

**SHELTON HOUSING AUTHORITY APPLICATION**

PLEASE LEAVE BLANK  
OFFICE USE ONLY  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Initials: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Personal Declaration**

*This form must be completed in its entirety. You must use the correct legal name for each member of your household as it appears on their Social Security Card.*

**Household Composition**

List below all household members who will be living in the unit.

(Legal Name) First Name, Middle Initial, and Last Name	Date of Birth	Relationship to Head of Household	Social Security Number	Place of Birth
<b>HEAD</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you anticipate on change in your family size in the next twelve months? Yes \_\_\_ No \_\_\_  
If yes, explain changes below:

Are you separated? \_\_\_\_\_ Are you divorced? \_\_\_\_\_ If separated or divorced, fill in information of spouse/ex-spouse below, if known:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Social Security: \_\_\_\_\_

**GENERAL INFORMATION**

HUD requires that we obtain the following information for each family member. If a member is bi-racial, we ask that you indicate all races: Please use guide to the right and indicate which numbers apply.

	<u>Race</u>	<u>Ethnicity</u>	<u>Race</u>
Head of Household	_____	_____	1 – White
Spouse/Other Adult	_____	_____	2 – Black
Household Member	_____	_____	3 – American Indian or Alaskan
Household Member	_____	_____	4 – Asian
			5 – Hawaiian/Pacific Islander
			6 – Mixed: See above paragraph.

Ethnicity: Please mark A or B.  
A – Hispanic  
B – Non-Hispanic

Head of Household and/or Spouse: Please check one:  
 \_\_\_ Non-Elderly                      \_\_\_ 62 Years or Older                      \_\_\_ Person with a Disability

- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes \_\_\_ No \_\_\_ If yes, explain below:  
\_\_\_\_\_
- 2) Are you or any adult member of your family students? Yes \_\_\_ No \_\_\_ If yes, where do you attend school? \_\_\_\_\_
- 3) Have you or any member of your family lived in assisted housing? Yes \_\_\_ No \_\_\_ If yes, list where and when? \_\_\_\_\_  
  
Also, if yes, did you leave owing any monies for damages, past due rent or late charges in the assisted housing? Yes \_\_\_ No \_\_\_
- 4) Have you ever been requested to repay money knowingly misrepresenting information or committed any fraud in a Federally assisted housing program? Yes \_\_\_ No \_\_\_ If yes, explain : \_\_\_\_\_
- 5) Do you or any member of your household claim handicapped or disabled status for eligibility purposes? Yes \_\_\_ No \_\_\_ Do you draw SSI \_\_\_\_\_, VA Disability \_\_\_\_\_, SS Disability \_\_\_\_\_, Other \_\_\_\_\_ Explain: \_\_\_\_\_
- 6) Do you or any member of your household require a special needs dwelling unit? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_
- 7) How did you hear about our program? \_\_\_\_\_
- 8) Who is your caseworker at Social Services? \_\_\_\_\_

Have you or anyone listed on this application engaged in drug-related criminal activity or violent criminal activity, including criminal activity by any family member as defined below? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**Crime by family members:**

- (a) **At any time, the HA may deny assistance to an applicant,** or terminate assistance to a participant family if any member of the family commits:
  - (1) **Drug-related criminal activity; or**
  - (2) **Violent criminal activity**
- (b) **If the HA seeks to deny or terminate assistance** because of illegal use, or possession for personal use, of a controlled substance, such use or possession must have occurred within five years before the date that the HA provides notice to the family of the HA determination to deny or terminate assistance. The HA may not deny or terminate assistance for such use or possession by a family member, if the family member can demonstrate that he or she:
  - (1) Has an addiction to a controlled substance, has a record of such impairment, or is regarded as having such an impairment; and
  - (2) Is recovering, or has recovered from such an addiction and does not currently use or possess controlled substances. The HA may require a family member who has engaged in the illegal use of drugs to submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.
- (c) **Evidence of criminal activity.** In determining whether to deny or terminate assistance based on drug-related criminal activity or violent criminal activity, the HA may deny or terminate assistance if the preponderance of evidence indicates that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted.

Taken from Housing and Urban Development (Code of Federal Regulations – CFR 24, CH. IZ 982.553 (4-1-97))

**INCOME INFORMATION**

**List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security(including Medicare), disability payments (SSI), Worker's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts (including CD, savings, checking, and Money Market accounts), alimony, unemployment and all other sources.**

Head of Household	Spouse/Other Adult
Social Security/Medicare: \$ _____	\$ _____
Gross Wages: \$ _____	\$ _____
<i>Please indicate how often paid on gross wages.</i>	
SSI: \$ _____	\$ _____
Disability: \$ _____	\$ _____
Pension/Retirement: \$ _____	\$ _____
Rental Income: \$ _____	\$ _____
Real Estate: \$ _____	\$ _____

**Names of Financial Institution(s) – Account Numbers**

**List: CD's, Checking, Savings, Money Market, Stocks, Bonds, IRA's, & %Of Interest**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1) Does anyone outside of your household pay for any of your bills or give you money? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
- 2) Do you expect to receive any other income in the next twelve (12) months? Yes \_\_\_ No \_\_\_ If yes, from what source? \_\_\_\_\_
- 3) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Hours: \_\_\_\_\_ Wage: \_\_\_\_\_
- 4) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ Hours: \_\_\_\_\_ Wage: \_\_\_\_\_

**ASSET INFORMATION**

- 1) Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, ect.)? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_
- 2) Have you sold any real estate or disposed of any asset in the last two years? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_
- 3) Do you own vehicle(s)? Yes \_\_\_ No \_\_\_ Make/Model/Year \_\_\_\_\_  
Make/Model/Year \_\_\_\_\_ License Plate #'s \_\_\_\_\_



Person to call in case of emergencies:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**All Applicants:** Please read the following certification statement and sign where indicated. The Executive Director will assist you with any questions you may have.

**Certified Statement:** The information requested on this form is being collected in connection with regulations of the City of Shelton Housing Authority, Shelton, Nebraska authorized by the United States Department of Housing & Urban Development to determine an applicant’s initial and continuing eligibility; apartment size, and the amount of contribution by the tenant(s). It will be used to provide the basis for managing the program(s), for protecting the United States Government and the City of Shelton Housing Authority’s financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or rejection of eligibility approval, or subsequent determination that initially approved eligibility erroneous. General authorization to request this information is based on the Authority granted by the United States Housing Act of 1937, as amended, 42U.S.C., 1437 et seq., the Housing and Community Development Amendments of 1981, P.L. 97-35. 85 Statute, 348, 408.

**WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

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**Applicant(s)/Tenant(s) Statement:**

I do hereby swear and attest that all of the information above about me is true and correct. All adults over the age of 18 must sign the application. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the City of Shelton Housing Authority in WRITING IMMEDIATELY. Typing in your name and date on this form is equivalent to affixing your signature.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

*Equal Housing Opportunity*

Once completed, please either print or save to your computer,  
then email to [director@sheltonhousing.org](mailto:director@sheltonhousing.org).