

BUFFALO BILL APARTMENTS  
APPLICATION FOR HOUSING



A. APPLICANT

Date: \_\_\_\_\_

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

Maiden Name (or any other names you have used) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

NAME, ADDRESSES AND PHONE NUMBERS OF RELATIVES OR FRIENDS

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Are you moving from a HUD subsidized property? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Property Name \_\_\_\_\_ Property Phone Number \_\_\_\_\_

B. PRESENT HOUSING STATUS (Must provide for the past 5 years. If needed, list on an additional page.)

Name of present landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of previous landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

C FAMILY OR HOUSEHOLD COMPOSITION

List head of household and all other persons who will reside in the dwelling.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX (Optional)	SOCIAL SECURITY #
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1. \_\_\_\_\_

2. \_\_\_\_\_

What is the race/ethnicity of the head of household? \_\_\_\_\_

Is the head of household age 62 and older? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are any of the above subject to State lifetime sex offender registration in any state? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are any of the above enrolled in an institute of higher education? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do any of the above have a **MOBILITY DISABILITY**? \_\_\_\_\_ YES \_\_\_\_\_ NO

If any have a mobility disability, do they have verification from a medical professional? \_\_\_\_\_ YES \_\_\_\_\_ NO

Sent to: \_\_\_\_\_

Do any of the above have a need for an accessible unit? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list all states where any of the above have resided. \_\_\_\_\_

For Office Use Only:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Apt #: \_\_\_\_\_ Est. Move-In Date \_\_\_\_\_

**D. INCOME**

List all income sources for all members or persons who will reside in the apartment. This includes income from full and/or part-time employment. Income from welfare agencies, social security, pensions, SSI, disability income, unemployment income, child care, or regular income from any other source.

FAMILY MEMBER	TYPE AND SOURCE OF INCOME	ANNUAL GROSS AMOUNT
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**E. ASSETS**

Do you have a checking account? \_\_\_\_\_ If so, approximate balance \_\_\_\_\_ Interest rate \_\_\_\_\_

Do you have a savings account? \_\_\_\_\_ If so, approximate balance \_\_\_\_\_ Interest rate \_\_\_\_\_

Do you own any real estate property? \_\_\_\_\_ If so, valuation of property \_\_\_\_\_

Do you own any stocks or bonds? \_\_\_\_\_ If so, what is the current value \_\_\_\_\_

Did you have any assets in the last two years not listed above? \_\_\_\_\_ If yes, did you dispose of any assets for less than fair market value? \_\_\_\_\_ (This means that the assets were either given away or sold at less than the allotted market value.) What were the assets, the market value at the time of disposition, the amount received and the date that you disposed of them? \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ If so, make and year \_\_\_\_\_

**F. MEDICAL EXPENSES**

Do you have medicare? \_\_\_\_\_ Do you have any other health insurance that you are paying premiums on? \_\_\_\_\_

If so, name of company \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Do you pay for physician or prescription expenses that are not covered by Medicare or any other agency? \_\_\_\_\_

If so, approximate monthly costs \$ \_\_\_\_\_

Is this your sole place of residence? \_\_\_\_\_ YES \_\_\_\_\_ NO

How did you hear about the property? \_\_\_\_\_

Are you self-sufficient and able to care for yourself? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you able to abide by the terms of the lease? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A PET? \_\_\_\_\_ TYPE \_\_\_\_\_

I agree to give the management agent the authority to investigate my credit rating, criminal history and my current and past rental record. The information obtained will be used for the management purposes only and will be held in strict confidence. The above information is true and correct to the best of my knowledge. I certify that I have received a copy of the Privacy Act Notice.

**I UNDERSTAND THAT THIS APPLICATION MAY TAKE A MINIMUM OF FOUR WEEKS TO PROCESS.**

\_\_\_\_\_  
SIGNATURE

Please return completed application to:

BUFFALO BILL MANOR  
1200 S. Oak  
NORTH PLATTE, NE 69101

## PRIVACY ACT NOTICE

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C 3543) requires applicants and participants to submit the social security number of each household member.

**Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Penalty:** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members, have and use. Giving the social security numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.