



**Hooper Housing Authority  
Managed By: Fremont Housing Agency  
APPLICATION FOR RENTAL ASSISTANCE**

*For Office Use Only*

**Date & Time:**

(If you require assistance or help to understand this document we will provide assistance. You must notify this office to arrange for assistance).

**THIS FORM MUST BE COMPLETED ACCURATELY AND IN FULL. IT MUST BE SIGNED BY ALL PERSONS AGE 18 AND OVER, CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. **Do not leave any section of the application blank.** If a section does not apply to you, write N/A.

If you cannot fit all of the information in the space provided, add additional sheets. *False statements or information are grounds for eviction or termination of rental assistance.*

If you have any questions, please contact: Hooper Housing Authority  
Fremont Housing Agency  
2510 N Clarkson Street  
Fremont, Nebraska 68025  
Phone: 402-727-4848  
Fax: 402-727-4751

**PRIVACY DISCLOSURE**

All information in applicant and tenant files is considered to be confidential, except that the HHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of the HHA. The HHA may also disclose information relating to the tenancy of former HHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by the HHA to any person or organization without a written release from the tenant or applicant in question. Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by the HHA as provided above must notify the Executive Director of his/her wishes in writing.

The HHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, the HHA will comply with the provisions of confidentiality laws and regulations that apply to the HHA.

**EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT**

The HHA will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Nebraska prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements there under. The HHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public

assistance. The HHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned. The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**1. HEAD OF HOUSEHOLD'S CURRENT ADDRESS**

<b>Name :</b>	<b>First</b>	<b>Last</b>	<b>Middle Initial/Maiden Name</b>
<b>Address:</b>	<b>PO Box/Street Address</b>	<b>City/Town</b>	<b>State/Zip</b>
<b>Email address:</b>			
<b>Telephone Numbers:</b>			

**2. HOUSEHOLD COMPOSITION**

List **all** persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary.

<b>Name</b>	<b>Relation</b>	<b>SS#</b>	<b>Sex M/F</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Place of Birth</b>
<b>1.</b>	<b>Head/Self</b>					
<b>2.</b>						
<b>3.</b>						
<b>4.</b>						
<b>5.</b>						

Race of Head of Household (check one)

White

Black/African American

Native American Indian/Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

Ethnicity (check one)

Hispanic/Latino

Not Hispanic/Latino

Do you expect any additions to the household within the next twelve 12 months? **YES**    **NO**   

If Yes: NAME AND RELATIONSHIP: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

Do you have full custody of your child (ren)? **YES**\_\_**NO**\_\_

EXPLANATION: \_\_\_\_\_

Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty? **YES**\_\_**NO**\_\_

EXPLANATION: \_\_\_\_\_

**3. HOUSEHOLD INCOME**

Include all income or financial benefits anticipated *for the next twelve months*, received by ALL household members, regardless of age. **Any 'Yes' for questions 1-16 requires a detailed explanation in the table below.**

**DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:**

**YES NO**

- \_\_\_ \_\_\_ 1. Employment wages or salaries? *(Including overtime, tips, bonuses, commissions and payments received in cash)*
- \_\_\_ \_\_\_ 2. Self-employment?
- \_\_\_ \_\_\_ 3. Regular pay as a member of the Armed Forces?
- \_\_\_ \_\_\_ 4. Unemployment benefits or worker's compensation?
- \_\_\_ \_\_\_ 5. General Assistance, Aid to Needy Families with Children (ANFC)?
- \_\_\_ \_\_\_ 6a. Child Support or alimony? *(Any AWARDED amounts, collected to uncollected.)*

*We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payer).*

**6b. YES NO How is the support received?**

- \_\_\_ \_\_\_ Child Support Enforcement Agency:  
Name of Agency \_\_\_\_\_
- \_\_\_ \_\_\_ Court of Law:  
Name of Court \_\_\_\_\_
- \_\_\_ \_\_\_ Directly from Individual:  
Name of Person \_\_\_\_\_
- \_\_\_ \_\_\_ Other:  
Explain \_\_\_\_\_

**6c. YES NO**

- \_\_\_ \_\_\_ if money is not actually received, are you taking legal action to remedy?  
Explain: \_\_\_\_\_

**YES NO**

- \_\_\_ \_\_\_ 7. Social Security, SSI or any other payments from the Social Security Administration?
- \_\_\_ \_\_\_ 8. Veteran's benefits, pensions, retirement benefits or annuities?
- \_\_\_ \_\_\_ 9. Severance payments?
- \_\_\_ \_\_\_ 10. Settlements, such as insurance settlements?
- \_\_\_ \_\_\_ 11. Disability, death benefits or life insurance dividends?

**YES NO**

- \_\_\_ \_\_\_ 12. Social Security, SSI or any other payments from the Social Security Administration?
- \_\_\_ \_\_\_ 13. Educational grants, scholarships, or other student benefits?
- \_\_\_ \_\_\_ 14. Lottery winnings or inheritances?

**YES NO**

- 15. Payments from rental property, land contracts or other forms of real estate?
- 16. Any other income sources or types not listed, such as: food stamps, fuel assistance?
- 17. Do you or any household member expect any changes to your income in the next twelve (12) months?

Family Member Name	Income Source & Address	Amount

**4. ZERO INCOME VERIFICATION**

**YES NO**

Are YOU or any other ADULT family member claiming zero income?  
If yes, who: \_\_\_\_\_.

**5. ASSET INFORMATION**

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset. An asset is defined as a lump sum amount that you hold and currently have access to.

**YES NO DO YOU OR ANYONE IN YOUR HOUSEHOLD HOLD HAVE:**

- 1. Checking or savings accounts?
- 2. CDs, money market accounts or treasury bills?
- 3. Stocks, bonds or other securities?
  
- 4. Trust funds?
- 5. Pensions, IRAs, KEOGH or other retirement accounts
- 6. Cash on hand over \$500?
- 7. Real estate, rental property, land contracts/contract for deed or other real estate holdings?  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property).*
- 8. Personal property as an investment? *(Including paintings, coin or stamp collections, artwork, collector or show cars and antiques)*
- 9. A safe deposit box?

Family Member	Asset (bank)	Account #	Type	Annual Interest Rate	Amount

**6. DISPOSITION OF ASSETS**

**YES NO**

\_\_\_ \_\_\_

Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If yes explain:

**FAMILY MEMBER:** \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_.

**7. MEDICAL EXPENSES**

If you are **elderly and/or disabled** and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which *you* must make payment to (which is not reimbursed by insurance), so we can verify your out of pocket expenses.

Type	Amount
Doctors, Dentists, Hospitals	
Pharmacies	
Medical Equipment Suppliers	
Health/Medical Insurance	
Lifeline Emergency Response	

**8. CHILD CARE EXPENSES**

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

Child Care Provider Name & Address	Weekly Cost
Other Sources Payment	Amount Paid

**9. STUDENT INFORMATION**

**YES NO**

\_\_\_ \_\_\_

is any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If yes, list the name of the student and the school. *You will need to provide verification from the school.*

Student Name

Name of School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. CRIMINAL INFORMATION**

**YES NO**

\_\_\_ \_\_\_ a. Have you or any family member been charged with or convicted of a crime during the past 5 years? If yes, give details:

**Family Member:** \_\_\_\_\_ **Crime:** \_\_\_\_\_

**When:** \_\_\_\_\_ **Where:** \_\_\_\_\_

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

\_\_\_\_\_

<b>Emergency Contact: (If possible, list someone in the area who is not part of your household)</b>	Name:
	Relationship:
	Address:
	City & State: <span style="float: right;">Zip code:</span>
	Phone Number:

**SMOKING PREFERENCE: Circle One –            Smoker            Non-Smoker**  
**Hooper Housing Authority is a Smoke-Free Property with a Designated Smoking Area.**

**APPLICANT CERTIFICATION**

*I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance.*

\_\_\_\_\_  
 Head of Household Date

\_\_\_\_\_  
 Co-Head of Household Date

\_\_\_\_\_  
 Other Adult Date

\_\_\_\_\_  
 Housing Representative Date

## GUIDE SHEET: ITEMS TO BRING TO THE INTERVIEW

**For income guidelines**, we are required to report all income and assets. We have attempted to cover the items for you in this *Guide Sheet*, however **some of the items on the list below may not apply to your income. All those that apply to your income/assets, MUST be brought to the meeting.** Should you have questions about any of the items listed, please contact Fremont Housing Agency prior to your appointment. Please remember **income is any source that you MAY receive monies from.**

- Last 6 months of statements (ALL pages of the most recent, consecutive statements are required) *for ALL applicable items below:*
  - Checking accounts
  - Savings accounts) and/or CDs
  - Credit Union account(s)
  - Prepaid Debit Card accounts such as the following: Direct Express, NetSpend, Citibank, Reloadable Wal Mart cards, Red or Green Dot cards, etc.
  - Health Savings Accounts
  - Mutual Funds
  - IRAs/401Ks/Retirement accounts/Annuity's
  - Stocks/Securities/Trust Accounts
  - Bonds (Savings Bonds/Treasury Bills)
  - Safety Deposit Box – complete list of items inside
  - Cash on hand
  - Internet Accounts such as the following: Venmo, Square Cash, Pay Pal, etc.
  - Life Insurance Policies
  
- Last 3 consecutive years of Self Employment Net Income documentation
  
- Last 3 consecutive months copies of wages such as the following:
  - Pay stubs – Wages/Salaries
  - Unemployment
  - Disability/Death Benefits/Adoption Assistance/Life Insurance Benefits
  - Worker's Compensation/Severance Pay
  
- Last 3 consecutive months Pension's distribution(s) such as the following: Railroad, Veterans, Education, Government, etc.
  
- Last 3 consecutive years Tax returns with W2s/1099
  
- Last 3 consecutive years of Landlord(s) – with names, addresses and phone numbers
  
- Last 3 consecutive months of Child Support or Alimony received

- Last 3 consecutive months of any welfare assistance, etc.
- Year \_\_\_\_\_ or most recent letter from Social Security – (Proof of Income) *If you need to replace your original award letter, you can request a copy by logging into website ssa.gov, calling Social Security at 800-772-1213, or visiting your local office.*
- Proof of Real Estate you own – Tax Assessor’s statement of value/Annual Insurance Premium. Can be obtained at the county assessor's website
- Copy of Land contracts, Contract for Deed or Promissory notes – Value of land can be obtained at the county assessor's website
- Receipts of Business Income and/or Rental Property
- Receipts of Lottery Winnings
- Proof of Inheritances - letters from the Estate Executor or Probate Court.
- Receipts - Last 6 months from the Armed Forces - visit the Defense Manpower Data Center (DMDC) website for further information: <https://scra.dmdc.osd.mil/scra/#/home>.
- Record of Grants, scholarships, educational and other student benefits
- Receipts of Payments for long-term Medical Care Insurance
- Record of any property held as an investment and worth: (i.e., paintings, art work, jewelry, coins, stamp collection, show cars, etc.)
- Original - **Photo ID** – (Driver’s License/ State Photo ID)
- Original - **Social Security Card**
- Copy of filed documents for Power of Attorney, Conservator, Guardian, etc.
- Copy of Divorce Decree or Separation Papers