



## PRE-APPLICATION FOR THE KEARNEY HOUSING AGENCY

<b>PLEASE LEAVE BLANK</b>
<b>OFFICE USE ONLY</b>
Date _____
Time _____
Initials _____

1. Applying for:  **Housing Choice Vouchers**      rent subsidy for privately owned housing
2. Applicant Name: \_\_\_\_\_
3. Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Telephone No. \_\_\_\_\_ Message No. \_\_\_\_\_ Work No. \_\_\_\_\_
6. Notify in case of an Emergency: Name \_\_\_\_\_ Telephone No. \_\_\_\_\_
7. Are you or your spouse or co-head:  Displaced from your home by a natural disaster  
 A student?     Full time \_\_yes\_\_no                       Part time \_\_yes\_\_no
8. Do you claim handicap or disability status to determine eligibility?  Yes     No
9. Have you ever lived in public housing or received rental assistance?  Yes     No  
If yes, Dates: From \_\_\_\_\_ To \_\_\_\_\_ Where: \_\_\_\_\_
10. Have you ever been evicted from public housing, Section 8, or other Subsidized Housing?  Yes  No  
If yes, reason? \_\_\_\_\_
11. Do you require a unit with accessible features (Ex: wheelchair accessible, bathtub, walk in shower, handrails, etc.)?  Yes  No  
If yes, explain \_\_\_\_\_
12. Has any household member been charged with and/or engaged in Drug Activity, Assault, Rape, Sexual Assault, Burglary, Robbery, vandalism, abusive or violent behavior, child neglect/abuse, been released from jail, is a registered sex offender or any other unlawful activity?  Yes  No  
If yes, explain \_\_\_\_\_
13. Is any household member a smoker?  Yes     No

First Name	Last Name	MI	Sex	Date of Birth	Birth place	Relation to head of Household	Social Security Number	Total Family Income			Race see below	Ethnicity see below
								Amount	/ Source	How often?		
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			

**INSTRUCTIONS**

Please print. Provide complete information for all members of your household including yourself. All income received by or on behalf of any household member must be reported. This includes, but is not limited to, wages, welfare payments, alimony, social security, pension, child support, social security for children, and earnings from a second or part time job.

You must provide all information requested by the Kearney Housing Agency, including all social security numbers you, and all other household members have and use. Giving the social security numbers is mandatory, and not providing the social security numbers will affect your eligibility.

**Relation to head of household:**

Head  
Spouse  
Co-Head  
Other Adult  
Son  
Daughter  
Foster Child  
Live In Aid

**Race:**

1 – White  
2 – Black  
3 – American Indian or Alaskan  
4 – Asian  
5 – Hawaiian/Pacific Islander  
6 – Mixed: If mixed, please list all races

**Ethnicity:**

A – Hispanic  
B – Non Hispanic

**RENTAL HISTORY**

Current Address: \_\_\_\_\_  
Landlord(s) Name: \_\_\_\_\_  
Landlord(s) Address: \_\_\_\_\_  
Landlord(s) Phone Number: \_\_\_\_\_  
Move In Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Landlord(s) Name: \_\_\_\_\_  
Landlord(s) Address: \_\_\_\_\_  
Landlord(s) Phone Number: \_\_\_\_\_  
Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Landlord(s) Name: \_\_\_\_\_  
Landlord(s) Address: \_\_\_\_\_  
Landlord(s) Phone Number: \_\_\_\_\_  
Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

*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 members must be reported to the Kearney Housing Agency in WRITING IMMEDIATELY.*

*All adults over the age of 18 must sign the application*

*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Spouse or Co-Head* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Other Adult* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Other Adult* \_\_\_\_\_ *Date* \_\_\_\_\_

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