

# Northern Ponca Housing Authority

## Low-Income Housing Application



Dear Applicant,

The Northern Ponca Housing Authority (NPHA) is Tribally Designated Housing Entity (THDE) created under Ordinance by The Ponca Tribe of Nebraska and is funded with federal funds to provide low-income housing for federally-recognized enrolled Native American families.

To qualify for low-income housing, an application must be submitted to NPHA for certification. To ensure that your application is completed in a timely manner, be sure to submit all requested documentation along with the completed application. NPHA does not offer any emergency housing programs, units are awarded through a point-based waiting list. NPHA will attempt to contact applicants one time only for remaining information, missing information/documentation not received within 30 days of NPHA's request will result in the application being rejected.

### **Checklist for a completed NPHA Low Rent Housing Application:**

**Completed NPHA Low Income Housing Application Form**

**Social Security Cards: Provide Social Security Cards for all household members.**

**Legal guardianship documents for all dependents (I.E. birth certificates, legal power of attorney, court documents, etc.).**

**Tribal enrollment: Provide copies of tribal enrollment for all Native American members on the composition (the head of household must be an enrolled Native American with a federally recognized tribe of The United States).**

**Income Verification: Provide proof of income of all household members, 18 years or older (one month of current pay stubs, benefit letter, etc.), NPHA will not accept bank statements.**

**Please mail completed Low-Income Housing Application and Release of Information Authorization with original signatures to: Northern Ponca Housing Authority, Attn: A&O, 1501 Michigan Avenue, Norfolk, NE 68701.**

It is the applicant's responsibility to notify NPHA of any changes in family composition, income and/or contact information. NPHA requires that all applicants re-certify annually, and will mail the applicant re-certification paperwork. If the information is not received within 30 days, the applicant will be removed from the waiting list and will have to start the application process over if they wish to be reconsidered for the waiting list.

Before being awarded a unit, NPHA will re-certify the tenant's income, as well as perform a criminal background check and landlord reference check; applicants may be declined due to unfavorable results, applicants denied have the opportunity to appeal. Being on the waiting list is not a guarantee that applicant will eventually be awarded a unit.

Thank you for your interest,

Northern Ponca Housing Authority

## Low-Income Housing Application

### Applicant Information:

First Name:

Last Name:

Home Phone Number:

Cell:

Current Address:

City:

State:

Zip Code:

---

### Service Area applying for (only check one county):

Nebraska:

Douglas (Omaha)

Lancaster (Lincoln)

Knox (Niobrara)

Madison (Norfolk & Battle Creek)

Platte (Columbus)

Sarpy (Bellevue)

Iowa:

Pottawattamie (Council Bluffs)

Woodbury (Sioux City)

South Dakota:

Charles Mix (Wagner)

---

**Please list all individuals who will be residing in your household, including the Applicant (Head of Household). List additional household individuals on a separate sheet, if necessary.**

1) Applicant First Name:

Applicant Last Name:

Relation:

Head of Household

Spouse

Child

Other (enter below):

Social Security Number:

Date of Birth:

Gender:

Male

Female

Tribal Affiliation  
AND Enrollment  
Number

2) First Name:

Last Name:

Relation:

Spouse

Child

Other:

Social Security Number:

Date of Birth:

Gender:

Male

Female

Tribal Affiliation  
AND Enrollment  
Number

3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relation: Spouse Child Other:  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: Male Tribal Affiliation  
 Female AND Enrollment  
 Number

4) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relation: Spouse Child Other:  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: Male Tribal Affiliation  
 Female AND Enrollment  
 Number

5) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relation: Spouse Child Other:  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: Male Tribal Affiliation  
 Female AND Enrollment  
 Number

Is anyone on the household composition disabled as defined by 24 CFR Part 1000.10? Yes No

If yes, please provide a copy of Social Security Disability (SSD) or Supplemental Security Income (SSI) benefit statement. If any accommodations are necessary, NPHA requires a letter on organizational letterhead from a certified medical practitioner (such as a doctor, counselor, psychiatrist) stating which applicant has a disability under 24 CFR Part 1000.10 and what modifications/accommodations are necessary for the applicant to reasonably enjoy a unit in the event it is awarded to them. Such a letter will be required if the applicant does not receive SSD or SSI benefits in order to verify disability status.

**Income Verification:**

Please list all income sources for all members 18 years of age and older, use additional paper if needed. If the income is due to non-employer wages, leave the “Wages Per Hour” and “Hours Per Week” sections blank and only fill out the “Received Monthly” section with the monthly amount (for TANF, interest, pension, dividends, etc.):

1) Applicant Name:

Source of Income (include address/phone number):

Wages Per Hour	Hours Per Week:	Monthly Income Received:
----------------	-----------------	--------------------------

2) Applicant Name:

Source of Income (include address/phone number):

Wages Per Hour

Hours Per Week:

Monthly Income Received:

3) Applicant Name:

Source of Income (include address/phone number):

Wages Per Hour

Hours Per Week:

Monthly Income Received:

4) Applicant Name:

Source of Income (include address/phone number):

Wages Per Hour

Hours Per Week:

Monthly Income Received:

5) Applicant Name:

Source of Income (include address/phone number):

Wages Per Hour

Hours Per Week:

Monthly Income Received:

Does anyone on the composition own land and/or a home?

Yes  
No

If yes, what will happen to this property should NPHA award you a unit?

Has anyone on the household composition been convicted of a crime?

Yes  
No

If yes, please explain:

It is the applicant's responsibility to immediately notify NPHA of any changes in family composition, income and/or contact information. NPHA requires that all applicants re-certify at least annually, and will mail the applicant re-certification paperwork. If the information is not received within 30 days, the applicant will be removed from the waiting list and will have to start the application process over if they wish to be reconsidered for the waiting list. Before being awarded a unit, NPHA will re-certify the tenant's income, as well as perform a criminal background check and landlord reference check; applicants may be declined due to unfavorable results, applicants denied have the opportunity to appeal. Being on the waiting list is not a guarantee that the applicant will eventually be awarded a unit.

*I/We certify that all information given to NPHA is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements and/or information are grounds for termination of housing assistance and termination of tenancy.*

Signature of Head of Household:

Date:

**Release of Information Authorization**

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, and/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 (please print)

Social Security Number

Signature

Date

Other Adult (please print)

Social Security Number

Signature

Date

Other Adult (please print)

Social Security Number

Signature

Date

Other Adult (please print)

Social Security Number

Signature

Date

Other Adult (please print)

Social Security Number

Signature

Date