

Hall County Housing Authority

1834 W 7<sup>th</sup> Street, Grand Island, NE 68803

Telephone: (308) 385-5530 Fax: (308) 385-5533 TDD: (308) 385-5664 email: [hcha1@hcha.net](mailto:hcha1@hcha.net)

DONIPHAN APARTMENTS

Doniphan Apartments is an eight unit apartment complex owned by the Hall County Housing Authority and located in Doniphan, Nebraska. The complex consists of 1 one-bedroom unit and 7 two-bedroom units. A shared laundry area is available on the main floor.

Stove, refrigerator, window air conditioner and window coverings are provided in each unit and HCHA will provide garbage and snow removal service.

HCHA encourages clients on the tenant based voucher program to apply. This project is a no smoking and no pet facility. HCHA follows all Fair Housing laws and actively supports affirmatively furthering Fair Housing policies.

Since appointments are usually scheduled via mail, a current and correct address must be on file. Failure to respond to a request for a scheduled appointment may be cause for the applicant to be removed from the waiting list.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the office at (308) 385-5530.

APPLICATION

This form must be completed in full and signed by all adult members in your family. If information is incomplete or inaccurate, your application will not be accepted. Notification of denial or non-acceptance will be attempted but cannot be guaranteed.

Doniphan Apartments is a pet free and a smoke free facility. Smoking is not permitted anywhere on the property.

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Hm): \_\_\_\_\_ Phone (Wk): \_\_\_\_\_

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED	_____
TIME APPLICATION RECEIVED	_____
APPLICATION NUMBER	_____
ELIGIBLE BEDROOM SIZE	_____

**Household Composition**

Please list all persons who will be living with you at time of assistance (including yourself). Start with the head of household, then spouse or co-head, then minors (oldest to youngest), then any other adults.

#	Legal Name	Sex	Relationship	SSN	Date of Birth
1			<b>HEAD</b>		
2					
3					
4					
5					

**Employment Information**

Family Member	Employer Name	Employer Address	Years Employed	Phone Number	Annual Income

**Banking Information:**

Please list checking accounts, savings accounts.

Name of Bank	Address of Bank	Type of Acct	Account Number

Bedroom Size Requested (please circle one)    1        2

**Emergency Contact Information**

Name	Address	Phone	Relationship
1.			
2.			

Have you ever used a name other than the one you have listed above?  Yes  No

If yes, what name & why? \_\_\_\_\_

Have you ever used a social security number other than the one you have listed?  Yes  No

If yes, explain. \_\_\_\_\_

Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances?  Yes  No

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ What? \_\_\_\_\_

Have you or anyone in your household ever been convicted of any crime other than traffic violations?  Yes  No

If yes, please explain. \_\_\_\_\_

**Suitability Screening**

Have you ever been evicted?  Yes  No If yes, by whom? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Please list the name, address and dates of rental for three previous landlords or explain why this information is not applicable to your situation.

If not applicable \_\_\_\_\_

Landlord Address	Landlord Name	From	To	Telephone

Have you received any notices for lease violation or were you asked to leave (including non-renewal of lease) by any previous

landlord?  Yes  No If yes, please explain: \_\_\_\_\_

Do you need a reasonable accommodation?  Yes  No If Yes, please see attached form.

**Authorizations, Representations and Certifications**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission, and may be grounds for eviction.

I/We, do hereby swear and attest that all of the information above is true and correct and hereby authorizes the landlord to verify the above item including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

If either head or Spouse is not present please explain why? \_\_\_\_\_

Signature of Head of Household \_\_\_\_\_

Date \_\_\_\_\_

Signature of Spouse or Other adult \_\_\_\_\_

Date \_\_\_\_\_



**HCHA**

HALL COUNTY  
HOUSING AUTHORITY  
1834 W 7th Street  
Grand Island, NE 68803

**CONSENT TO RELEASE INFORMATION**

I hereby give authorization to release any and all information and documentation necessary to determine pre-eligibility, eligibility and continued eligibility for housing assistance through the Hall County Housing Authority. Information requested includes but may not be limited to:

1. **Income:** Including employment, pension, regular gifts, Social Security benefits, TANF, Unemployment, Military Pay, Workman's compensation benefits, alimony, child support, etc.
2. **Assets:** Including banking and savings accounts of record (including IRA's and CD's, stocks, bonds, financial institutions, homes, mobile homes and items of value (excluding vehicles).
3. **Law Enforcement Agencies:** Information including criminal history, pending criminal charges, and civil matters in which I may have been involved in.
4. **Utility Companies:** Information regarding my performance records as a customer.
5. **References:** Landlord history or related history that would indicate my ability to abide by a lease and/or live independently.
6. **Medical Expenses:** Information concerning past medical expenses for use only in determining family's eligibility and rent (if eligible).
7. **Educational Institutions:** Information providing proof of attendance, class load, and full-time status.
8. **INS:** Information regarding citizenship and the family's eligibility to receive benefits.
9. **Medical Information:** Only when a resident "Request for a Reasonable Accommodation" form is attached. Information to be received will be limited to medical documentation that the "Request for Reasonable Accommodation" is medically necessary.

A photo or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

This consent form expires 15 months after it is signed.

I have read the above and do understand and agree to the release of this information.

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Other Adult)

\_\_\_\_\_  
Date

