



Blair Housing Authority Pre-Application for Public Housing



The Blair Housing Authority offers the following housing assistance. Please read and mark which type of assistance you are applying for.

- Public Housing, “Scattered-Site Housing”:** These units are owned by the Blair Housing Authority and located throughout Blair. There are 2 bedroom duplexes and 3 bedroom houses. Applicants must meet income guidelines. Rent is based on income. Utilities are not included in the rent. A utility allowance is deducted from the rent amount due. Effective April 1, 2018, all Blair Housing Authority properties are smoke-free. Smoking lighted tobacco products is not permitted on any BHA property, including the use of E-cigarettes. All rental payments are made to the Blair Housing Authority.
- Parkview Manor Apartments:** These units are owned by the Blair Housing Authority. There are Efficiency, 1 bedroom and 2 bedroom apartments. Applicant must meet income guidelines. Rent is based on income. All utilities are included in the rent. Effective April 1, 2018, all Blair Housing Authority properties are smoke-free. Smoking lighted tobacco products is not permitted on any BHA property, including the use of E-cigarettes. Parkview Manor *does* offer “Handicapped Accessible” units. All rental payments are made to the Blair Housing Authority.

Head of Household (print legal name):

Last Name	First Name	M.I.	Gender	Date of Birth	Age	Social Security #

Physical Address		Mailing Address (if different than physical address)					
Street Address	City	State	Zip	Mailing Address	City	State	Zip

Home Phone	Cell Phone	Email

Please list all family members that will be living in the household. You must provide ALL information requested by the Blair Housing

Last Name	First Name	MI	Sex	Date of Birth	Place of Birth (city and state)	Relationship to Head of Household	Social Security Number	Full-time Student? (yes or no)	Race	Ethnicity (Hispanic or Non-Hispanic)
						Head				

Have you or your spouse or co-head: (mark yes or no in blank provided)

Lived in Public Housing prior and/or received rental assistance? _____ If yes, Where? _____ When? _____

Ever been evicted from Public Housing, Section 8, or other Subsidized Housing? _____ If yes, why? _____

Ever been charged or convicted of a misdemeanor or felony? _____ Yes _____ No

Answering yes to this question does not constitute automatic denial of your application. If you fail to disclose information, your application can be denied.
If yes, please explain: _____

Is any household member subject to a lifetime sex offender registration requirement in any state? _____ Yes _____ No

Do you or your spouse or co-head claim any of the following preferences? (Answer yes or no in blank provided)

Employed full-time (30 hours or more per week)? _____ If yes, Who? _____ Where? _____

Full-time student? _____ If yes, Who? _____ Where? _____

Resident of the City of Blair? _____ If yes, how long? _____ Resident of Washington County? _____ If yes, how long? _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any Department of Agency of the United States as to any matter within its jurisdiction.

Family Income Information: Please list the source and amount of all current income received by all family members. Include all earnings and benefits received from Wages, AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, Alimony, etc.

<u>Family Member Name</u>	<u>Income Source</u> What type of income is it?	<u>Gross Amount \$</u> Amount before deductions	<u>Frequency</u> – How often do you receive income? Weekly, Bi-Weekly, Semi-Monthly, Monthly, or Annually (pick one)	<u>For Employment Income Only</u>	
				<u>Rate per Hour \$</u>	<u># of Hours Worked per Week</u>

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the Blair Housing Authority in writing, IMMEDIATELY.

All adults 18 and older must sign the application.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Other Adult: _____ Date: _____



Warning 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter 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.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	
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.



BLAIR HOUSING AUTHORITY
Helping Provide Affordable Housing

Kim O'Neill
Executive Director

RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while applying for or participating in public housing?

- ✓ If you have disability that requires you to need an accommodation or adjustment in the program's rules, policies, practices, or services.
- ✓ If you need a modification of your Public Housing unit or its associated premises, you have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

- ✓ We will attempt to approve your request if you can submit proof that you have a disability that requires a *reasonable* accommodation or modification.

How do I file a request?

- ✓ You can request a reasonable accommodation by filling out a **Family Request for Reasonable Accommodation or Physical Modification Form & Verification of Need for Reasonable Accommodation Form**. The forms are available at the Blair Housing Authority office located at Parkview Manor 758 South 16th Street Blair, NE 68008 or by calling 402.426.4552 during business hours.

What happens after I file the request?

- ✓ Your request will be reviewed and you will receive a response within 30 days upon receipt. If your request is rejected, an explanation will be enclosed. You have the right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Head of Household

Date

The Blair Housing Authority will make every effort to make this information available to ALL persons with disabilities in alternate formats upon request. Please allow a minimum of seven (7) days for preparation of the materials.

758 South 16th Street • Blair, NE 68008 • Phone: 402.426.4552 • Fax: 402.426.4820

Email: kim@blairhousing.com



BLAIR HOUSING AUTHORITY
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Kimberly O'Neill
 Executive Director

AUTHORIZATION

HUD requires that a "Release of Information" document be completed in order to determine housing assistance eligibility.

I/We, hereby authorize the **Blair Housing Authority** and **HUD** to obtain information about me and/or my family that is pertinent to eligibility for or participation in the assisted housing program.

Inquiries may be made about:

INCOME SOURCES

Employment
 Pensions/Annuities
 Federal Tribal
 State Benefits
 Handicapped/Disabled Benefits
 Assets

EXPENSES

Child Care
 Medical

OTHER

Family Composition
 Social Security #'s
 Marital Status
 Immigration Status
 Criminal History
 Credit Report
 Utility Consumption History

Any individual or organizations may be asked to release information:

PROVIDERS OF:

Banks & Other Financial Institutions	Law Enforcement Agencies
Department of Health & Human Services	U.S. Dept. of Veteran Affairs
Handicapped Assistance	Schools & Colleges
Utility Companies	Pensions/Annuities
Child Support	Credit Bureaus
Landlords	Housing Authorities
Medical Care	Employment
Alimony	Courts

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature-Head of Household	Date	Signature -Spouse/Other Adult	Date
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Printed Name	Printed Name
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