



# NORTHERN PONCA HOUSING AUTHORITY



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## FAMILY INFORMATION FORM

(Please print clearly and fill out completely)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Addition Information: \_\_\_\_\_

Which service county area do you wish to reside in: \_\_\_\_\_

## HOUSEHOLD MEMBER

Name	Relationship	SOC. SEC. #	D.O.B	Sex	Tribe
	HEAD OF HOUSEHOLD				

*\*WHEN ADDING FAMILY MEMEBERS TO YOUR HOUSEHOLD COMPOSITION, WE MUST HAVE COPIES OF THEIR SOCIAL SECURITY CARDS AND TRIBAL ENROLLMENT*

**OVER →**

ARE ANY FAMILY MEMBERS DISABLED, HANDICAPPED, OR VETERAN?

IF SO, PLEASE LIST MEMBERS: \_\_\_\_\_

### INCOME INFORMATION

Person Employed	Employers Name and address	Employers Phone	Hourly Rate/Hours weekly

SOCIAL SECURITY BENEFITS MONTHLY	
DISABILITY BENEFITS MONTHLY	
PENSION MONTHLY	
ADC/TANF	
UNEMPLOYMENT BENEFITS WEEKLY	
OTHER MONTHLY BENEFITS	
INCOME FROM TRIBAL STIPENDS (TRIBAL COUNCIL, BOC, COMMITTEES, ETC.)	

*\*PLEASE ATTACH COPIES OF PAYSTUBS FOR VERIFICATION  
(MOST CURRENT COPIES OF PAY STUBS ARE REQUIRED)*

*I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE NORTHERN PONCA HOUSING AUTHORIZATION ON HOUSEHOLD COMPOSITION, AND INCOME ARE ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF ASSISTANCE AND TERMINATION OF TENANCY.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE