OMAHA TRIBAL HOUSING AUTHORITY
Rental Application Checklist

Application must be "renewed" every year to remain eligible and on the waiting list

- ☐ Must be Completed *and* Signed by ALL Members of the Household that are 18 and older or an Emancipated Minor.
- ☐ Copy of STATE Birth Certificate, Social Security Card and Tribal Enrollment

INCOME VERIFICATION (of all household members 18 and older):

☐	Copy of Most Current Pay Stub	☐	Not Applicable
☐	Copy of Social Security Award Letter	☐	Not Applicable
☐	Copy of VA or Retirement Check Stubs	☐	Not Applicable
☐	Copy of TANF/GA/Welfare Check Stubs	☐	Not Applicable
☐	Worker's Compensation Check Stubs	☐	Not Applicable

ADDITIONAL INFORMATION REQUESTED (If Applicable)

- ☐ **Criminal/Drug Charge** (provide documentation all court requirements have been met)
- ☐ **Probation/Parole** (letter of compliance from Probation/Parole Officer)
- ☐ **Registered Violent/Sexual Offender** (proof of registration)
- ☐ **Temporary/Joint Custody** (provide Court Ordered Documentation)
- ☐ **Evicted from OTHA** (will need a 6-month Rental Reference)
- ☐ **References** (6-month rental)

PO Box 150, Macy, NE 68039

Phone: (402) 837-5728
Fax: (402) 837-5350

Email: othauthority@gmail.com

OMAHA TRIBAL HOUSING AUTHORITY

Application for All Rental Programs

This Application will not be processed until all information requested has been Completed, Submitted, and Verified

RECEIVED:

APPLICANT NAME: (Head of the Household – must be 18 and older or an Emancipated Minor)

Last Name First Name Middle Initial

NAMES USED, IF OTHER THAN ABOVE: _____

Contact Information:

Mailing Address: _____ City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Are you a Veteran of the Military Services? ☐ Yes ☐ No If yes, provide a copy of your DD-214

I. HOUSEHOLD COMPOSITION

Household Member	Relationship to HOH	Sex	Date of Birth	Social Security #	Tribal Affiliation	Enrollment #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Do you anticipate any change in household composition during the next 12 months? ☐ Yes ☐ No

If yes, explain:

Does anyone in the household have any needs that might be better served by a unit which is accessible to people with mobility, hearing, or visual impairments? (*Will need to provide S.S.I.D. or 3rd Party Verification)* ☐ Yes ☐ No

If yes, explain:

Do you have a pet? ☐ Yes ☐ No If yes, what kind?

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II. BACKGROUND CHECK

BACKGROUND CHECKS WILL BE COMPLETED ON ALL ADULTS IN THE HOUSEHOLD

Have you or any of your household members ever been convicted of a FELONY? ☐ Yes ☐ No
If yes, explain (include Who, What, Where, and When):

Are you or any of your household members required to register for the Sexual or Violent Offender Registry? ☐ Yes ☐ No
If yes, explain (include Who, What, Where, and When):

Have you or any member of your household ever been CHARGED and/or ARRESTED for any Drug-Related Criminal Activity, Drug Paraphernalia, or Criminal Activity? ☐ Yes ☐ No
If yes, explain (include Who, What, Where, and When):

Are you or any of your household members required to register for the Sexual or Violent Offender Registry? ☐ Yes ☐ No
If yes, explain (include Who, What, Where, and When):

Is ANY household member on Probation or Parole? ☐ Yes ☐ No If yes, Who:
Name of Probation/Parole Officer: Phone Number:

III. HOUSEHOLD INCOME

Household Member	Employer	Employer Phone Number	Gross Wages Received Annually (Amount before tax)

Does any household member receive any income from the following sources ON A MONTHLY or REOCURRING BASIS?

Source of Income	Yes	No	Amount Received Monthly	Amount Received on a Reoccurring Basis
Self-employment (*Please provide a copy of the most recent Tax Return or Past 6 Months of Profit/Loss Statements)*	☐	☐		
Welfare Assistance (TANF, General Assistance)	☐	☐		
Veteran's Administration	☐	☐		
Child Support	☐	☐		
Social Security	☐	☐		
Disability Benefits (Supplemental Social Security)	☐	☐		
Retirement Benefits	☐	☐		
Pension (PERA, Railroad, etc)	☐	☐		
Worker's Compensation	☐	☐		

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IV. RENTAL HISTORY

Other:

Do you or any member of your household own or are currently buying a home?

What are your current living arrangements?

PLEASE PROVIDE INFORMATION REGARDING YOUR PAST RENTAL HISTORY

Landlord Name: Phone Number(s):

Address: City, State, and Zip Code:

Rented From (MM/DD/YY): To: Currently renting? ☐ Yes ☐ No If yes, monthly rent? $

Have you or any member of your household ever or are currently receiving assistance from Omaha Tribal Housing Authority?

☐ Yes ☐ No If yes, explain (Who, When, and Where):

If you are currently experiencing homelessness, please explain the reasons that lead to this:

V. SIGNATURES

I/We hereby affirm that the information provided is true and complete to the best of my/our knowledge, and authorization the Housing Authority to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in being determined ineligible for services. If any of the aforementioned information changes, I/We agree to notify the Housing Authority immediately.

All household members age 18 or older or Emancipated Minor sign below:

House of Household Signature: Date:

Adult Signature: Date:

Adult Signature: Date:

Adult Signature: Date:

Adult Signature: Date:

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VI. NOTICE

TO ALL APPLICANTS:

The HUD Regulations establish administrative procedures for imposing civil penalties and assessments against person(s) who file false claims or statements while applying for housing benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants for Indian Housing Programs, as well as tenants and homebuyers.

The Program Fraud Remedies Regulations apply to any persons(s) who misrepresents or omits information from application for housing, income verification(s), re-examination(s) of information, family composition, age(s) of family member(s), etc. HUD Inspector General may investigate, and the applicant(s) may be subject to the following penalties:

1. Up to $5,000 for filing such a claim; or

2. Up to $5,000 plus up to twice the amount of benefits which were fraudulently received; and

3. In any case, whether or not benefits were actually received by the individual family, and other remedy which may be prescribed by law will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

Some of the areas where such fraud may occur:

*Families reporting less than all sources of income, (e.g. only reporting husbands' income when both spouses are working; or not reporting all or part of part-time income or other seasonal income.)

*Families listing more dependents than are eligible or who live in the household.

*Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach age 18.

*Families not reporting all assets, such as bank accounts, real estate/homes owned (other than Trust Land, which is not an asset for this program.)

All household members age 18 or older or Emancipated Minor sign below:

House of Household Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

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VII. AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a program or are currently residing in a unit under the management of the Omaha Tribal Housing Authority (hereinafter, OTHA). As part of the application/certification process, OTHA may need to verify information contained in my/our application or file update and in other documents that are required.

I/We authorize you to provide OTHA all information and documentation that they request.

The authorization also includes any minor children of the above-named individuals.

All household members age 18 or older or Emancipated Minor please print your full legal name and list your Social Security Number below:

Printed Name: _____ Social Security Number (last four) XXX-XX-_____

Printed Name: _____ Social Security Number (last four) XXX-XX-_____

Printed Name: _____ Social Security Number (last four) XXX-XX-_____

Printed Name: _____ Social Security Number (last four) XXX-XX-_____

A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.

Your prompt reply to OTHA is appreciated. Furthermore, I/We grant OTHA permission to release information necessary in assisting me/us in obtaining other services for which I/We may be eligible.

All household members age 18 or older or Emancipated Minor sign below:

House of Household Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.

EQUAL HOUSING OPPORTUNITY

OMAHA TRIBAL HOUSING AUTHORITY
MACY - NEBRASKA - 68039
PO BOX 150 Telephone :(402)837-5728 Fax :(402)837-5350

CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT AUTHORIZAION DOCUMENT

By Signing below, I authorize Omaha Tribal Housing Authority to order consumer reports and investigative consumer reports from Datasource, Inc. ('Datasource"), 1200 NW South Outer Road, Suite 319, Blue Springs, MO 64015, (877) 577-3832, to the extent allowed by law. I Understand that, to the extent allowed by law, OTHA may rely on this authorization to order additional consumer reports and investigative consumer reports from Datasource without asking me for my authorization again during any period of employment.

For the specific purpose of preparing consumer reports and investigative consumer reports for OTHA, and *subject to all laws protecting my privacy*, I authorize the following to disclose to Datasource the information needed to compile the reports: law enforcement and all other federal, state, and local agencies; all courts; my past or present employers; learning institutions, including colleges and universities; credit bureaus; and motor vehicle records agencies.

The below-requested information will be used for background screening purposes only.		
Last Name:	First Name:	Middle Name:
Other Name(s) (Alias) Use		
☐ Check this box if you have **no** middle name **or** initial		
Social Security Number:		
Date of Birth:		
Driver's License Number:		
Current Street Address:		Apt.
City:	State:	Zip:
Email Address:		Phone:
Applicant Signature of Acknowledgement and Authorization:		
Signature:		
Date:		

VIOLENCE, DATING VIOLENCE OR STALKING

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant _____ Date _____

Landlord _____ Date _____