

FRIEND HOUSING AUTHORITY

1027 2nd Street

Friend, NE 68359-1145

Telephone: (402) 947-6371 Fax: (402) 947-3800

Mail-in PRE-APPLICATION for PUBLIC HOUSING

Instruction: Please read carefully! Incomplete applications will not be processed.

1. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in FHA Admission and Continued occupancy Policy
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the limits established by HUD posted in FHA office.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers.
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a FHA-approved pre-occupancy orientation session; and
 - (f) Meet the screening requirements related to criminal activity and alcohol abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
3. Applications will be accepted in person or by mail, sent to the following address, post marked with dates when FHA is accepting applications:

FRIEND HOUSING AUTHORITY

1027 2ND STREET

FRIEND, NE 68359-1145

Except

4. Applicants with disabilities may seek assistance with the completion of the application at the Friend Housing Authority at the above address.
5. Be sure to include the name, social security number, date of birth, and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

Friend Housing Authority is an Equal Housing Provider

FHA use Only:	Lottery Number
Date of application:	Time of application:

Pre-application for Public Hearing

1. Name of head of household: _____
2. Name of adult co-head of household _____
3. Current address, Street, Apt. # _____

For Statistical Purposes Only

4. Race of Head: African American/Black Asian or Pacific Islander
Native American/Alaskan Native Caucasian/White
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

	First Name & Last Name if different From heads	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Fulltime Student
H					Head			
1								
2								
3								
4								
5								
6								
7								
8								

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc? ____ Yes ____ No.
7. Is the applicant family displaced by governmental action through no fault of their own? ____ Yes ____ No.
8. Is the applicant family displaced by domestic violence? ____ Yes ____ No
9. Is any adult family member employed? ____ Yes ____ No
10. Is any adult family member enrolled in a job training program, including one required under the welfare program? ____ Yes ____ No

11. Is any adult family member enrolled in an education program full-time?
 _____ Yes _____ No
12. Family Income Information: Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFCD/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency - Per
			Week – Month - Year
			Week – Month - Year
			Week – Month - Year
			Week – Month - Year

13. Current Landlord's name and phone#: _____
 Date Family Moved to this location: _____
14. Most recent former address, street, apt.#: _____
 Most recent former city, state, and zip: _____
 Most recent former area code and phone#: _____
15. Most recent prior landlord's name, phone#: _____
 Date Family Moved to this location: _____

FHA will be contacting all former landlords for the period of three years from the date of application.

I/we certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/we authorize the release of information to the Friend Housing Authority by my/our employer(s), the Department of Public assistance, the Social security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature _____ Date _____

Co-applicant Signature _____ 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 with the jurisdiction of a department or agency of the United States shall be fined not more that \$10,000 or imprisoned for not more than five years or both.