



OMAHA TRIBAL HOUSING AUTHORITY

Pe'Zhitu Village Housing Application

Application & document checklist

SUBMIT TO: **deanna.rife@theomahatribe.com**

DOCUMENTS TO PROVIDE FOR ELIGIBILITY VERIFICATION

Applications are accepted before all verification documents are received. Documents below are used to complete eligibility review.

- ☐ Copy of birth certificate or other acceptable birthdate/household verification
- ☐ Copy of Social Security card or other USDA-accepted SSN verification
- ☐ Tribal enrollment verification for enrolled members, if applicable
- ☐ Evidence of agricultural work: employer letter, payroll record or other acceptable proof
- ☐ Proof of household income (payroll, benefit statements or other acceptable records)
- ☐ Supporting records for assets or qualifying deductions, if applicable

APPLICANT CONTACT DETAILS

Phone number

Email address (if any)

Current mailing or street address

City

State

ZIP



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Household members & circumstances

Include all persons who will live in the unit. List the applicant first.

Full legal name	Relationship	Birth date	Gender*	SSN (if issued)
Applicant				

HOUSEHOLD DETAILS

Any household member temporarily absent or expected to move in/out?

☐ Yes

☐ No

If yes, explain (including expected birth, custody or change in members)

Does anyone need an accessible unit or reasonable accommodation?

☐ Yes

☐ No

* Gender information is voluntary; see USDA disclosure on page 7.



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Agricultural work eligibility

Complete for the tenant or co-tenant whose farm work may qualify the household.

Qualifying person (name from page 2)

Farmworker category

- ☐ Active ☐ Retired
☐ Disabled while a farmworker

AGRICULTURAL WORK HISTORY

Employer / agricultural operation

Employer contact / phone

Describe the agricultural work performed (not just the job title)

Date started (approx.)

Date ended or current

Qualifying farm earnings (\$), if known

IF ACTUAL QUALIFYING FARM EARNINGS ARE UNAVAILABLE

USDA may consider documented workdays instead. One whole day is at least 7 hours of qualifying farm work.

Days worked at least 7 hours

Time period covered

FOR RETIRED OR DISABLED AGRICULTURAL WORKERS ONLY

Approximate retirement / disability date

Previous agricultural employer

Relevant past agricultural employment / years worked



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Household income | USDA sample

Mark sources received by any household member. List gross amounts below.

Wages or salary (including agricultural wages)	☐ Yes	☐ No
Government program wages / work programs	☐ Yes	☐ No
Tips, bonuses, commissions or overtime	☐ Yes	☐ No
Self-employment / business income	☐ Yes	☐ No
Social Security or survivor benefits	☐ Yes	☐ No
Disability / SSI or death benefits	☐ Yes	☐ No
Pension, retirement or annuity	☐ Yes	☐ No
Unemployment or workers compensation	☐ Yes	☐ No
Military pay	☐ Yes	☐ No
TANF / public assistance	☐ Yes	☐ No
Alimony or child support	☐ Yes	☐ No
Rent or sale of property	☐ Yes	☐ No
Lottery / prize payments	☐ Yes	☐ No
Regular support from people outside household	☐ Yes	☐ No
Insurance policy or severance payments	☐ Yes	☐ No
Student financial assistance	☐ Yes	☐ No
Other income (explain below)	☐ Yes	☐ No

INCOME DETAILS FOR ALL SOURCES MARKED YES

Person / income source	Gross amount (\$)	How often?

For additional income sources, attach a simple list with the same details.



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Household assets | USDA sample

Mark any assets held by household members. Provide amounts when requested.

Checking account(s)	☐ Yes	☐ No
Savings account(s)	☐ Yes	☐ No
Certificates of deposit / money market	☐ Yes	☐ No
IRAs / retirement accounts	☐ Yes	☐ No
Stocks / bonds / treasury bills	☐ Yes	☐ No
Trust funds (including accessible trust funds)	☐ Yes	☐ No
Real estate / land	☐ Yes	☐ No
Cash value of whole or universal life insurance	☐ Yes	☐ No
Cash held at home or in a safe-deposit box	☐ Yes	☐ No
Assets in another state or country	☐ Yes	☐ No
Other assets	☐ Yes	☐ No
Inheritance, lottery payment or insurance settlement	☐ Yes	☐ No
Any asset sold / given away for less than fair value in past two years	☐ Yes	☐ No
Any assets held jointly with another person	☐ Yes	☐ No

ASSETS MARKED YES

Asset type / owner	Current value (\$)	Amount owed (\$)

Additional assets may be listed on a separate sheet.



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Income deductions | USDA sample

Answer yes or no. Only provide details for categories that apply to your family.

Full-time students age 18 or older in your household?

☐ Yes

☐ No

Household member age 62 or older, or member with a disability?

☐ Yes

☐ No

Unreimbursed medical / health expenses for an eligible household?

☐ Yes

☐ No

Unreimbursed disability-related expenses needed for employment?

☐ Yes

☐ No

Attendant care expenses needed so a household member can work?

☐ Yes

☐ No

Childcare costs for children under 13?

☐ Yes

☐ No

If childcare: is it needed for work or school?

☐ Yes

☐ No

If childcare: is any of that cost reimbursed?

☐ Yes

☐ No

ADDITIONAL DETAILS IF ANY ANSWER IS YES

Expense type / which household member

Estimated annual amount paid by household (\$)

If reimbursed, approximate amount / source

Supporting information will be verified before final eligibility and rent certification.



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Certifications & signatures

PRIMARY RESIDENCE AND VERIFICATION CONSENT

I certify that Pe'Zhitu Village will be the primary residence for my household. The information in this application is true and complete to the best of my knowledge. I authorize verification of information needed to establish housing eligibility.

Applicant signature (typed name or handwritten signature)

Date

Co-applicant signature, if applicable

Date

VOLUNTARY FEDERAL DEMOGRAPHIC INFORMATION

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Applicant race (select any):

☐ American Indian / Alaska Native

☐ Asian

☐ Black / African American

☐ Native Hawaiian / Pacific Islander

☐ White

Ethnicity (optional):

☐ Hispanic / Latino

☐ Not Hispanic / Latino

☐ Decline

The gender field in the household table is voluntary.

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