

Household

List all other persons who will live in the home and the relationship to the head of house (you) and indicate if they are handicapped (H) or disabled (D).

Full Name	Relationship	DOB	SSN	Place of Birth	H / D

If you have children and a parent of the child will not be living in the household, indicate so below.

Child Name	Absent Parent	Address of Absent Parent

Will there be a change in the next twelve months in the size of your family or in the number of persons living in your home? () No () Yes _____

If you or an adult member of your household is currently enrolled as a student, indicate who, whether the student is considered full time (at least 9 credit hours per semester) or part time, the name and address of the school, and who the financial aid contact is.

Student	FT / PT	Name & Address of School	Financial Aid Contact

Have you or any other member of your household used a name or social security number other than the one written on this application? () No () Yes _____

Have you or any member of your household EVER been convicted of ANY crimes other than a minor traffic violation? () No () Yes _____

Income Information

Warning: If you do not report all of your income, earned or unearned, you must repay; it is the law.

List any **income that does not come from working**. Child support will be listed separately later.

SSI	\$	Civil Service	\$
Social Security	\$	Interest/Dividend	\$
Pension/Retirement	\$	Railroad Retirement	\$
Veterans Benefits	\$	Military Allotment	\$
Cash Assistance Payments	\$	Rental Income	\$
Workers Compensation	\$	Claims/Disability	\$
Unemployment Compensation	\$	Insurance/Accident Settlement	\$
Farm Income	\$	Striker Income	\$
Annuity	\$	Life Estate	\$
Trusts/Inheritances	\$	Partnerships/Corporations	\$
Native American Benefits	\$	Prizes/Awards/Winnings	\$
Other:	\$	Other:	\$

If anyone outside your household helps you pay any part or all of your expenses, list who, what expense they help with, and the cash value amount they help with. This would include anyone who pays your expense(s) up front or gives you money for payment of your car insurance, gas, cell phone, food, cigarettes, utilities, rent, etc.

Name	Expense	Amount
		\$
		\$
		\$

If you receive child support, indicate so below. *Please submit a copy of the court order(s).*

Child Name	Amount	District Court / County	Case Number
	\$		
	\$		

Will your household receive an earned income tax credit? () No () Yes \$ _____

If you have childcare expenses related to employment, indicate the name, address and total cost for daycare. If you receive help from the Department of Health and Human Services to pay this expense, indicate the amount they pay and the amount you pay out of pocket.

Name & Address of Caregiver	Total Cost	DHHS Pays	You Pay
	\$	\$	\$
	\$	\$	\$

Please indicate all persons in the household whom are employed or working, including you. *Please submit pay-stubs.*

Family Member	Employer Name & Employer Address	Hours per Week	Wage / Salary
			\$
			\$
			\$

Do you expect to receive any other income in the next twelve months? () No () Yes _____

Asset Information

List any resources or assets you have, include their value. You will be asked to list the bank/institution where these are located, later.

401K	\$
Burial Funds/Trusts/Spaces	\$
KEOGH	\$
Savings	\$
Savings Bonds	\$
Credit Union Accounts	\$
Life Insurance	\$
Nursing Home Account	\$
Investments	\$
Other:	\$

Annuity	\$
IRA	\$
Machinery	\$
Checking	\$
Certificates of Deposit	\$
Crops/Livestock	\$
Real Estate/ Real Property/Farmland	\$
Debit/Prepaid Card	\$
Child's Account	\$
Other:	\$

List below the names and addresses of **all** the banks or institutions the above resources are located.

Bank/Institution	Account No.	Bank/Institution	Account No.

Have you disposed of any assets the past two years? () No () Yes _____

Medical Deductions

List the name and address of all places where you have out of pocket **medical** expenses. This should include supplemental health insurance, prescription drugs, eye examinations, eyeglasses, dental work and hearing aids.

Not all applicants will qualify for medical deductions/allowances.

Family Member	Type	Location	Cost Next 12mos
			\$
			\$
			\$
			\$
			\$

Past Housing Assistance Information

If you have received housing assistance in the past, list where you received assistance, when the assistance was received (i.e. 2000-2005), and the amount of money you left owing, if any.

Location	Time	Amount Owed
		\$
		\$

New Public Housing - Centennial Terrace Applicants Only

Do you smoke? () No () Yes *[As of July 01, 2009 Centennial Terrace is a smoke free zone. Tenants must sign the No Smoking Policy signifying that neither they nor their guests will smoke on the premises of Centennial Terrace.]*

List previous (3 years minimum) and current landlord (s) and the years resided (i.e. 2000-2002)

Landlord Name & Address	Years Lived

All Applicants:

Please read and sign the following certification and statements. We will assist you with questions you may have.

Certified statement:

The information requested on this form is being collected in connection with regulations of the Housing Authority of the City of Crete.

Nebraska authorized by the Department of Housing and Urban Development to determine an applicant's initial and continuing eligibility, unit size and the applicant's share of the rent and utilities. The information 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 was erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 1981, 1998. 06/22/09

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 statements 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 on this application is true and correct. I also understand that all changes concerning income for any family member must be reported in writing to the Crete Housing Authority. Also, any changes in family composition must be reported in writing to the Crete Housing Authority. Changes in income and family composition must be reported within two days of the change.

All adults who are 18 or older MUST sign.

Head of Household	Signature	Date
Spouse	Signature	Date
Other Adult	Signature	Date

*****You must sign and date this page. If the application is not signed and dated your name may not be put on the wait-list at the time the application is reviewed*****

The following must be attached to the application:

- Copies of all driver's licenses and social security cards and any other identity cards such as those issued by the Immigration & Naturalization Service, of every household member must be submitted. 06/08/2010
- Form 92006 (Additional contact) must be completed so we may have an additional way to contact you, on file.
- Completed background check forms for each adult member of the household.

Do not delay reporting any changes.