

# Broadwell Courts Application

1834 W 7<sup>th</sup> St, Grand Island, NE 68803

Telephone: (308)-385-5530

Fax: (308)- 385-5533

This form must be completed in full and signed by all adult members in your family. If information is incomplete or inaccurate, your application will not be accepted. Notification of denial or non-acceptance will be attempted but cannot be guaranteed.

Broadwell Courts is a smoke free facility. Smoking is not permitted anywhere on the property.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Hm): \_\_\_\_\_ Phone (Wk.): \_\_\_\_\_

FOR OFFICE USE ONLY	
DATE APPLICATION RECEIVED	_____
TIME APPLICATION RECEIVED	_____
APPLICATION NUMBER	_____
ELIGIBLE BEDROOM SIZE	_____

## Household Composition

Please list all persons who will be living with you at time of assistance (including yourself). Start with the head of household, then spouse or co-head, then minors (oldest to youngest), then any other adults.

#	Legal Name	Sex	Relationship	SSN	Date of Birth
1			<b>HEAD</b>		
2					
3					
4					
5					

## Employment Information

Family Member	Employer Name	Employer Address	Years Employed	Phone Number	Annual Income

## Banking Information:

Please list checking accounts, savings accounts.

Name of Bank	Address of Bank	Type of Acct	Account Number

**Emergency Contact Information**

Name	Address	Phone	Relationship
1.			
2.			

Have you ever used a name other than the one you have listed above? \_\_\_ Yes \_\_\_ No

If yes, what name & why? \_\_\_\_\_

Have you ever used a social security number other than the one you have listed? \_\_\_ Yes \_\_\_ No

If yes, explain. \_\_\_\_\_

Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances? \_\_\_ Yes \_\_\_ No

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ What? \_\_\_\_\_

Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

**Suitability Screening**

Have you ever been evicted? \_\_\_ Yes \_\_\_ No If yes, by whom? \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Please list the name, address and dates of rental for three previous landlords or explain why this information is not applicable to your situation.

If not applicable \_\_\_\_\_

Landlord Address	Landlord Name	From	To	Telephone

Have you received any notices for lease violation or were you asked to leave (including non-renewal of lease) by any previous

landlord? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Do you need a reasonable accommodation? \_\_\_ Yes \_\_\_ No If Yes, please see attached form.

**Authorizations, Representations and Certifications**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission, and may be grounds for eviction.

I/We, do hereby swear and attest that all of the information above is true and correct and hereby authorizes the landlord to verify the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

If either head or Spouse is not present please explain why? \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Spouse or Other adult \_\_\_\_\_

Date \_\_\_\_\_



**HCHA**  
 HALL COUNTY  
 HOUSING AUTHORITY  
 1834 W 7th Street  
 Grand Island, NE 68803

**CONSENT TO RELEASE INFORMATION**

I hereby give authorization to release any and all information and documentation necessary to determine pre-eligibility, eligibility and continued eligibility for housing assistance through the Hall County Housing Authority. Information requested includes but may not be limited to:

1. **Income:** Including employment, pension, regular gifts, Social Security benefits, TANF, Unemployment, Military Pay, Workman's compensation benefits, alimony, child support, etc.
2. **Assets:** Including banking and savings accounts of record (including IRA's and CD's, stocks, bonds, financial institutions, homes, mobile homes and items of value (excluding vehicles).
3. **Law Enforcement Agencies:** Information including criminal history, pending criminal charges, and civil matters in which I may have been involved in.
4. **Utility Companies:** Information regarding my performance records as a customer.
5. **References:** Landlord history or related history that would indicate my ability to abide by a lease and/or live independently.
6. **Medical Expenses:** Information concerning past medical expenses for use only in determining family's eligibility and rent (if eligible).
7. **Educational Institutions:** Information providing proof of attendance, class load, and full-time status.
8. **INS:** Information regarding citizenship and the family's eligibility to receive benefits.
9. **Medical Information:** Only when a resident "Request for a Reasonable Accommodation" form is attached. Information to be received will be limited to medical documentation that the "Request for Reasonable Accommodation" is medically necessary.

A photo or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

This consent form expires 15 months after it is signed.

I have read the above and do understand and agree to the release of this information.

\_\_\_\_\_  
 Signature (Head of Household)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Spouse)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Other Adult)

\_\_\_\_\_  
 Date





**HCHA**

HALL COUNTY  
HOUSING AUTHORITY  
1834 W 7th Street  
Grand Island, NE 68803

## RESIDENT REQUEST FOR A REASONABLE ACCOMMODATION

### Top portion to be completed by the Resident.

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

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

Name of household member with a disability: \_\_\_\_\_

I am requesting the following accommodation (exception to the usual rules, policies or change in the physical structure of the home) so that the person named above can access the program or home successfully: *Please check the applicable accommodation needed*

\_\_\_\_ A change in my apartment or other part of the housing complex.

\_\_\_\_ A change in a rule or the way things are done by the Housing Authority.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes \_\_\_ No \_\_\_ I don't know \_\_\_

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.

2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does this resident need the accommodation requested above to be able to live in his/her housing community? Yes \_\_\_ No \_\_\_

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this housing community. \_\_\_\_\_

Signature of Medical Professional\*

Date

Print Name of Medical Professional

Phone

*\*By signing this form you are indicating that the information provided is true to the best of your professional knowledge. Further, if called upon to do so, you would testify to the information you have provided in a court of law.*