

Application

The first step to becoming a resident of Notre Dame Housing campus is to complete the Application Packet and email, mail, or deliver the packet to Notre Dame Housing, 3439 State St, Omaha, NE 68112. Notre Dame Housing office are 8:30am to 4:30pm Monday through Friday. The questions on the application must include information for all prospective residents. The information provided is confidential and is used only to determine eligibility to Notre Dame Housing. Notre Dame Housing date/time stamps the application as it is received at the Notre Dame Housing office and this reserves a prospective resident's place on the residency waiting list. Upon availability, Notre Dame Housing will offer an apartment home to a prospective resident on the waiting list in the order their application was received.

Alternative Contact

If you are interested in listing an alternative contact, please complete the Supplemental / Optional Contact for Assisted Housing Applicants form at the end of this application.

General Information

Please begin completing the application by answering the general information section below. If you need assistance in completing the application, please contact Notre Dame Housing (402) 451- 4477. Email: NDHinfo@ndhinc.org

A. What size of Apartment Home do you prefer? (more than one apartment selection can be marked)

Program I: Housing and Urban Development Program (62+ Years Old)

_____ One Bedroom Apartment Home: monthly fee based on resident's adjusted income

Program II: Housing Credit Program (55+ Years Old)

_____ Studio Apartment Home: rent subject to change at annual recertification date(s)

_____ One Bedroom Apartment Home: rent subject to change at annual recertification date(s)

_____ Two Bedroom Apartment Home: rent subject to change at annual recertification date(s)

B. Waiting List Preferences

Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible. Notre Dame Housing has chosen to permanently suspend Federal Preferences, in accordance with HUD notices. The following receive priority for an open apartment below. Please circle yes or no. Current residents will need to request, review and complete Apartment Transfer Policy/form from Notre Dame Housing.

- 1) Are you a current resident needing apartment transfer due to accommodations? YES or NO
- 2) Are you current resident needing an apartment transfer due to VAWA considerations? YES or NO
- 3) Do you request a mobility accessible apartment? YES or NO
- 4) Are you a current resident on the apartment transfer list? Yes or NO

C. A common household pet is welcomed in select apartment homes. Do you anticipate bringing at pet?

For more information, please request a copy of the Pet Policies from Notre Dame Housing.

_____ Dog _____ Cat _____ Other, indicate: _____

To Be Completed By Notre Dame Housing

Date/Time Received by Notre Dame Housing: _____	Employee Initials: _____
Upon Approval: Apartment Home # _____	No. of Bedrooms _____ Move-in Date: _____



APPLICATION for Notre Dame Housing

Program I: HUD Section 202 PRAC AND Program II: IRC Section 42: Low Income Housing Credit Program

Head of Household Name:		
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.****

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

** If Divorced or Separated please list the date(s): _____ **

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please contact the Notre Dame Housing for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$



PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash. Do you or anyone in your household have:

Asset	Applicant Yes or No		Other Applicant Yes or No		Cash Value Amount	Name of Bank or Institution:
(27) Savings Account					\$	
(28) Checking Account Debit Card/Demand Deposit Account					\$	
(29) Certificate of Deposit					\$	
(30) Safe Deposit Box					\$	
(31) Trust Account					\$	
(32) Any Stocks or Securities					\$	
(33) Any Treasury Bills					\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)					\$	
(35) Mutual Funds					\$	
(36) Saving Bonds					\$	
(37) Money Market Account					\$	
(38) Cash on Hand (excluding checking accts)					\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, CitiBank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	

Do you or anyone in your household have:

40. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



PART III - ASSET INCOME (continued) - To be completed by applicant

<p>43. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>44. Do you have any other assets not listed above (excluding personal property)? If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART IV – STUDENT QUESTIONS - To be completed by applicant

<p>46. Are all occupants' full-time students? If Yes please answer the following listed below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, <u>and</u> all household members are full time students, attach a copy of the Signed Federal Income Tax Return). b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.) e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>47. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____ Name of School (s) _____ Where located: _____ When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



PART V – RENTAL HISTORY - To be completed by applicant

**48. Residence History: Current & Previous Landlords:
(Past 2 years residence including any owned by applicants.)**

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**49. Residence History: Current & Previous Landlords for Co-Head or Applicant:
(Past 2 years residence including any owned by applicants.)**

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When di you mov in: _____		When did you move out: _____	



PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:

If ALL prospective residents are unemployed and/or retired. Please select:

- Yes - ALL Prospective Residents are unemployed and or retired.

50. Head's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		
51. Head's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

52. Spouse Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		
53. Spouse's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

54. Other Applicant's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		
55. Other Applicant's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

PART VII - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
56.		\$
57.		\$
58.		\$



PART VIII - OTHER - To be completed by applicant

59. Do you have full custody of your child (ren)? Explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
60. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever received rental assistance? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

PART IX – RESIDENT’S STATEMENT - To be completed by applicant

69. Do you have a legal right to be in the United States: (check one that applies) <input type="checkbox"/> Yes, because I am a United States Citizen <input type="checkbox"/> Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) <input type="checkbox"/> No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.
--

PART X – SPECIAL NEEDS - To be completed by applicant

70. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Special living accommodations required? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone



**** Before you complete this section of the application, were all questions above completely answered? All blanks filled in? If not please go back through the application and complete the sections that were left blank.****

PART XII - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head) _____ Date _____

Applicant Signature (Co-Head) _____ Date _____

Other Applicant Signature _____ Date _____

Other Applicant Signature _____ Date _____

*****This section must be completed even if assistance was not needed*****

Did anyone help and assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's Authorized Representative: _____ Date _____



VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way.

You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaska Native
- 4 – Asian
- 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era
- Vietnam Veteran
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this housing opportunity (Notre Dame Housing)?

- Newspaper
- Company Employee
- Professional Publication
- Web Site
- Job Fair
- Placement Office
- Brochure
- Current Resident
- Other _____

Supplemental and Optional Contact Information

Applicants,

The following page, Supplemental and Optional Contact Information, is optional (will not impact your application), however, we encourage you to review the form to discern if it is a fit for you to completed and include with your application.



OMB Control # 2502-0581 -Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Form with fields: Applicant Name, Mailing Address, Telephone No, Cell Phone No, Name of Additional Contact Person or Organization, Address, E-Mail Address (if applicable), Relationship to Applicant, Reason for Contact (with checkboxes for Emergency, Unable to contact you, Termination of rental assistance, Eviction from unit, Late payment of rent, Assist with Recertification Process, Change in lease terms, Change in house rules, Other), Commitment of Housing Authority or Owner, Confidentiality Statement, Legal Notification.

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)



Definitions

Definitions of terms used in the Notre Dame Housing Application are referenced in the Housing and Urban Development's Occupancy Handbook 4350.3 Rev-1.

I. Waiting List Preferences

A waiting list is necessary to provide a fair and equitable means of tracking applicants who have applied for an apartment. It helps assure that each applicant is offered an apartment in the proper order and allows for the most efficient turnover of vacant apartments. If an applicant qualifies for a preference or priority, then it is possible to move up the waiting list based on the circumstances. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible. Notre Dame Housing has chosen to permanently suspend Federal Preferences, in accordance with HUD notices. The following receive priority for an open apartment:

- 1) Current residents needing apartment transfer due to accommodations
- 2) Current residents needing an apartment transfer due to VAWA considerations. See VAWA section
- 3) Applicants on the waiting list needing a mobility accessible apartment when one is available
- 4) Current residents on the apartment transfer list

Current residents who meet the qualifications listed in the Apartment Transfer Policy shall be given priority over applicants.

II. Common Household Pet

A domesticated animal, (a dog, cat, bird, rodent (including a rabbit), fish, or turtle) that's traditionally kept in the home for pleasure rather than commercial purposes. Common household pets do not include reptiles (except turtles). If this definition conflicts with applicable State or local law or regulation defining the pets that may be owned or kept in dwelling accommodations, the State or local law or regulations shall apply. This definition does not include animals that are used to assist persons with disabilities. [24 CFR 5.306]. For more information, please request a copy of the Pet Policies from Notre Dame Housing.