

SCREENING APPLICATION

Apartment Size Interest: ___ 0-Bed ___ 1-Bed ___ 2-Bed ___ 3-Bed ___ 4-Bed

PROPERTY OF INTEREST: _____ Rec'd: Date _____ Time _____ Initial _____

How did you hear about this property? _____

EACH PERSON OVER THE AGE OF 18 MUST COMPLETE AN APPLICATION.

Please fill out this application **completely and accurately**. Please answer **all** questions thoroughly, do not leave any blanks.

PLEASE DO NOT USE WHITE-OUT

APPLICANT INFORMATION (ALL INFORMATION IS									
Applicant Name:			Date of Birth:			Age:			
Social Security Number:				State Issued ID or Driver's License #					
Current Address City, State Zip									
Your Phone Number:				Your Email Address:					
Do you have a Vehicle?			Yes	No	Year:	Make:	Model:	Plate #:	
Do you have a 2 nd Vehicle?			Yes	No	Year:	Make:	Model:	Plate #:	
Do You Have Any Animals?			Yes	No	Number of Animals:		Size:	Breed:	
HOUSING STATUS:			YES	NO	PLEASE CIRCLE ALL STATES YOU HAVE RESIDED IN				
Rent From A Landlord			AK AL AR AZ CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY						
Own A Home									
Staying with Family									
Staying with Friends									
Other:									

FULL LEGAL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY #	STUDENT Y OR N

CURRENT LANDLORD /MORTGAGE COMPANY	
Landlord Name or Property:	
Company Address:	
Company Phone Number:	Day Time: _____ Evening: _____
Property Address City, State Zip	
Amount of Rent or Mortgage? \$	Are you in Good Standing with your Landlord? Yes No
How Long at This Address?	From: _____ To: _____

PREVIOUS LANDLORD /MORTGAGE COMPANY (REQUIRED IF LIVING AT CURRENT ADDRESS LESS THAN 2 YEARS)	
Previous Address City, State Zip	
Landlord Name or Property:	
Landlord Phone Number:	Landlord's Address:
Amount of Rent or Mortgage? \$	How Long at This Address? #___Yrs. From: _____ To: _____
Did You Leave Owing Money?	Yes No If Yes, How Much? \$



HOW WILL YOU PAY YOUR RENT

CURRENT EMPLOYER		
Company Name:		
Company Address:		
HR Contact or Supervisor's Name:	Phone:	Fax:
Your Position:	Original Start Date:	
Wages: \$ _____ Per Hour / _____ Hours Per Week	Paid: ___ Wkly ___ Bi-Wkly ___ Semi- Monthly ___ Monthly	
DO YOU RECEIVE		
Overtime: Yes ___ No ___	Hours Per Week: _____ Rate: _____	
Shift Differential: Yes ___ No ___	Hours Per Week: _____ Rate: _____	

PREVIOUS EMPLOYER		
Company Name:	Phone:	Fax:
HR Contact or Previous Supervisor's Name:		
Your Position:	Dates of Employment: From: ___ / ___ / ___ To: ___ / ___ / ___	
Wages: \$ _____ Per Hr. _____ Hrs. Per Wk.	I Was Paid: ___ Wkly. ___ Bi-Wkly. ___ Semi- Monthly ___ Monthly	

OTHER INCOME:		
TYPE	AMOUNT	FREQUENCY
Working a 2 nd job at: _____	Start Date:	\$ _____ Per Hour
Social Security	\$	Per:
Unemployment	\$	Per:
Child Support	\$	Per:
State Cash Assistance – TANF	\$	Per:
Money from Friends or Family	\$	Per:
Other: _____	\$	Per:

GENERAL HOUSEHOLD INFORMATION	YES	NO	COMMENTS
Are there any other persons NOT listed on page #1 that will be occupying the unit?			
Do you expect any changes to the number of household members in the next 12 months?			
Are any members of your family temporarily absent?			
Is there a Live-in Aide currently living with you, or that will be living with you?			
Have You Ever Been Evicted?			
Have you ever been convicted of a criminal offense?			If yes, please explain:
Are you or any members of your household currently using an illegal substances or drugs?			
Are you or any members of your household subject to a Lifetime State Sex Offender Registry?			
Do you or any members of your household need the features of an accessible the unit?			
Are you elderly (62 or older)			If yes, please explain:
For preference purposes, are you a victim of domestic violence? <i>This preference may not apply to all properties see The Tenant Selection Plan for more information.</i>			
For property preference purposes, are you Disabled?			
Do you expect any household income changes in the next 12 months?			If yes, please explain:
Do you have a Housing Choice Voucher? Housing Authority: _____			
Does any other adult in your household rely upon you to pay their bills and expenses?			If yes, who?
Did you File Federal and State Income Taxes Last Year?			If not, why:



**CERTIFICATION OF APPLICANT
PLEASE READ CAREFULLY**

I hereby state and represent that the information provided in this application is complete and accurate. I hereby authorize the Landlord or Landlord’s Agent to verify the information on the application now and again in the future if needed. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize RealPage to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize and instruct any entity or person contacted by RealPage or the Landlord or Landlord’s agents to release such information to them. Upon request, RealPage will provide the name and phone number of the source of the information used in the verification process.

I _____ certify that I have never been terminated from a subsidized housing program for fraud, non-payment of rent, drug related criminal activity, or failure to cooperate with recertification procedures. I understand that this application can be cancelled, or in the event a lease is entered into, it may be terminated by the landlord, if any of the information provided in the application is materially inaccurate or incomplete.

I _____ also understand that pets are not allowed to be kept on the premises without express written permission (this does not apply to Reasonable Accommodations or for elderly residents on HUD properties).

HUD / IRS and/or Management will compare the information the family supplies with the information Federal, State and Local Agencies have on record for the family’s income and household composition.

PENALTIES FOR PROVIDING FALSE INFORMATION OR STATEMENTS ON THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Applicant Signature	Date	Applicant Printed Name
Management Signature	Date	Title and Printed Name

Compliance with Section 504 of the Rehabilitation Act of 1973:

Seldin, LLC d/b/a Seldin Company, hereafter referred to as Seldin Company, does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Seldin Company provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Seldin Company also provides people whose primary language isn’t English and as a result have Limited English Proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Heather Wezensky coordinates Seldin Company’s compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Seldin Company’s compliance with nondiscrimination requirements: Telephone (402) 333-7373, Relay #711 or at Seldin, LLC’s office located at 2840 S. 123rd Court, Omaha, NE 68144



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.