

VILLAGE OF BERTRAND, BERTRAND HOUSING AUTHORITY
Nebraska Affordable Housing Trust Fund – Application for Occupancy

Dear Applicant:

Sunset View Villa Apartments was funded in part through the Nebraska Affordable Housing Trust Fund. **All of the following documents are required** to be considered as an eligible tenant.

To process your application, the following items must be submitted in full to:

- Bertrand Housing Authority, 327 Minor Avenue, Bertrand, NE 68927
- Or via email in attachments: HA68927@outlook.com
- Or for the initial Spring 2024 application opening, applications accepted in-person at the office of the Village of Bertrand, 507 Minor Avenue, Bertrand.
- Email or in-person turn-in, versus mail-in, is recommended for the initial application due to expected demand.

Applications emailed, mailed, or in-person turned in will be dated the first business day advertised for applications accepted at 9:00 am.

1. Please complete every section of the enclosed application. Documentation from both the Applicant and Co-Applicant is required, if applicable.
2. Please provide a copy of each item listed in the chart below, if applicable.

Copy of Government Issued ID (Driver's License)
Copy of Social Security Card
Verification of Deposit (your Bank) & Verification of Employment Forms
Last 3 year's federal income tax return (1040 form, W-2s, all schedules, 1098/1099 forms)
Last 12 pay stubs of all working occupants of household , including children 18 years old or older
Last 2 months of bank/credit union statement(s) – all pages of statement
Most recent statement of other assets (CD's, IRA's, 401(k), life insurance, etc.).
Credit Report –from either Trans Union, Experian, or Equifax, available free, must be recent as of the past 12 months
Documentation on all monthly benefits received, such as Social Security, ADC (Aid to Dependent Children), Food Stamps, Worker's Compensation, Unemployment Compensation, etc.
If applicable, case number and county for any alimony or child support received by any household member. Include copy of complete divorce decree.

Upon notification of selection as an eligible Tenant, an 9-hour in-person or online class must be completed and provided within 10 days of notification. Failure to complete the RentWise course will forfeit your reserved housing unit.

Certificate of Completion – RentWise education program

If you have any questions about the application, please contact the Bertrand Housing Authority Executive Director, LaDonna Bennett, at 970.433.1899, or email HA68927@outlook.com. We look forward to working with you.



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Project Name: Sunset View Villa 5-Plex

FOR OFFICE USE ONLY	Date Received:		Time:	

Size of Unit Requested 2 Bedroom

PLEASE COMPLETE ALL BLANKS OF THIS APPLICATION.
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

AN APPLICATION FEE OF \$ N/A IS REQUIRED TO ACCOMPANY THIS APPLICATION.

I. APPLICANT INFORMATION AND RESIDENCE HISTORY

Applicant	Co-Applicant (if applicable)
Name: _____	Name: _____
Current Address: _____	Current Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone #: _____ Work #: _____	Phone #: _____ Work #: _____
How long have you resided at this address? _____	How long have you resided at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone #: _____	Landlord's Phone #: _____
Previous Address: _____	Previous Address: _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
How long did you reside at this address? _____	How long did you reside at this address? _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone No: _____	Landlord's Phone No: _____

II. HOUSEHOLD MEMBER INFORMATION

A. Provide the following information for all persons who will be members of the household. Give relationship of each family member to the Applicant, each member's age, social security #, sex, date of birth, and age.

Name	Relationship	Social Security #	Sex	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					

- B. Does anyone else claim the Tenant or Co-Tenant as a dependent on their Income Tax Return? Yes No
- C. Does anyone live with you now who is not listed above? Yes No
- D. Does anyone plan to live with you in the future who is not listed above? Yes No
- Please explain if you answer 'Yes' to any of the questions above: _____
- _____



III. SPECIAL HOUSING ACCOMMODATIONS

A. The design of the project is for the dwelling to be readily accessible and usable by people with disabilities in accordance with the Nebraska Fair Housing Act. Households where the tenant, co-tenant, or household member is disabled or handicapped, may make reasonable accommodation requests, or approve the person with a disability to make reasonable modifications on the condition the renter agrees to restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted.

- Do you or members of your household require handicap accessible features or modifications? Yes No
- If yes, please explain any special housing modifications necessary:

B. A pet from **one of the following categories** is permitted: a Dog under 45 pounds, or a Cat under 25 pounds, or up to 2 small 'love' birds, or fish in an aquarium not to exceed 10 gallons.

- Do you plan to have a pet living with you? Yes No
- Which category (circle one) will you have: *1 Dog 1 Cat up to 2 Small Birds Fish Aquarium*
- The full Pet Agreement & Policies signed form in addition to the Pet Fee paid in advance, must be completed in full prior to a pet permitted in the living unit.
- Any changes in the status of the specified approved pet must be documented in the Pet Agreement & Policies form.

IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

A. Verification of Employment

Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income	Date Started

Co-Applicant:

Employer Name	Address	Phone No.	Rate Per Hour	Hours per Week	Annual Income	Date Started

B. All Sources of Household Income Calculated Monthly

Income Source by Month	Applicant	Co-Applicant	Other Household Member(s) 18 or Older
Salary			
Overtime Pay			
Commissions			
Tips			
Bonuses			
Interest and/or Dividends			
Net Income from Business			
Net Rental Income			
Social Security (<i>including SSI or SSD</i>), Pension(s), Retirement Funds (Please circle appropriate one[s])			



Unemployment Benefits			
Workers Compensation, etc.			
Alimony and/or Child Support Please provide the Case Number and County where alimony and/or child support court order was filed. Please provide a copy of divorce decree that outlines child custody and support payments.	Amount: \$ _____ /mo. Case #: _____ County: <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	Amount: \$ _____ /mo. Case #: _____ County: <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	Amount: \$ _____ /mo. Case #: _____ County: <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony
Welfare Payments (TANF, Food Stamps, ADC, etc.)			
Other			
TOTALS			
Annual Total (= Totals x 12)			

V. ASSETS

A. List assets for all household members.

Type	Current Estimated Cash Value of Acct(s)	Annual Income (i.e. Interest, dividends)	Bank or Investment Company Name & Address	Account #
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Certificate(s) of Deposit				
Stocks, Bonds, IRAs, etc				
401(k) or other retirement/pension accounts				
Life Insurance Policies				
Other Assets/Investments				

VI. OTHER INFORMATION

- A. Have you or any household member been subject to a lifetime registration requirement under a State Sex Offender Registration Program? Yes No
- B. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? Yes No
- If Yes, has that person(s) successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes No
- C. Have you or any members of the household been convicted of a felony? Yes No
- If Yes, please explain circumstances:



D. How did you learn about the apartments?

Newspaper Social Media Drive-by Sign Resident Referral Other _____

VII. EMERGENCY CONTACT(s):

In case of an emergency the Tenant or Co-Tenants desire that the following persons be contacted if possible:

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____

VIII. SIGNATURE AND CONSENT

I/We certify that the information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

In accordance with Federal Law and the Nebraska Fair Housing Act, the Owner (Village of Bertrand, Bertrand Housing Authority) is prohibited from discrimination because of race, creed, religion, color, national origin, sex, disability, familial status, or ancestry.

To file a complaint of discrimination or grievance, write: Village of Bertrand, %Board of Trustees, PO Box 295, Bertrand, NE 68927. Grievances must be in writing and will be considered at the next regularly scheduled Village of Bertrand Board of Trustees meeting. The Village Board will respond in writing within 7 (seven) days of the Board meeting. The applicant may appeal the decision of the Village of Bertrand Board, by submitted an appeal within 14 (fourteen) days of the date of the Board's decision letter. The appeal will be reviewed by a third-party entity secured through the small-purchase procurement process, with the third-party reviewer providing their decision, in writing, to the applicant and the Village of Bertrand Board. Any subsequent grievance appeals will be forwarded to the Nebraska Department of Economic Development as the final party to address the grievance.



SCEDD, INC. & BERTRAND HOUSING AUTHORITY
AUTHORITY TO VERIFY CREDIT INFORMATION

I/We hereby authorize the South Central Economic Development District (SCEDD), Inc. of Nebraska, and the Bertrand Housing Authority, to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualifications for a Loan Application. I/We also authorize SCEDD, Inc., and the Bertrand Housing Authority, to make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

I/We also authorize release of all Social Security benefit information to the SCEDD, Inc., and the Bertrand Housing Authority.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective renter, mortgagor, or borrower under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective renter, mortgagor, or borrower may be delayed or rejected.

Right to Financial Privacy Act Certification: South Central Economic Development District (SCEDD), Inc. and Bertrand Housing Authority, acting on behalf of HUD/FHA certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request to financial records, it is in compliance with the applicable provisions of the said Act.

Applicant/Tenant Signature

Date

Co-Applicant/Tenant Signature

Date

