

ITEMS TO BRING WITH APPLICATION

NORFOLK HOUSING AGENCY

402-844-2080

REQUIREMENTS IN ORDER TO PROCESS APPLICATION INCLUDE:

- 1. ORIGINAL SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS**
- 2. BIRTH CERTIFICATES FOR ALL FAMILY MEMBERS**
- 3. GUARDIAN MUST ATTEND INTERVIEW**

In order to better serve you, we require that children or infants not accompany you to the appointment. **ALL ADULTS 18 YRS OR OLDER MUST ATTEND THE INTERVIEW.**

We will need the following information at the time of your interview:

INFORMATION ABOUT YOUR INCOME AND ASSETS

- 1. Employment Income.** For every member of your family that works, bring the following information:
 - Name, address, telephone number of the employer
 - Current rate of regular pay and overtime pay and the number of hours per week normally worked. (Please provide last 8 weeks pay stubs)
 - Other type of income you expect to receive from employment such as tips, commission, profit sharing program, etc.
- 2. Benefit and Support Income.** If any member of your family receives any of the following types of income, bring name and address of the source of the income, and proof of the amount received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony
 - Child Support
 - Welfare or other public assistance
 - Regular support from family members or friends
- 3. Amounts in Savings Accounts (Including Christmas Clubs, Certificates of Deposits, IRA and Keogh Accounts) and Checking Accounts.** Bring the Account number for all accounts and the balance in your accounts.
- 4. Real Estate You Own.** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

5. **Stocks, Bonds, Trusts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.
6. **Life Insurance Policies.** Bring name and address of company and policy numbers.
7. **Educational Grants and Scholarships.** If any member of your family receives an educational grant or scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
8. **Other Income.** For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of the income.
9. If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

INFORMATION ABOUT FAMILY MEMBERS

1. **CHILDREN.** Bring birth certificates, custody agreement, adoption papers or other proof that the children are members of this household.
2. **Full-time Students.** If any family members are 18 years of age or older and still attending school full-time, bring information about where they go to school.
3. **Persons with Disabilities.** If any member of your family is disabled, bring information about any income the member receives because of his/her disability.

EXPENSES

Bring information about any of the following expenses you expect to have during the next twelve months

1. Medical expenses not covered by insurance. (Elderly or disabled families only)
2. Medical insurance premiums or amounts deducted from your pay for medical insurance. (Elderly or disabled families only)
3. Child care expenses to care for your children while you work or go to school.
4. Expenses to care for a disabled family member while you work.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	
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.

Does any family member have any type of retirement account (Employer, IRA, Keogh, 401K)? (Yes/No)_____.
 If yes, please describe:_____

Does any family member have any inheritances, lottery winnings, or lump sum payments? (Yes/No)_____,
 If yes describe:_____

Do you currently own real estate?_____ What is the current value?_____
 (Please provide County assessed value statement and bank document showing mortgage balance)

G. CURRENT STUDENT STATUS of Family Members 18 years old or over

1. Full Time Student_____ 2. Part Time Student_____
3. Name of School and address:_____
4. Any grants/scholarships/financial aid?_____ \$ Amount:_____
5. Any loans?_____ \$ Amount:_____

H. CARE ATTENDANT EXPENSES

Do you pay a care attendant or for any equipment for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? (Yes/No)_____ If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #:	Dollar Amount for care or equipment

I. CHILD CARE EXPENSES (if employed, in school, or job seeking)

Does any family member have expenses for child care of a child aged 12 or younger? (Yes/No)_____ If yes, provide:

Name of Child Care Provider	Address of Child Care Provider	Telephone Number	Dollar Amount weekly/monthly
a.			
b.			

J. OTHER EXPENSES (List monthly amount)

Rent \$	Phone/Cell \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Garbage \$	Car Gas \$	Food Stamps received monthly \$	
Food \$	Other (Specify) \$		

Indicate in this space any of the above that are delinquent or not paid current:

Does anyone else pay for any expenses listed above? (Yes/No)_____ Explain_____

K. HOUSING

1. Have you ever received rental assistance? Yes_____ No_____ If so, where_____
 when_____

CURRENT HOUSING

Number of bedrooms_____

Identify those currently living at your present address:

Number of persons in household_____

Current landlord_____

Complete the following questions in this part (Part L) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

L. Family Status: a) _____ Head/Spouse age 62 or over b) _____ Head/Spouse Disabled

Do you or anyone in your family who is a person with disabilities, require a reasonable accommodation in order to fully utilize our programs and services, please check one: Yes _____ or No _____

HOUSEHOLD HEAD OR SPOUSE WITH DISABILITIES, which make the person unable to be gainfully employed for 12 months or longer. If you believe you may qualify for a deduction which could reduce rent costs, complete the following:

Please list name, address, and phone number of Doctor who can verify disability:

Please list name and address where all family members are currently making medical payments (i.e. Doctor, hospital, pharmacy, equipment, medicare premium)

Do you pay for any other kind of medical insurance? (Yes/No) _____ If yes, provide:

Insurance Agent's Name: _____

Address of company: _____

Telephone Number _____ Policy Number _____ Monthly premium amount \$ _____

Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____. If yes, list anticipated medical expenses not covered below: _____

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Norfolk Housing Agency (PHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report all changes in family composition, income, assets, and expenses of any family member(s) to the Norfolk Housing Agency within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Norfolk Housing Agency within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Norfolk Housing Agency and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under. **WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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.**

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Head: _____ Date: _____

Signature of Other Adult: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse/Co-Head and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered.

Signature of PHA Representative _____ Date _____

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.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first.

ADULTS (<i>Legal Name</i>)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				YEAR:
2.				YEAR:
3.				YEAR:
4.				YEAR:

CHILDREN (<i>name as it appears on SS card</i>)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENTS NAME	ABSENT PARENTS ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SS NO. (*If known*)

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SS NO. (*If known*)

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workmans Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

III. Assets: Answer yes or no. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ____ Have you sold any real estate in the last two years? ____ Do you own any stocks or bonds? ____ Do you have savings accounts? ____ If yes, give bank, account numbers, and amounts below. Do you own a car? ____ Model/Year _____ Tag No. _____ Do you own a second car? ____ Model/Year _____ Tag no. _____.

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No ____ If yes, explain below.
- 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.
- Have you or any member received rental assistance or lived in any assisted housing? Yes/no ____ if yes, list where and when below.
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/no ____ if yes, explain below.
- Have you ever committed any fraud in a federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/no ____ if yes, explain below.

I do hereby swear and attest that all of the information above about me is true and correct. 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 housing authority in WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE

SIGNATURE OF CO-HEAD DATE

SIGNATURE OF OTHER ADULT DATE

SIGNATURE OF OTHER ADULT DATE

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