

**Gothenburg Housing Authority**  
810 20<sup>th</sup> Street Gothenburg, NE 69138  
308-537-7275

***STEPS FOR RENTING AT GOTHENBURG HOUSING AUTHORITY***

1. Complete and return the application to the Gothenburg Housing Authority office (all adults must sign the application). **ONLY COMPLETE** applications can be accepted!!
  - a. **Social Security Card** and **Birth Certificate** are **required** for all members in order to process your application.
  - b. **Driver's License or Picture Identification** (Adult Members Only)
2. Upon receiving the completed application, your name will be placed on the Wait List. At this time, you may also request a time for a tour of a unit. A scheduled appointment works best.
3. After the initial interview and after all verifications of income, expenses, criminal history, are received, eligibility and suitability is determined and documented. You will be notified if approved (or not approved).
4. When a unit will become available, and your application is at the top of the waitlist, an appointment will be scheduled to review your application and update any verification necessary.
5. If a unit is available for occupancy, and the applicant is approved, a decision to accept or reject the unit must be made within 24 hours.
6. If the applicant rejects the offer, a "Refusal of Unit" will be noted on the Wait List. An applicant may reject an offer of a unit three (3) times before being moved to the bottom of the Wait List.
7. Upon acceptance, you will be notified of a date and time for lease up.
8. At Lease-up, all rules and responsibilities are explained, Security deposit, first months rent and cable TV (if applicable) are collected and Proof of paid utilities (If applicable).
9. The lease-up process includes a move-in inspection of the unit. You will then be given the keys.
10. A follow-up inspection will be set for 30 days after the Initial lease effective date.
11. One (1) pet is allowed and must meet the Gothenburg Housing Authority requirements. A separate \$200 Security Deposit is required.
12. Effective **January 1, 2018**, **Smoking is Prohibited on all Housing Authority Property!**

**NOTICE TO ALL APPLICANTS: A CRIMINAL BACKGROUND CHECK, LANDLORD CHECK AND CREDIT HISTORY WILL BE PERFORMED ON EACH ADULT MEMBER LISTED ON THE APPLICATION.**

**OFFICE HOURS**  
Monday-Friday, 8:00-4:30PM

**KEEP THIS PAGE FOR YOUR INFORMATION**







# 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@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



# HOUSING AUTHORITY OF THE CITY OF GOTHENBURG

810 20TH STREET  
GOTHENBURG, NE 69138

308-537-7275  
FAX 308-537-3695

## **ONLY COMPLETE applications can be accepted!!**

What will you need to complete this application?

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

### **Proof of income:**

Social Security Benefit letter  
Pension verification  
Payroll stubs  
3 months bank statements

You are responsible to complete this application; the Gothenburg 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 Gothenburg 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 Gothenburg Housing Authority and we will be happy to assist you.

*A helping hand for housing*





**HOUSING AUTHORITY  
OF THE CITY OF GOTHENBURG**

810 20<sup>TH</sup> St.  
Gothenburg, NE 69138  
P (308) 537-7275 F (308) 537-3695

OFFICE USE ONLY: DATE \_\_\_\_\_  
TIME \_\_\_\_\_

Application Number \_\_\_\_\_

# 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

Written Language: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
City/ST/Zip

Spoken Language: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City/ST/Zip

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Race Codes: (If multi-race, you may use more than one)	
1) White	5) Hispanic
2) African American	6) Other
3) Native American	7) Decline to Answer
4) Asian/Pacific Islander	

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

Legal Name (First, Middle, Last)	Age	Date of Birth	Relationship to Head of Household	Social Security Number	Gender (Optional)	Race (Use code from above)	
1			Head				Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Handicapped <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
2							Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Handicapped <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
3							Check all that apply: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Handicapped <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired
4							
5							
6							
7							
8							

Has anyone changed their name including maiden name: \_\_\_\_\_

Has anyone used a different Social Security Number, Explain: \_\_\_\_\_

1. Do you have custody of your minor children?  Yes  No  Non Applicable

Explain the custody arrangements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Documentation will be Required**

**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: \_\_\_\_\_

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:**

<u>Program</u>	<u>Description</u>
<input type="checkbox"/> Housing Choice Voucher (Sect. 8)	Rental Assistance program with private Landlords
<input type="checkbox"/> Scattered Site Family Housing	Income based housing
<input type="checkbox"/> Crestview Housing (Disabled or 62 or older)	Income based Housing for Elderly & disabled
<input type="checkbox"/> Hillcrest Apartments	Income based housing

**Crestview Questions**

Check all that the applicant may need help with

**Eating:** do you need assistance with cooking, preparing, or Serving food, but can you feed yourself?

**Bathing:** do you need assistance with getting in and out of the Shower/tub but can dress yourself?

**Grooming:** do you need assistance with washing hair, but can take care of personal appearance

**Dressing:** do you need occasional assistance to dress yourself, But can over all dress yourself

**Home Management:** do you need assistance with laundry, housework, grocery shopping, or getting



Enter earned income that any household member will have **within the next year or had in the past year**

**List most current year first**

Person working: _____	Employer: _____
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 _____
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 _____
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 _____
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: _____



Do you or anyone in your household receive any of the following **non-employment income**?

Type	Who Receives Income	Amount	How Often Paid or Received	Source/Company Address/ST/zip
Child Support/Alimony Court Order Number			Yearly: _____ Monthly: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
Disability, Death Benefits or Life Insurance Dividends			Yearly: _____ Monthly: _____ 2 times 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: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
<sup>1</sup> Other Cash payments or contributions			Yearly: _____ Monthly: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
Pensions, Retirement Funds and Annuities			Yearly: _____ Monthly: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
Public Assistance (ADC, AABD, TANF)			Yearly: _____ Monthly: _____	
Social Security			Yearly: _____ Monthly: _____	
Supplemental Social Security (SSI) (SSID)			Yearly: _____ Monthly: _____	
Unemployment			Yearly: _____ Monthly: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
Veterans Benefits			Yearly: _____ Monthly: _____	
Workers Comp			Yearly: _____ Monthly: _____ 2 times per month: _____ Weekly: _____ Every other week: _____	
Other			Yearly: _____ Monthly: _____ 2 times 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  No

If yes, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Did any household member file a federal income tax return last year? Yes  No

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  No

If yes, please explain: \_\_\_\_\_

**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	Address
		Checking Account					
		Savings Account					
		Certificates of Deposit					
		Any Stocks, Bonds, or Mutual Funds					
		Retirement (401K, IRA)					
		Life Insurance			Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		
					Policy Type <input type="checkbox"/> Term <input type="checkbox"/> Whole		
		Cash					
		Savings Bond					
		Relia, Debit, or prepaid cards					
		List any items not described above					



**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 associated with the state or territory they 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	_____



**Rental history\***

**Attach additional pages if needed**

List all places each household member **has lived in the past five (5) residences**, 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?		Mortgage/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?		Mortgage/ 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?		Mortgage/ 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?		Mortgage/Rent Amount \$ _____	
Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain) _____			

**\*IF you are applying for any of our units you MUST provide Landlord references!**



**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: _____		

**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"/>	<b>Office use only</b>		
2. Have you or any household member been convicted of Methamphetamine Production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		____ Verification	
3. Are you currently on probation or parole? Start date: _____ End Date: _____	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:	Yes	No	Yes	No	
Sale	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	<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:	Yes	No	Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Driving under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Arson	<input type="checkbox"/>	<input type="checkbox"/>
Murder/Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Disturbing the peace conduct	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Larceny	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		
<b>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.</b>					
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: _____	



**Additional information**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or has anyone in your household <b>ever received rental assistance</b> or <b>paid rent based on income</b> before? What name was used by the person receiving assistance? _____ Address: City _____ State _____ Zip _____ When: Month _____ Day _____ Year _____ Name of Housing Agency _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Has your rental assistance ever been terminated for fraud, non-payment of rent, or failure to re-certify?</b> if yes, please explain: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Have you or has anyone in your household applied or rented with the Gothenburg Housing Authority before?</b> 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"/>	<b>Have you or has anyone in your household ever been evicted?</b> When: _____ Address: _____ Why _____ Name of Landlord _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Do you declare a disability for the purposes of eligibility?</b> Some programs have a preference for persons with disabilities. <b>You are under no obligation to declare this.</b> If yes, please provide name and address of doctor who can verify your disability: _____ _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Would you or any member of your household benefit from a handicapped-accessible unit?</b> Explain: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Do you have a pet?</b> 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 _____
<b>Do you or anyone applying for assistance have a Guardian, Conservator, or individual acting under power of attorney?</b> <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		
<b>List any additional information or notes. Describe any additional information regarding special needs, or bedroom size.</b> _____ _____ _____		



**GOTHENBURG HOUSING AUTHORITY**

I/We certify that all the information given to the Gothenburg Housing Authority is accurate to the best of my/our knowledge and belief. I/We understand that false statements I/We give to the Housing Authority may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of your application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Authority to offer rental assistance nor does it bind me/us to accept any assistance offered.

I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

1. Income
2. Assets
3. Law Enforcement agencies
4. Medical Expenses and Medical Information
5. Educational Institutions
6. INS

I/We authorize you to verify the above information through a consumer reporting agency. (This agency uses Nebraska.gov and Real ID to track and maintain records such as, but not limited to, your rental conduct and personal credit history. Real ID will be used to obtain credit history and national criminal history for all applicants over the age of 18 that apply for assistance with the Gothenburg Housing Authority.)

**Application Signatures**

Your signature on this form and the signature of each member of your household who is 18 years or age older authorize the Gothenburg Housing Authority to use the authorization and the information obtained with it, to administer and enforce rules and policies.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse/Co- Applicants	_____ Print Name	_____ Date
_____ Signature of Other Adults/Co-Applicants	_____ Print Name	_____ Date
_____ Signature of Other Adults/Co-Applicants	_____ Print Name	_____ Date





# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

GOTHENBURG HOUSING AUTHORITY  
810 20th Street  
Gothenburg, NE 69138

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**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 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 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 Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- 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(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 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 release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**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 expires 15 months after signed.

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 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 (42 U.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 rent 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 you, and all other household members age six years and older, 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



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)	
<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	
<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.



# HOUSING AUTHORITY OF THE CITY OF GOTHENBURG

810 20TH STREET  
GOTHENBURG, NE 69138

308-537-7275  
FAX 308-537-3695

## AUTHORIZATION TO RELEASE INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

Your signature on this form, and the signature of each member of your household who is 18 years of age and older, authorizes the GOTHENBURG HOUSING AUTHORITY to use this authorization and the information obtained with it, to administer and enforce rules and policies.

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, landlord, past and present employers, Social Security Administration, Veterans Affairs, Welfare agencies, utility companies, unemployment compensation, pension/annuities, child care providers and the US Post Office.

I hereby authorize the above persons, firms or corporations to make available any documents or records to the HOUSING AUTHORITY OF THE CITY OF GOTHENBURG for inspection and copying.

This authorization will be valid for the period of time I remain an applicant and/or tenant of the HOUSING AUTHORITY OF THE CITY OF GOTHENBURG, NEBRASKA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature

DATE \_\_\_\_\_

Gothenburg Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

EQUAL HOUSING OPPORTUNITY

*A helping hand for housing.*







## DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.