



Hidden Brook Townhomes

I & II

WAITLIST APPLICATION

Office Use Only

Date & Time Received:

Staff Initials:

Household Information

Full Name(s):

#1	Last	First	M.I.
#2	Last	First	M.I.
#3	Last	First	M.I.
#4	Last	First	M.I.

Address:

Street Address		Apartment/Unit #
City	State	ZIP Code

Home Phone:

Cell Phone:

Email:

Date Completed:

#1 Birth Date:

#3 Birth Date:

#2 Birth Date:

#4 Birth Date:

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for residency with our company.

Racial or Ethnic Group:

- American
 Indian/Alaskan
 Asian/Pacific Islander
 Other/Prefer not to answer
 Black/African American
 White/Caucasian
 Hispanic/Latino

Gender:

- Female
 Male
 Other/Prefer not to answer

Military Service:

- Pre-Vietnam Era
 Vietnam Era
 Post-Vietnam Era
 Disabled Veteran

How did you hear about this housing opportunity?

- Employee
 Newspaper
 Company Employee
 Professional Publication
 Job Fair
 Web Site
 Other

Would any members of the household qualify for a Handicap Accessible Unit? YES NO**MAIL OR RETURN IN PERSON TO: Fremont Housing Agency**

2510 N Clarkson St
Fremont, NE 68025

FAX TO: Fremont Housing Agency Fax #: 402-727-4751

A. Are You Working? List Employment & Sources of Income of all Household Members:

Household Members	Employed	Employer Name	Address	Phone #	Gross Wages Per Month	Tips/ Bonus/ Commissions
	Y N				\$	\$
	Y N				\$	\$
	Y N				\$	\$
	Y N				\$	\$

B. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check YES or NO for each item. (All item lines must be filled in)

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>\$\$ AMOUNT</u>
❖ Education Loans	_____	_____	_____
❖ General Assistance	_____	_____	_____
❖ Pell, Grants, Scholarship	_____	_____	_____
❖ TANF/AFDC	_____	_____	_____
❖ Unemployment Benefits	_____	_____	_____
❖ Workers Compensation	_____	_____	_____
❖ Child Support	_____	_____	_____
❖ Foster Care Income	_____	_____	_____
❖ Adoption Subsidy Income	_____	_____	_____
❖ Spousal Support/Alimony	_____	_____	_____
❖ Social Security	_____	_____	_____
❖ SSI/SSDI	_____	_____	_____
❖ Pension / Retirement	_____	_____	_____
❖ Veteran's / Military Pay	_____	_____	_____
❖ Interest / Asset Income	_____	_____	_____
❖ Income from Rental Property	_____	_____	_____
❖ Income from a Business:	_____	_____	_____
❖ Annuities Payments	_____	_____	_____
❖ Railroad	_____	_____	_____
❖ Other, Explain:	_____	_____	_____
❖ Regular Contributions/Gifts/Money given to you from someone outside your household?	_____	_____	_____

C. ASSETS: Does anyone, including children, have any of the following resources? Check YES or NO for each item. (All item lines must be filled in)

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>\$\$ AMOUNT</u>
➤ Cash on Hand	_____	_____	_____
➤ Checking Accounts	_____	_____	_____
How many checking accounts do you have? _____			
➤ Prepaid Debit Card (PayPal, Venmo, etc. Direct Express, etc.)	_____	_____	_____
➤ Savings Accounts	_____	_____	_____
How many savings accounts do you have? _____			
➤ Chime Account – Checking/Saving	_____	_____	_____
➤ Life Insurance Policy	_____	_____	_____
➤ Mutual Funds	_____	_____	_____
➤ HSA (Health Savings Account)	_____	_____	_____
➤ Trust Funds	_____	_____	_____
➤ Stocks or Bonds	_____	_____	_____
➤ Certificates of Deposit	_____	_____	_____
➤ Money Market Account	_____	_____	_____
➤ Notes, Mortgages or Deeds	_____	_____	_____
➤ Retirement Accounts/Annuities	_____	_____	_____
➤ Deferred Compensation	_____	_____	_____
➤ Safe Deposit Box	_____	_____	_____
➤ Real Estate	_____	_____	_____
➤ Student Financial Aid income	_____	_____	_____
➤ Student Loan Income	_____	_____	_____
➤ Other, Explain:	_____	_____	_____