of the household.

*** If you are applying for Lexington Housing Authority Housing you MUST complete section VII. References, this is not optional.**

You are responsible to complete this application; the Lexington Housing Authority cannot and will not fill it out for you.

If you need help reading or understanding a question please call or stop by the Lexington Housing Authority office and we will be happy to help.

If you have a disability that makes it hard for you to write or unable to complete this application, a reasonable accommodation can be made. Please come in or stop by the Lexington Housing Authority and we will be happy to assist you.

Please choose the language you read and speak, and all communication will be sent to you in that language.

fadhlan halkaan sax waa hadii aad kuhadleyso amaba aqrini karto luuqada ee afka soomaaliga

Somalien

tafadhali iweke alama kwaa hii boxi kama una jua kuandika ama kusooma luga yaa kiswahili

Swahili

LANGUAGE IDENTIFICATION FLASHCARD

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞նք 'նշո՞ւմ' կատարե՞ք այս քառակուսում,
եթե խոսո՞ւմ կ'ամ' կարո՞ւմ ե՞ք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកនិយាយ ឬអានភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin untungnu' manaitai pat untungnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyc sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກົດພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ให้ทำเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |



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@hudbig.gov. You can write the Hotline at:



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



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PRE APPLICATION
Complete ALL sections of this form

Please Print in Blue or Black ink

If you need an interpreter check here:

Head of Household: _____

First Middle Last

Residence Address: _____

Mailing Address: _____

Email: _____

Written Language: _____

Spoken Language: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Race codes: (If multi-race, you may use more than one)

- 1. White
- 2. African American
- 3. Native American
- 4. Asian /Pacific Islander
- 5. Other
- 6. Decline to answer

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

1.	Legal Name (First, Middle, Last)	Age	Date of Birth	Relationship to head of Household	Social Security number	Gender (optional)	Race (Use code from above)	Hispanic (Y/N)	Office use only					
									BC	SS	214 D	USCIS		
				Head										

Has anyone changed their name: _____

Has anyone used a different Social Security Number: _____

Explain: _____



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I. Household Composition

1. Do you have custody of your minor children? Yes No Non 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: _____
 Mailing address: _____
 City, State, Zip: _____
 Phone: _____

Absent Parent Name: _____
 Child's Name: _____
 Street Address: _____
 Mailing address: _____
 City, State, Zip: _____
 Phone: _____

Office use only

_____ Verification

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

If yes, Please explain: _____

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

If Yes, Please explain: _____

4. Is anyone in your Household attending a higher education program? Yes No

		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"/>

5. Will anyone need special accommodations? Yes No

If yes, please describe the accommodation: _____

Please choose the program that you would like to apply for.

Program	Description
<input type="checkbox"/> Housing Choice Voucher (Sec 8)	Rental assistance program with private landlords
<input type="checkbox"/> Eastlawn Apartments	Income based housing
<input type="checkbox"/> Eastlawn Addition (Disabled or 62)	Income based housing for elderly & disabled
<input type="checkbox"/> Eastlawn East (62 only)	Income based housing for elderly only
<input type="checkbox"/> Scattered Sites (2, 3, or 4 BR)	Income based family homes



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II. Employment

Enter earned income that any household member will have
Within the next year or had in the past year
List most current first

		Office Income Calculation (Office use only)
Person working: _____	Employer: _____	_____ Verification
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?	Phone: _____	
Start date: _____ End Date: _____		
Person working: _____	Employer: _____	_____ Verification
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?	Phone: _____	
Start date: _____ End Date: _____		
Person working: _____	Employer: _____	_____ Verification
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?	Phone: _____	
Start date: _____ End Date: _____		
Person working: _____	Employer: _____	_____ Verification
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?	Phone: _____	
Start date: _____ End Date: _____		
Subtotal:		



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III. 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: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Disability, Death Benefits or Life Insurance Dividends			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Educational Grants or Scholarships (ex: Pell grant)			Yearly: _____ Monthly: _____ Other: _____		
Self Employment, Business, Rental, or Schedule C			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
¹ Other Cash payments or contributions			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Pensions, Retirement Funds and Annuities			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Public Assistance (ADC, AABD, TANF)			Yearly: _____ Monthly: _____		
Social Security			Yearly: _____ Monthly: _____		
Supplemental Social Security (SSI)			Yearly: _____ Monthly: _____		
Unemployment			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Veterans Benefits			Yearly: _____ Monthly: _____		
Workers Comp			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
Other			Yearly: _____ Monthly: _____ 2times per month: _____ Weekly: _____ Every other week: _____		
1. Does any household member receive regular contributions (donations, gifts, money, someone pays a bill, or expense) from any organizations or person not living in your household?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					
Name: _____ Relationship: _____					
Address: _____ City: _____ State: _____ Zip: _____					
2. Did any household member file a federal income tax return last year?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain: _____					
3. Has anyone in the household applied for any of the following within the last twelve months? ADC, unemployment compensation, social security, SSI, pension or disability benefits?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____					



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IV. Assets

List all assets currently held by all household members and the cash value of each. Assets include but not limited to Checking & Savings Accounts, CD's, 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 or 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 Bond					_____ Verification		
		Relia, Debit, or prepaid cards					_____ Verification		
		List any items not described above					_____ Verification		
Own equity in real estate, rental property, land contracts/contract for deeds or other real estate holding 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 and assets within the last two years for less then Fair Market Value?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of asset: _____ Cash value: _____									
Date Sold or Given Away: _____									



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V. Residence

Where have all the household members resided?

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

<u>State</u>	<u>Who Resided There</u>
<input type="checkbox"/> Alabama	_____
<input type="checkbox"/> Alaska	_____
<input type="checkbox"/> Arizona	_____
<input type="checkbox"/> Arkansas	_____
<input type="checkbox"/> California	_____
<input type="checkbox"/> Colorado	_____
<input type="checkbox"/> Connecticut	_____
<input type="checkbox"/> Delaware	_____
<input type="checkbox"/> District of Columbia	_____
<input type="checkbox"/> Florida	_____
<input type="checkbox"/> Georgia	_____
<input type="checkbox"/> Hawaii	_____
<input type="checkbox"/> Idaho	_____
<input type="checkbox"/> Illinois	_____
<input type="checkbox"/> Indiana	_____
<input type="checkbox"/> Iowa	_____
<input type="checkbox"/> Kansas	_____
<input type="checkbox"/> Kentucky	_____
<input type="checkbox"/> Louisiana	_____
<input type="checkbox"/> Maine	_____
<input type="checkbox"/> Maryland	_____
<input type="checkbox"/> Massachusetts	_____
<input type="checkbox"/> Michigan	_____
<input type="checkbox"/> Minnesota	_____
<input type="checkbox"/> Mississippi	_____
<input type="checkbox"/> Missouri	_____
<input type="checkbox"/> Montana	_____
<input type="checkbox"/> Nebraska	_____
<input type="checkbox"/> Nevada	_____
<input type="checkbox"/> New Hampshire	_____
<input type="checkbox"/> New Jersey	_____
<input type="checkbox"/> New Mexico	_____

<input type="checkbox"/> New York	_____
<input type="checkbox"/> North Carolina	_____
<input type="checkbox"/> North Dakota	_____
<input type="checkbox"/> Ohio	_____
<input type="checkbox"/> Oklahoma	_____
<input type="checkbox"/> Oregon	_____
<input type="checkbox"/> Pennsylvania	_____
<input type="checkbox"/> Rhode Island	_____
<input type="checkbox"/> South Carolina	_____
<input type="checkbox"/> South Dakota	_____
<input type="checkbox"/> Tennessee	_____
<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Utah	_____
<input type="checkbox"/> Vermont	_____
<input type="checkbox"/> Virginia	_____
<input type="checkbox"/> Washington	_____
<input type="checkbox"/> West Virginia	_____
<input type="checkbox"/> Wisconsin	_____
<input type="checkbox"/> Wyoming	_____

<u>U.S. Territory</u>	<u>Who Resided There</u>
<input type="checkbox"/> American Samoa	_____
<input type="checkbox"/> Federated States of Micronesia	_____
<input type="checkbox"/> Guam	_____
<input type="checkbox"/> Midway Island	_____
<input type="checkbox"/> Northern Mariana Islands	_____
<input type="checkbox"/> Puerto Rico	_____
<input type="checkbox"/> Republic of Palau	_____
<input type="checkbox"/> Republic of the Marshall Islands	_____
<input type="checkbox"/> U.S. Virgin Islands	_____



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VI. Rental History

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 did you move?		Rent Amount \$ _____
Do 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 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 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 move?		Rent Amount \$ _____
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____		



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VII. References

Are you applying for the **Housing Choose Voucher** (Section 8) **only**? Yes No If **NO** you **MUST** complete this page!

Credit history includes but is not limited to: Utility Company, Gas Company, Car insurance, Medical bills, Pharmacy, or credit card, any place where you have made a monthly payment. **Must complete at least two** three are preferred.

		Office use only
Business: _____ Type of account: _____ Contact: _____ Address: _____ Phone: _____ Fax: _____ City: _____ State: _____ Zip: _____ Dates of service: _____ When do you pay: _____ Do you owe a Balance <input type="checkbox"/> Yes <input type="checkbox"/> No How much: _____		_____ Verification
Business: _____ Type of account: _____ Contact: _____ Address: _____ Phone: _____ Fax: _____ City: _____ State: _____ Zip: _____ Dates of service: _____ When do you pay: _____ Do you owe a Balance <input type="checkbox"/> Yes <input type="checkbox"/> No How much: _____		
Business: _____ Type of account: _____ Contact: _____ Address: _____ Phone: _____ Fax: _____ City: _____ State: _____ Zip: _____ Dates of service: _____ When do you pay: _____ Do you owe a Balance <input type="checkbox"/> Yes <input type="checkbox"/> No How much: _____		

Personal Reference is anyone other than a relative or former landlord that knows you. You **must complete at least two**, but three are preferred.

		Office use only
Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____ City: _____ State: _____ Zip: _____ How long have you known: _____		_____ Verification
Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____ City: _____ State: _____ Zip: _____ How long have you known: _____		
Name: _____ Relationship: _____ Address: _____ Phone: _____ Email: _____ City: _____ State: _____ Zip: _____ How long have you known: _____		



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VIII. Criminal & Drug-Related Activity



Answer for ALL Household Members REQUIRED TO COMPLETE

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"/>	Office use only _____ Verification		
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, ticketed, charged or convicted of any of the following? Please include both misdemeanors and felonies.					
Drug Related Activity Including:					
Sale	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual Assault	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	Sex offender: is anyone required to register on any state sex offender registry?	<input type="checkbox"/>	<input type="checkbox"/>
Possession	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse/molestation	<input type="checkbox"/>	<input type="checkbox"/>
Use of illegal controlled substance	<input type="checkbox"/>	<input type="checkbox"/>	Burglary	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Related activity including:					
Driving under the influence of alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Arson	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace conduct	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Larceny	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____					
If yes was answered to the questions above, complete the following. If you have more than three 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: _____			d. Were any of the crimes drug related? Yes No		
e. Where did it occur? City: _____ County: _____ State: _____					

a. Who was charged or convicted?	b. What crime was the charge or conviction for?
c. When was the charge or conviction? Month: _____ Year: _____	d. Were any of the crimes drug related? Yes No
e. Where did it occur? City: _____ County: _____ State: _____	

a. Who was charged or convicted?	b. What crime was the charge or conviction for?
c. When was the charge or conviction? Month: _____ Year: _____	d. Were any of the crimes drug related? Yes No
e. Where did it occur? City: _____ County: _____ State: _____	



**HOUSING AUTHORITY
OF THE CITY OF LEXINGTON**

609 East 3rd Street P (308) 324-4633
Lexington, NE 68850 FAX (308) 324-4360
Email: office@lexhousing.com



IX. Additional Information

Additional information

Yes <input type="checkbox"/>	No <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 _____
Yes <input type="checkbox"/>	No <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: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or has anyone in your household applied or rented with the Lexington Housing Authority before? What name was used by the applicant? _____ When: Month _____ Day _____ Year _____ What name was used or who was Head of Household? _____ When: _____ Address: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or has anyone in you household ever been evicted? When: _____ Address: _____ Why _____ Name of Landlord _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you declare a disability for the purposes of eligibility? Some programs have a preferences for persons with disabilities. You are under no obligation to declare this. If yes, please provide name and address of doctor who can verify your disability: _____ _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you or any member of your household benefit from a handicapped-accessible unit? Explain: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have a pet? How many _____ Type, Breed, & Weight _____
Do you or anyone in your household have a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Who owns this vehicle: _____		Model/Year _____ Do you make payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ Plate Number/State _____
Do you or anyone in your household have a second vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Who owns this vehicle: _____		Model/Year _____ Do you make payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ Plate Number/State _____
Do you or anyone applying for assistance 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		

List any additional information or notes. Describe and additional information regarding special needs, or bedroom size.

Has anyone assisted you in completing this form? Yes No
Name of that person: _____ How did they help: _____



**HOUSING AUTHORITY
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Lexington, NE 68850 FAX (308) 324-4360
Email: office@lexhousing.com

Additional Information



Please provide any additional information you would like the Lexington Housing Authority to Know

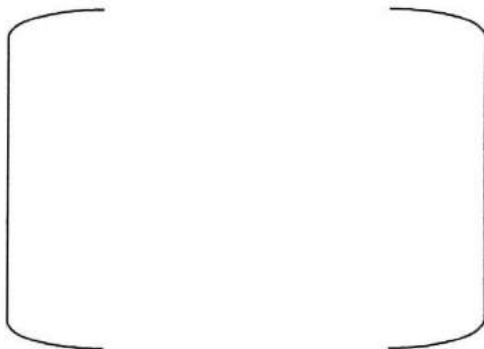
Office use Only

Notes:

Eastlawn East Questions

Check all that the applicant may need help with

- Eating:** do you need assistance with cooking, preparing, or serving food, but can feed yourselves?
- Bathing:** do you need assistance with getting in and out of the shower/tub but can dress yourself?
- Grooming:** do you need assistance ion washing hair, but can take care of personal appearance?
- Dressing:** do you need occasional assistance to but can over all dress yourself?
- Home Management:** do you need assistance with laundry, housework grocery shopping, or getting to and from activities such as doctor, and or shopping?



Received

Check List

- Is the application complete, and all questions answered?
- Do you have a 214 declaration for each member of the family?
- Check which program they are applying for.
- Is the application and release form signed?

LHA Staff: _____

Time: _____

Program

- Housing Choice Voucher (Sec 8)
- Eastlawn 1 BR
- Eastlawn Addition (Disabled or 62)
- Eastlawn East (62 only)
- Scattered Sites (2, 3, or 4 BR)

AUTHORIZATION FOR THE RELEASE OF INFORMATION/PRIVACY ACT

AUTHORIZATION FOR THE RELEASE OF INFORMATION. ORGANIZATION REQUESTING RELEASE OF INFORMATION:

**Housing Authority of the City of Lexington,
609 East Third,
Lexington, NE 68850**

PURPOSE: The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

AUTHORIZATION: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs: Low-Income Rental Public Housing; Section 8 Housing Assistance Payments Program; Section 202, Housing Choice Voucher Program and Section 202 PRAC.

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for participating in assisted housing programs.

I authorize only HUD or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about: Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions and Assets, Federal, State, Tribal, or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences and Rental History.

Individuals or Organizations That May Release Information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and other Financial Institutions, Courts, Law Enforcement Agencies, Credit Bureaus, Employers, Past and Present Landlords; Providers of Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities, Schools and Colleges, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Utility Companies, Welfare Agencies.

COMPUTER MATCHING NOTICE & CONSENT:

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal State, Tribal or Local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies.

EMPLOYMENT INFORMATION: I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

CONDITIONS: I agree that photocopies of this authorization may be used for the purposes stated above. If, I or any adult member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both.

STATE WAGE AGENCIES: I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information of wages or unemployment compensation from State Agencies charged with the State unemployment law.

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 HA's 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 all 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 EXPIRES 15 MONTHS AFTER SIGNED. Signature, Printed Name of the Head of Household & Date.

DATE: _____

PRINT Head of Household

SIGNATURE Head of Household

PRINT Other Adult

SIGNATURE Other Adult

PRINT Other Adult

SIGNATURE Other Adult

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits. **PURPOSE:** In signing this consent form, you are authorizing HUD and the above-named HA to request 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 obtained based on the consent

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

WHO MUST SIGN THE CONSENT FORM:

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs are required to sign this consent form: PHA owned rental public housing; Turnkey III Homeownership Opportunities, Mutual Help Homeowners Opportunity, Section 23 and 19 (C) leased housing, Section 23 Housing Assistance Payments, Section 8 Rental Certificate, Section 8 Rental 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.

SOURCES OF INFORMATION TO BE OBTAINED:

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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(I)(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 directed from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends). 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 releases directly from employers and financial institutions of information regarding and within the last 5 years when I have received assisted housing benefits.

PRIVACY ACT NOTICE:

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). The Housing and Community Development Act of 1987 (42U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

PURPOSE: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rents and utilities.

OTHER USES: HUD uses your family income and other information to assist in managing and monitoring HUD assisted housing programs to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the HA, including all Social Security Numbers for yourself, and all other household members age six years and older, that you have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner, 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 purpose cited on the form HUD 9886. Any person who

knowingly or willfully request, 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

SIGNATURE OF THE HEAD OF HOUSEHOLD AND ANY OTHER ADULT AND DATE:

DATE

SIGNATURE _____ Head of Household

SIGNATURE _____ Other Adult

Original is retained by the requesting organization. (Reference Handbooks 7420-7, 7420-8 and 7565-1)

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.

--	--

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 to average 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.

