

Cairo Housing Authority
420 S High Street, PO Box 337
Cairo, NE 68824



APPLICATION FOR TENANT ELIGIBILITY

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.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

TIME APPLICATION RECEIVED _____

Applicant Name: _____

Phone (Hm): _____

Address: _____

Phone (Wk): _____

City

State

Zip

Have you or your family been Displaced by Government Action or as a result of a federally recognized disaster?

Yes _____ No _____

Household Composition and Characteristics

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	Age
1			HEAD*			
2						
3						
4						
5						
6						
7						
8						

Social Security cards must be provided for all family members. Picture I.D. is required for all adult household members.

Family Characteristics

Race

Ethnicity

#	White	Black	American Indian/ Alaska Native	Asian or Pacific Islander	Hispanic	Non-Hispanic
1						
2						
3						
4						
5						
6						
7						
8						

(Please check appropriate box for both Race and Ethnicity)

Does anyone live with you currently who is not listed above? Yes ____ No ____ If yes, please explain

Do you anticipate any change in your household composition in the next 12 months? Yes ____ No ____ If yes, please explain

Is the head of household or spouse handicapped or disabled? Yes ____ No ____

Are any other household members handicapped or disabled? Yes ____ No ____

Are you currently homeless? Yes ____ No ____

Please identify any special housing needs of your household: _____

Household Income

Please list all income received by family members (including income received by or on behalf of minors). Include employment, SS, SSI, Pension, child support, TANF, alimony, regular gifts, military pay, business income, etc. To obtain Social Security benefit information, call 1-800-772-1213.

Mbr. #	Type of Income / Source	Address of Income Provider	Current Monthly Income	Anticipated Annual Income

Did you file a Federal Income Tax return for the most recent year? ____ Yes ____ No

Does anyone outside your household pay any of your bills or expenses? ____ Yes ____ No

Explain: _____

Asset Information

Please list all assets including, stocks, bonds, trusts, real estate, cash or other asset owned (given away or sold within the last two years). Do not include cars unless they can be lived in (trailer, Winnebago, R.V., etc.)

Mbr. #	Asset Description	Current / Disposed?	Market Value	Cash Value	Int. Rate	Annual Income

Have you disposed of assets within the last two years? ____ Yes ____ No

Banking Information:

Please list all checking accounts, savings accounts, certificates of deposit, or other monetary assets.

Name of Bank	Address of Bank	Type of Asset	Joint/Indiv.	Balance	
				Current	6-mo. Avg.
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Expenses – Medical / Disability Assistance / Child Care

Please list all out-of-pocket *medical expenses* for the entire family if the head of household or spouse is over the age of 62 or handicapped / disabled. If you have incurred expenses because of a disability that allow you to work, please list the *disability expense*. Out-of-pocket *child-care expenses* should be listed for all children 12 and under (if this care allows a household member to work or go to school).

Mbr. #	Type of allowance	Name of Provider	Address of Provider	Annual Expense
	Medical / disability / child care			

Program Integrity Information

Have you ever lived in assisted housing before? ____ Yes ____ No

If Yes, When? _____ Where? _____

Under what name? _____ Who was head of household? _____

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. _____

Have you, or anyone in your household, ever been evicted from Public or Assisted Housing? ____ Yes ____ No If yes, why?

Have you, or anyone in your household, ever violated a family obligation in a HUD-assisted housing program? ____ Yes
____ No

Does anyone in your household owe money to a Public Housing Agency (including Section 8 programs)?
____ Yes ____ No

Do you wish to move? ____ Yes ____ No If no, what is your current rent? ____ What utilities are
your responsible for? _____

Public Housing 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

Do you own or plan to own any pets? ____ Yes ____ No If yes, what kind of pet and how many? _____
Size: _____ Weight: _____

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

Do you or any member of your family smoke cigarettes, cigars, pipe or any tobacco substance? ____ Yes ____ No

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 or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 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 U.S. or the Department of Housing and Urban Development.

I/We, do hereby swear and attest that all of the information above is true and correct. I/We 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, in writing, to the Cairo Housing Authority immediately.

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

Signature of Head of Household _____ Date _____

Signature of Spouse or Other adult _____ Date _____