

APPLICATION FOR HOUSING

(FHA Use Only)

FREMONT HOUSING AGENCY

2510 N Clarkson

Fremont, NE 68025

402-727-4848

www.fremonthousing.org

Public Housing	<input type="checkbox"/>
Section 8 Voucher	<input type="checkbox"/>
Bedroom Size	
Tenant #	
Date/Time:	

You must complete and sign this application in its entirety before it will be considered for intake purposes. All adult (18 and over) household members must sign the form. Failure to complete the form will result in delays in processing your application or scheduling your appointment.

If you have a Conservator, Guardian, Durable Power of Attorney, Trustee, or any other court appointed designee – you must provide court recorded documents assigning their role to you and they must be present to sign all legal documents. If this information is not disclosed, the PHA will not be held responsible for any actions warranted by legal documents executed by you.

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge. **If any section of the application is left blank, it is considered incomplete and will be denied.**

Circle all Yes or No answers.

A. APPLICANT FAMILY :

Applicant Name (*First M. Last*) Current Address Street or Box City State Zip Phone # Home Work

MAILING ADDRESS: (*if different than above*) _____

*EMAIL ADDRESS: _____

Have any members listed on the application used another name, Maiden, Married or Alias Name? **YES** **NO**
(*Maiden, previous marriage, name change*) Please list **all aliases** below:

Person to notify in case of emergencies:

Name of Relative / Friend Street or Box # City State Zip Phone # Home Work

Additional Contact Person or Organization – Optional – to assist housing provider to connect with applicant support systems:

Name Title Street or Box # City State Zip Work #

DO YOU HAVE A PAYEE? YES **NO** _____
(If yes, list name, address & phone #)

DO YOU HAVE A TRUSTEE, GUARDIAN, CONSERVATOR, DURABLE POWER OF ATTORNEY? YES **NO** _____
(If yes, list name, address & phone #)

B. Do any members of the family qualify for the Disability provision YES NO or require handicapped accessibility features? YES NO If yes, explain what is needed:

If there is a need for **Reasonable Accommodation** due to a disability, it may be requested in writing and/or noted on this application below:

Are you receiving any of the following: **SSI SSDI Veteran Disability Pension** \$ _____ (monthly amount)

Do you have a live in aide? YES NO If yes, complete the following:

Name _____ Social Security # _____ Who pays for the services. _____
 If Live in Aide services are free: Explain: _____

C. Adult Household Members: List yourself and all other persons who are part of your application. List all other persons currently living / staying in the same residence with you. List all adults, age 18 and older and all children in this section. **PRINT CLEARLY:**

1.

HH #	Household Names	Social Security #	Age	Birthdate & Birthplace	Relationship	Sex M/F	Status	Drivers License State & #
	<i>(First Middle Last Maiden)</i>	XXX-XX-XXXX	XX	XX/XX/XXXX			<i>Circle One</i>	
1	Head						M S W D Separated -Student	
2	Spouse						M S W D Separated -Student	
3	Other Adult						Student Y N	
4	Children:						Student Y N	
5							Student Y N	
6							Student Y N	

How long have you lived in the Fremont Community? _____ **Most recent physical address** _____

Apartment Complex or Landlord Name: _____ **L/L Phone #** _____

Have any members on the application used more than one Social Security Number? **YES NO** If YES

What number(s)? _____

What Name(s)? _____

D. If you are separated or divorced, complete the following:

Spouse / Ex-Spouse Name _____ Complete Current Address _____ Phone _____
 Spouse / Ex-Spouse Social Security # _____ Birth Date _____ Place Employed _____

Absent Parent Name:

E. If a child staying with you has another parent not living in the household, list the name(s) below:

1. Child's Name:

Mother's Name	Social Security #	Birth Date	Address
Father's Name:	Social Security #	Birth Date	Address

2. Child's Name:

Mother's Name	Social Security #	Birth Date	Address
Father's Name:	Social Security #	Birth Date	Address

F. FOSTER CHILDREN: Is anyone living in your home a foster child? Yes _____ No _____

If yes, list complete name of each foster child and provide Foster Parent documentation for each:

G. Are You Working? List Employment of all Household Members & the income \$ amount:

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

H. ARE YOU OR ANY MEMBER OF YOUR FAMILY A STUDENT? YES NO (IF YES fill out box below

NAME	ELEMENTARY, MIDDLE, HIGH SCHOOL OR COLLEGE	NAME OF SCHOOL	ADDRESS	CURRENT CLASS LEVEL	WHO PAYS FOR SCHOOLING? Parents, Financial Aid, Scholarship, Loan
	Part Time / Full Time				
1					
2					
3					
4					
5					

I. 1. Did you file a Federal Income Tax Return this year or prior year? YES NO

Did you file a Federal Tax Return as a SINGLE PERSON JOINT MARRIED UNMARRIED

(If joint – with whom?) _____

Name Address Social Security #

J. ARE YOU SELF-EMPLOYED? YES NO

IF YOU ARE SELF EMPLOYED: You must provide a prepared financial statement / ledger of income and expenses and a complete copy of your most recent IRS tax return.)

K. INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "YES" or "NO" for each item.

If yes, list who and amount received monthly. (All items must be checked off Yes or No & filled in)

ITEM	YES	NO	WHO RECEIVES	MONTHLY AMOUNT
❖ Training	_____	_____	_____	\$ _____
❖ Work Study	_____	_____	_____	_____
❖ Education Loans	_____	_____	_____	_____
❖ Pell, Grants, Scholarship	_____	_____	_____	_____
❖ TANF	_____	_____	_____	_____
❖ General Relief	_____	_____	_____	_____
❖ Unemployment Benefits	_____	_____	_____	_____
❖ Workers Compensation	_____	_____	_____	_____
❖ Child Support	_____	_____	Docket # _____	_____
❖ 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:	_____	_____	_____	_____
❖ Other, Explain:	_____	_____	_____	_____

L. Health & Human Services: Do you receive any benefits from the Department of Health & Human Services? **YES NO**

What benefits do you receive and how much a month: (list all) Food Stamps _____ Medical _____

Transportation \$ _____ Job Training \$ _____ Child Care \$ _____ Spend Down \$ _____

M. Do you employ the services of a Care Provider for a child 12 years or under or for a disabled person? YES NO

If yes, who pays for the child care expense: _____ \$ _____

Care Provider: _____ \$ _____
 Name Complete address phone # Amount paid monthly

N. Does anyone receive contributions, gifts, or loan from any source? YES NO If yes, complete the following: (car, insurance, gas, cell phone, spending money, groceries, rent money, clothing, personal care items, help with rent &/or utilities, etc...)

Item Received Value of Item Who gives the item to you

Item Received Value of Item Who gives the item to you

Item Received Value of Item Who gives the item to you

Item Received Value of Item Who gives the item to you

O. Does anyone own or is anyone buying real estate, such as land and / or buildings, mobile homes, house, etc., anywhere?

YES NO : If yes, complete the following:

Type Address City ST Estimated Value

P. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes, you must list who has the resource and the amount.

ITEM	YES	NO	WHO HAS	\$\$ AMOUNT
➤ Cash on Hand	_____	_____	_____	_____
➤ Checking Accounts	_____	_____	_____	_____
How many checking accounts do you have? _____ Where? _____				Acct # _____
➤ Debit Card Accounts (PayPal, Venmo, etc. Direct Express, etc.)	_____	_____	_____	_____
➤ Savings Accounts	_____	_____	_____	_____
How many savings accounts do you have? _____ Where? _____				Acct # _____
➤ Life Insurance Policy	_____	_____	_____	_____
➤ 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:	_____	_____	_____	_____

If yes to any items above, complete the following:

Type of Resource	Current Value	Name & Address of Financial Institution	Account Number
	\$ _____		# _____

Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? Yes _____ No _____ : If yes, explain. _____

Q. DOES ANYONE OWN, OR HAVE USE OF ANY VEHICLE, SUCH AS A CAR, TRUCK, MOTOR HOME, MOTORCYCLE, OFF-ROAD VEHICLE, CAMPER, BOAT, OR ANY OTHER TYPE OF VEHICLE? YES NO
 If yes, complete the required information on the next page.

TYPE OF AUTO/REC VEHICLE	LICENSE#	STATE / YEAR	MAKE	MODEL
_____	_____	_____	_____	_____

DO YOU HAVE CURRENT INSURANCE AND REGISTRATION IN YOUR NAME ON THE VEHICLE YOU ARE DRIVING? YES NO (IF YES, YOU MUST PROVIDE A COPY OF BOTH WITH THIS APPLICATION) IF VEHICLE IS NOT REGISTERED IN YOUR NAME, WHOSE NAME IS IT IN _____ ?

WHO PAYS INSURANCE, TAX AND LICENSE ON THE VEHICLE? _____
 What is the annual cost of the tax, registration, insurance, license \$ _____

R. CRIMINAL HISTORY (Answer even if the arrest occurred years ago):

1. **HAVE YOU OR ANY HOUSEHOLD MEMBER (LISTED IN THIS APPLICATION) BEEN JAILED FOR ANY REASON? YES NO If Yes, explain:**

2. **HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED, CHARGED, CONVICTED FOR ANY DRUG RELATED CRIMINAL ACTIVITY? YES NO**

IF YES, EXPLAIN, GIVING ALL DATES, CHARGES, CITY AND STATES: _____

3. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD (LISTED IN THIS APPLICATION) EVER BEEN TICKETED, ARRESTED, CHARGED OR CONVICTED FOR ANY NON- VIOLENT CRIMINAL ACTIVITY? (DUI, DWI, Speeding, Marijuana, Drug Paraphernalia, Prescription Medication, Shoplifting, Theft, etc.) YES NO

If yes, explain giving dates, charges, city, state, and outcomes: _____

4. HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED, CHARGED, CONVICTED, JAILED FOR VIOLENT CRIMINAL ACTIVITY? (Use of weapons to commit a felony, assault, murder, rape, sexual assault, etc.) YES NO

If yes, explain giving dates, charges, city, state, outcome) _____

5. ARE YOU OR IS ANY MEMBER OF YOUR FAMILY A REGISTERED SEX OFFENDER? YES NO

Please list the state(s) of record. _____

6. DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE AN OUTSTANDING WARRANT AT THIS TIME? YES NO

If yes, when, and where: _____

7. ARE YOU OR IS ANY MEMBER OF YOUR FAMILY CURRENTLY ON PROBATION FOR ANY ARREST, CHARGE OR CONVICTION? YES NO

If yes, explain: _____

8. HAVE YOU OR ANY OTHER ADULT MEMBER OF THE HOUSEHOLD EVER USED ANY NAME(S), SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU HAVE LISTED ON THIS APPLICATION? YES NO

If yes, please explain: _____

S. HAVE YOU OR ANY OTHER ADULT HOUSEHOLD MEMBER SOLD ANY BUSINESS OR ASSET IN THE PAST TWO YEARS FOR LESS THAN ITS FULL MARKET VALUE? YES NO

If yes, explain _____

T. HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER LIVED IN PUBLIC HOUSING, RENTAL ASSISTED HOUSING OR BEEN ON THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM BEFORE? YES NO

If yes, please explain telling where and when: _____

U. HAVE YOU EVER COMMITTED ANY FRAUD IN ANY HOUSING ASSISTANCE PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? YES NO

If yes, please explain giving dates and where: _____

V. DESCRIBE YOUR CURRENT HOUSING CONDITIONS: _____

1. Were you ever evicted? YES NO If Yes Why? _____

2. Did you ever have infestation of Roaches or Bed Bugs? YES NO

3. What do you pay for monthly rent? \$ _____

4. What do you pay for monthly utilities? \$ _____ Are the utilities in your name? YES NO

If not, whose name are they in? _____

5. What types of utilities do you pay?

Telephone Name of Company _____ Address _____

Type of Cell Phone _____

Cable TV _____

Electricity _____

Gas _____

Water/Sewer _____

Trash _____

6. Have you ever had your utilities disconnected for non-payment? YES NO

7. Do you owe any utility company an outstanding bill? YES NO Name of Company _____

8. Number of bedrooms in the last house/apartment? _____
 9. Do you rent a storage unit at this time? YES NO

W. HAVE YOU OR ANY OTHER ADULT HOUSEHOLD MEMBER OF THIS FAMILY BEEN EVICTED FROM PUBLIC HOUSING, THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM OR PRIVATE HOUSING? YES NO

If YES, list all applicable housing agencies/landlords here:

Name of Landlord	L/L Current Address	Phone #	Date of Eviction	Reason
Name of Landlord	L/L Current Address	Phone #	Date of Eviction	Reason
Name of Landlord	L/L Current Address	Phone #	Date of Eviction	Reason

X. DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD OWE ANOTHER PUBLIC HOUSING AGENCY OR LANDLORD MONEY? YES NO IF YES, HOW MUCH \$ _____
DO YOU HAVE A REPAYMENT AGREEMENT IN PLACE FOR THE FUNDS OWED? YES NO

Present and Previous Addresses &/or Landlords: List all previous Landlords you have had for the **PAST 10 YEARS** with complete names, addresses, dates, and phone numbers. **(IF YOU DO NOT ACCOUNT FOR 10 CONSECUTIVE YEARS, YOUR APPLICATION MAY NOT BE CONSIDERED).**

CURRENT LANDLORD NAME	LANDLORD CURRENT ADDRESS	LANDLORD PHONE #	ADDRESS WHERE YOU LIVED	YEARS YOU LIVED THERE
1.				
PREVIOUS LANDLORD				
1.				
2.				
3.				
4.				

Y. ARE THERE ANY CHILDREN 7 YEARS AND UNDER WHO HAVE AN ELEVATED BLOOD LEVEL OF LEAD? YES NO

Names: _____

Z. Do you or does any member of your family smoke e-cigarettes, cigarettes, cigars, or pipe? YES NO
FHA PROHIBITS SMOKING IN OUR APARTMENTS AND BUILDINGS. ALL SMOKERS MUST USE THE DESIGNATED SMOKING AREAS. If you are a smoker, strongly consider your legal obligation to the lease to use the designated outside areas to smoke or face stiff fines and/or immediate eviction.

AA. MEDICAL EXPENSES – 62+ ELDERLY, HANDICAPPED OR DISABLED FAMILIES ONLY:

If the head of household or the spouse of the head of household is: A) 62 years of age or older; B) Handicapped; or C) Disabled: AND if any household member pays out of your pocket for medications, medical / dental treatments, medical insurance or prescribed appliances which are not reimbursed to you from insurance or Medicaid, you must sign an authorization form for third party verification for your Physicians, Pharmacist and Insurance coverage for additional consideration when processing your application. (Next page)

Name of Pharmacy	Complete Address	Phone
Name of Physician	Complete Address	Phone
Name of Medical Insurance	Complete Address	Phone
Name of Other Medical	Complete Address	Phone

BB. REFERENCES:

List three references – **DO NOT USE RELATIVES**

Name: _____	Address _____	Phone# _____
Name: _____	Address _____	Phone# _____
Name: _____	Address _____	Phone# _____

Mother's Name: _____	Address _____	Phone# _____
Father's Name: _____	Address _____	Phone# _____

AFTER VERIFICATION BY THIS HOUSING AGENCY, THE INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD 50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE.

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect your selection for the program,

Is the Head of Household? White Asian Black Hispanic American Indian Other Origin of Birth _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a Public Housing Agency / Indian Housing Authority may conduct a computer match to verify the information you provided. 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.

You must provide all the information requested by the Public Housing Agency, including all social security numbers you, and all other household members aged six (6) years and older, have and use. Giving the social security numbers of all household members 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the Public Housing Agency: The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.) Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3542) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

APPLICANT (S)' S / TENANT (S)'S STATEMENT

I / WE CERTIFY THAT THE INFORMATION GIVEN TO THE FREMONT HOUSING AUTHORITY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF. I / WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND / OR STATE LAW. I / WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF APPLICATION, TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

I/WE do hereby authorize a review and full disclosure of all consumer credit records concerning myself and authorize any and all references to verify my past as a tenant or character, including counselors, landlords, etc., through any agent, whether said records are of a public, private, or confidential nature. I/We further release any credit agency from any and all liability which may be incurred as a result of collecting and supplying the above listed firm with information.

I/We understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof I filed an application within 7-10 days. I must keep this letter for my records. Also, every year I will be sent a letter to return if I am still interested. I must return this letter, or my application will be dropped. I understand I must notify the Fremont Housing Authority of any changes in income, address, phone number or family composition.

SIGNATURE PAGE OF APPLICATION:

Signature of Head of Household

Date

Signature of Spouse / Co Head

Date

Signature Other Adult Member

Date

Received by FHA Representative

Date Time

- Official Use Only
- SSA Card
 - ID/License
 - Birth Certificate
 - Elderly/Disabled
 - Review Personal Status
 - Divorce/Custody Certification
 - INS 214 Form
 - Criminal History Authorization
 - Landlord History
 - Tenant Certification
 - Proof of Income
 - Proof of Student
 - POA/Conservator
 - Student Status

**ADDENDUM TO APPLICATION
BLANKET AUTHORIZATION
FOR
RELEASE OF INFORMATION**

I hereby authorize and direct any Federal, State, or local agency, organization, business, or individual to furnish information concerning myself, and/or my household to **FREMONT HOUSING AUTHORITY** and/or a duly authorized representative of FREMONT HOUSING AUTHORITY. This information will be used to determine occupancy eligibility and the rent amount of **FEDERALLY SUBSIDIZED HOUSING** or **LIHTC Affordable Housing Programs** managed by FHA.

I am aware that this form may be used to collect sensitive information, which is protected by the Privacy Act. This information will not be disclosed or released outside of Fremont Housing Authority except to appropriate federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

The groups or individuals that may be asked to release information include but are not limited to:

- UIV / EIV Sources (HUD Earned Income Verification System)
- Law Enforcement Agencies / Criminal History – **complete, unaudited records**
- Internal Revenue Service
- Credit Providers & Credit Bureau
- Previous Landlords (Including Public Housing Agencies)
- Past and Present Employers
- State Unemployment Agencies
- Medical Professionals & Facilities
- Child Care Providers
- Retirement & Investment Services
- Banks and Other Financial Institutions
- Courts and Post Offices
- School and Colleges
- Child Support & Alimony Providers
- DHHS/ Social Service / Social Support Agencies
- Social Security Administration
- Veterans Administration
- Utility Companies
- Other _____

I agree that a photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original of this authorization is on file with Fremont Housing Authority and will stay in effect for fifteen months from the date signed.

If I, or any adult members of my household fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

APPLICANT/ TENANT

DATE

SPOUSE/CO-TENANT

DATE

Received by Housing Personnel

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.
- Current Social Security Award Letter – (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, Passport, Permanent Resident Card** – (Driver’s License/ State Photo ID)
- Original - **Social Security Card**
- Original – **Immigration and/or Naturalization Documentation**
- Original **Birth Certificate (state certified copy)** for **ALL** household **persons under the age of 18**.
- Copy of filed documents for Power of Attorney, Conservator, Guardian, etc.
- Copy of Divorce Decree or Separation Papers
- Copy of Immigration and Naturalization documentation