



Northern Ponca Housing Authority

1501 Michigan Avenue · Norfolk, NE 68701

FAX: 402-379-8557

402-379-8224 · 800-367-2320

npha@poncahousing.org

www.poncahousing.org



HOME OWNERSHIP HOME IMPROVEMENT ASSISTANCE

APPLICATION

Application Date: _____

Ranking Points: _____

1. Applicant Name: _____
First Last (Maiden Name)

Spouse Name: _____
First Last (Maiden Name)

2. Current Address: _____

Mailing Address: _____

3. County you reside in: _____

4. Telephone Number: _____ Cell Number: _____

5. Employer Name: _____ Work Number: _____

6. Date of Birth: _____ Social Security Number: _____

7. Tribal Affiliation: _____

Enrollment Number: _____

8. Marital Status: _____ Married _____ Single

Household Composition: List all people residing in the household

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP

Income Information: List all people residing in the home who has earned and unearned income.

Please provide copies of the latest tax return and verification of income for all the people who reside in the home.

NAME	SOURCE OF INCOME	ANNUAL INCOME
		\$
		\$
		\$
		\$
		\$
		\$
		\$

- Earned Income – Provide the latest income tax return
- Unearned Income – Provide copies of social security, retirement, disability, unemployment benefits and child support payments

Total Annual Household Income: \$ _____

General Information: Please answer and fill in all blanks.

9. Date of purchase of the home? _____

10. How did you purchase your home?

Funding Source:

11. Is your home mortgage paid off? _____ YES _____ NO

12. Do you live in: _____ Mutual Help Home _____ Rent-To-Own Home _____ Other

13. Do you have liens against your property? _____ YES _____ NO

(if yes please provide copies of the information)

14. Do you have property home owner's insurance? _____ YES _____ NO

If yes insurance name: _____

(Provide a copy of the property home owner's insurance certificate)

15. Have you received HOHIA Assistance in the past for this property? _____ YES _____ NO

If yes what year and explain what repairs were done to the property?

16. Have you applied for State Weatherization? _____ YES _____ NO If yes what date: _____

(Please provide copies of that weatherization application. It is a requirement of the HOHIA policy that Applicants must apply for the Weatherization Assistance Program in your county)

17. Are you or any family member on the family composition receiving disability supplement due to being permanently handicap? YES NO

If yes please list who and what their handicap is.

NAME	DESCRIPTION

18. Are you a veteran? YES NO (If yes, please provide DD Form 214)

19. Have you applied for assistance through Assistive Technology Partnership (ATP) to assist you with making your home handicap accessible? YES NO

If yes what date: _____

(Please provide copies of the Assistive Technology Partnership (ATP) application. It is a requirement of the HOHIA policy that Applicants' must apply for Assistive Technology Partnership (ATP))

Environment Information: Please answer and fill in all blanks.

20. Was your home constructed before 1978? YES NO Age of home _____

21. Has your home been tested for lead paint? YES NO
(if yes please provide documentation of the test results)

22. Has your home been tested for asbestos? YES NO
(if yes please provide documentation of the test results)

House Information: Please answer and fill in all blanks.

23. Type of heating source: _____ Gas _____ Electric _____ Propane

Name of Company: _____

Name of Electrical Company: _____

24. Type of sewer system: _____ City sewer _____ Septic tank

Type of water system: _____ City water _____ Private well

Name of City water/sewer Company: _____

25. Is the house: _____ one story _____ two story _____ split level

26. Does the house have: _____ full basement _____ half basement _____ no basement

27. Number of : _____ Full Bathroom(s) _____ Half Bathroom(s)

28. Number of bedrooms: _____

29. Check the repairs and or renovation in which you are seeking assistance. Briefly describe why each area is checked and what needs to be repaired and or renovated.

<input type="checkbox"/> SIDING	<input type="checkbox"/> ROOFING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> FLOORING	<input type="checkbox"/> ROOM ADDITION	<input type="checkbox"/> BASEMENT	<input type="checkbox"/> FOUNDATION
<input type="checkbox"/> SEPTIC TANK	<input type="checkbox"/> COOLING SYSTEM	<input type="checkbox"/> HEATING SYSTEM	<input type="checkbox"/> WINDOWS
<input type="checkbox"/> DOORS	<input type="checkbox"/> OTHER		

Applicant Certification: Please read, sign and date.

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

Applicants Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

NPHA USE ONLY

Date application was completed: _____

HOHIA Administrative Assistant: _____ Date: _____

Approv



NORTHERN PONCA HOUSING AUTHORITY



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RELEASE OF INFORMATION AUTHORIZATION

DATE: _____

I/We authorize the above named agency to obtain information about me or my household that is pertinent to eligibility for participation in assisted housing programs.

This may include rental history, financial and credit reports, private or public benefit information, criminal activity reports, employment verification, medical or child care expenses, family composition, or handicapped assistance expenses.

I/ We agree this Authorization may be photocopied and used up to one year from the date above for the following items: recertification for public housing or rental assistance programs.

If I/we do not sign this Authorization, I/we also understand that my/our program assistance may be denied or terminated.

HEAD OF HOUSEHOLD

SOCIAL SECURITY NUMBER

OTHER ADULT

SOCIAL SECURITY NUMBER

OTHER ADULT MEMBER OVER 18

SOCIAL SECURITY NUMBER

OTHER ADULT MEMBER OVER 18

SOCIAL SECURITY NUMBER