



## Northern Ponca Housing Authority Tenant-Based Rental Assistance Program Application

Please print for all spaces except the signature line.

- 1) Tenant Name: \_\_\_\_\_
- 2) Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_
- 3) Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**List all individuals who reside in your household**

Name	Birth Date	Relationship to head	Social Security #	Gender	Tribe Enrolled With & Tribal Enrollment Number
		Self			

- 1) Is anyone on the composition 18 years of age or older and a full-time student? If so, who? \_\_\_\_\_
- 2) Is anyone on the composition disabled as defined by 24 CFR Part 1000.10? If so, who?  
 \_\_\_\_\_
- 3) If an elderly and/or disabled family, please list monthly medical and/or attendant care expenses anticipated to be paid out of pocket by the composition and not reimbursed by an outside source such as insurance, Medicare, charitable organizations, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 4) Does anyone on the composition pay daycare expenses for child(ren) living in the home?  
(Circle one): Yes No
- 5) Does anyone on the composition drive more than 60 miles per day to attend work and/or school?  
(Circle one): Yes No
- 6) What is the total monthly rent per the lease agreement? \_\_\_\_\_
- 7) Has anyone on the composition been honorably discharged from a branch of the United States military? If so, please provide copy of VA card.
- 8) Is anyone on the lease related to the landlord and/or have an interest in the property?  
(Circle one): Yes No
- 9) Is anyone living at the rental unit subleasing the premises from someone other than the owner?  
(Circle one): Yes No
- 10) Is anyone living at the rental unit receiving any kind of housing payment, assistance and/or subsidy from any local, state and/or federally funded program?
- 11) 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.):

Applicant Name					
Source of Income					
Source of Income Address					
Source of Income Phone Number					
Wages Per Hour					
Hours Per Week					
Received Monthly					

- 12) What is the landlord's, name, mailing address, and phone number? \_\_\_\_\_  
\_\_\_\_\_

13) How many bedrooms are in the unit? \_\_\_\_\_

It is the tenant's responsibility to notify NPHA immediately 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. All necessary information is due back to NPHA within 2 weeks of receiving this paperwork. If there are individuals living in your unit now that aren't on your application for low-rental housing, NPHA requires they submit copies of their Social Security Card, tribal enrollment identification and birth certificates.

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

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

The below section is for NPHA internal use only: \_\_\_\_\_

Date Received – if application was complete when received, circle date and time stamp

Date Completed



# NORTHERN PONCA HOUSING AUTHORITY



1501 Michigan Avenue · Norfolk, NE 68701  
402-379-8224 · 800-367-2320  
FAX: 402-379-8557  
Email: [npha@poncahousing.org](mailto:npha@poncahousing.org)

## 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.

I/We authorize NPHA and its staff to share and/or obtain any pertinent and/or necessary information with the Ponca Tribe of Nebraska's agents and/or assigns.

I/We authorize NPHA and its staff and/or assigns to share any information obtained regarding anyone on the composition, including prospective additions to the composition, with the head of household, as signed below.

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

_____	_____	____XXX-XX-_____
Head of Household	Printed Name	Social Security Number
_____	_____	____XXX-XX-_____
Other Adult	Printed Name	Social Security Number
_____	_____	____XXX-XX-_____
Other Adult	Printed Name	Social Security Number
_____	_____	____XXX-XX-_____
Other Adult	Printed Name	Social Security Number