



**STEPHEN**  
center  
HELP • HOPE • HEROES

**\$20.00 Application Fee**

**SUPPORTIVE HOUSING INTAKE/ASSESSMENT FORM**

Unit Size and Monthly Rental Rate

\_\_\_ SRO \_\_\_ 1bed \_\_\_ 2bed \_\_\_ 3Bed

Deposit for SRO is 250 and 500 for all other units.

\*Rent to be pro-rated to date of lease

**IDENTIFYING INFORMATION**

Date Information is gathered: \_\_\_\_\_

1. Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip of Last Address: \_\_\_\_\_

4. Phone where applicant can be reached: (ex. xxx-xxx-xxxx) \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_  
(ex. XXX-XX-XXX)

6. Date of Birth: \_\_\_\_\_ 6a. Place of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

7. Gender: \_a. Male \_b. Female \_c. Transgender \_d. Other

8. Race:

\_\_\_ a. White \_\_\_ b. Black/African American \_\_\_ c. Asian

\_\_\_ d. Multi-Racial (Please specify) \_\_\_\_\_

9. Ethnicity: a. Hispanic or Latino \_\_\_ b. Non-Hispanic or Non-Latino \_\_\_\_\_

10. What is applicant's primary language? \_\_\_\_\_ Secondary language, if applicable? \_\_\_\_\_

11. Relationship Status:

a. Single \_\_\_

b. Married \_\_\_

c. Widowed/Widower \_\_\_

d. Married & Separated \_\_\_

e. Divorced \_\_\_

f. Domestic Partner \_\_\_

g. Significant other \_\_\_

h. Other (specify) \_\_\_\_\_

12. Are there any identified, past or current, domestic violence issues? Yes \_\_\_ No \_\_\_ Currently \_\_\_

Please describe, with dates of incidents \_\_\_\_\_

13. Is applicant a Veteran, (anyone who has been on active military duty) Yes \_\_\_ No \_\_\_

**FAMILY**

14. Enter family members that may live with the applicant

Name (Not Applicant)	Relationship to Applicant	Social Security Number	Gender	Date of Birth

a. Identify any service needs of applicants immediate family members: \_\_\_\_\_

\_\_\_\_\_

b. Identify any family members who have been supportive: \_\_\_\_\_

\_\_\_\_\_

c. Identify any family members who have not been supportive: \_\_\_\_\_

\_\_\_\_\_

15. Enter family members that do not live with the applicant: (family placement, non-custodial parent, foster care, etc)

Name (Not Applicant)	Relationship to Applicant	Social Security Number	Gender	Date of Birth

15a. Child Welfare Involvement: For Parents of minor children, including non-custodial parents, history of child welfare involvement, including current case status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15b. Identify the ability of the parent(s)/guardian(s) to meet the needs and ensure the safety of minor children. Identify parenting strengths and areas of support needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTIVE HOUSING REFERRAL (if applicable)**

16. Date of Referral \_\_\_\_\_ 17. Referring Person's Name: \_\_\_\_\_

18. Referring Person's Agency & Telephone Number: \_\_\_\_\_

19. Application Date: \_\_\_\_\_

**HOUSING HISTORY**

**As part of questions 20 & 21, the attached Homelessness Verification Form needs to be completed.**

20. Is this person at risk of homelessness? Yes \_\_\_\_ No \_\_\_\_

a. Please describe circumstances: \_\_\_\_\_

21. Length of homelessness this episode:

\_\_\_\_ a. Not homeless at present

\_\_\_\_ b. Less than 1 month

\_\_\_\_ c. At least 1 month but less than 6 months

\_\_\_\_ d. At least 6 months but less than 1 year

\_\_\_\_ e. At Least 1 year but less than 2 years

\_\_\_\_ f. Two years but less than three years

\_\_\_\_ g. Three years or more

22. Number of episodes in past five years: \_\_\_\_

23. Approximate number in lifetime: \_\_\_\_\_

24. Within the last four (4) years, how many nights, months, or years, if any, have you spent in a shelter (s)? \_\_\_\_\_

Could you provide the names and dates of your shelter stay?: \_\_\_\_\_

25. Where have you slept for the last thirty (30) days? Check all that apply.

Check all that apply.

a. Non-Housing (street, park, car)	
b. Emergency Shelter, please name	
c. Transitional housing	
d. Psychiatric Facility	
e. Substance Abuse Treatment Facility	
f. Hospital	
g. Prison/Jail	
h. Domestic Violence Shelter	
i. Motel/hotel	
j. Rental Housing	
k. Own apartment or house	
l. Foster Care	
m. Living with friends/family	
n. Other (specify) _____	

26. Is applicant receiving a housing subsidy? Yes \_\_\_ No \_\_\_

What type of housing subsidy is the applicant receiving? \_\_\_\_\_

27. Does/did applicant pay own rent? Yes \_\_\_ No \_\_\_

28. Does/did applicant pay for own utilities? Yes \_\_\_ No \_\_\_

29. Has applicant ever been evicted? Yes \_\_\_ No \_\_\_

30. Reason for leaving last housing situation.

a. \_\_\_ Eviction due to unpaid rent

f. \_\_\_ Incarceration

b. \_\_\_ Eviction for reason other than unpaid rent

g. \_\_\_ Hospitalization, including long term treatment

c. \_\_\_ Conflict with friends or family

h. \_\_\_ Housing condemned

d. \_\_\_ Overcrowding

i. \_\_\_ Fire

e. \_\_\_ Domestic Violence

j. \_\_\_ Other, please explain \_\_\_\_\_

31. Please list housing history for last five (5) years including: Location, approximate dates, lease holder or relationship to primary tenant, reason(s) for leaving. \_\_\_\_\_

Please identify any contributing factors to housing instability: \_\_\_\_\_

**PERSONAL HEALTH INFORMATION**

As part of questions 32 & 33, the attached Disability Verification Form needs to be completed.

32. Does applicant have a disability of a long duration? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_ Refused \_\_\_

33. Is applicant currently or have they ever been diagnosed with any of the following?

	Yes	No	Currently
a. Mental Illness			
b. Alcohol Abuse			
c. Drug Abuse			
d. HIV/AIDS and related diseases			
e. Developmental disability			
f. Physical disability			

34. Does applicant have a history of any psychiatric conditions? Yes \_\_\_ No \_\_\_

Check all that apply.

	Currently Experiences:	History of:
Homicidal ideas/attempts		
Assaultive behavior		
Delusions		
Severe depression		
Severe thought disorder		
Cognitive impairment		
Suicidal ideas		
Suicidal attempts		
Hallucinations		
Arson/fire setting		
Victim of Sexual abuse/assault		
Victim of Trauma		
Other (specify)		

a. If applicable, please list hospitalizations for these conditions.

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35. Does applicant receive psychiatric care? Yes \_\_\_ No \_\_\_

If yes, please list name, address and phone number of all psychiatric care providers. \_\_\_\_\_

36. Does applicant have a history of any substance abuse disorders? Yes \_\_\_ No \_\_\_

If yes, please list drug(s) of choice, frequency of use, approximate date of last use. \_\_\_\_\_

37. Does applicant have any current or past history of substance abuse treatment? Yes \_\_\_\_ No \_\_\_\_

If yes, please list name, address and phone number of all substance abuse providers.

38. Is applicant involved in any 12-step or other self-help recovery programs? Yes \_\_\_\_ No \_\_\_\_

If yes, which program(s)? \_\_\_\_\_

39. If applicant is substance free, for how long has s/he been substance free? \_\_\_\_\_

40. If applicant is currently using substances, is s/he interested in substance abuse treatment? Yes \_\_\_\_ No \_\_\_\_

If no, what type of treatment is applicant interested in? \_\_\_\_\_

41. Does applicant have a history of any medical conditions? Yes \_\_\_\_ No \_\_\_\_

If yes, please list conditions. If applicable, please list hospitalizations for these medical conditions.

42. Date of last physical; OB/GYN, and dental appointments for all household members as appropriate: \_\_\_\_\_

43. Is applicant allergic to any medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please list medication allergies.

44. Please list all Medications applicants are currently taking:

45. Where does applicant receive medical care? Please list name, address and phone number of all health care providers.

**SOCIALIZATION**

46. Describe applicant's participation in faith/spiritual activities, if any?

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47. Describe applicant participate in any social networks, or recreational activities? Please list the name(s) of the social/recreational network:

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**VOCATIONAL & EDUCATION HISTORY**

48. Does applicant or anyone living with him/her have a source of income? Yes \_\_\_ No \_\_\_

What is the source of income? \_\_\_\_\_

49. Does applicant or anyone living with him/her have any entitlements pending? Yes \_\_\_ No \_\_\_

What entitlement(s) is/are pending? \_\_\_\_\_

Applicant	Other, please specify	Source of income	Date Applied	Amount Receiving
		Social Security (SSI)		
		Social Security Disability (SSDI)		
		General Assistance (GA)		
		Temporary Aid to Needy Families (TANF)		
		Child Support		
		Alimony		
		Veteran Benefits		
		Employment Income		
		Unemployment		
		Medicare		
		Medicaid		
		Food Stamps		
		Other (please specify)		
		No financial resources		

50. Please list any outstanding debts, including type of debt and amount: \_\_\_\_\_

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51. Please list any financial obligations including the amount (e.g. child support, alimony): \_\_\_\_\_

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52. Is applicant currently employed, either part-time or full-time? Yes \_\_\_ No \_\_\_

a. If yes, where is applicant employed? \_\_\_\_\_

b. If no, does applicant wish to be employed, either now or in the future? Yes \_\_\_ No \_\_\_

b2. If yes, in what area of employment does applicant wish to work? \_\_\_\_\_

c. Describe applicant's work experience or history, if applicable.

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53. Does applicant need training or vocational support to achieve employment in desired occupation? Yes \_\_\_\_ No \_\_\_\_

54. Is applicant currently participating in vocational or employment training programs? Yes \_\_\_\_ No \_\_\_\_

a. If yes, please identify the training program? \_\_\_\_\_

b. If no, does applicant wish to enroll in a vocational or employment training program? Yes \_\_\_\_ No \_\_\_\_

55. Is applicant currently enrolled in an educational program, either part-time or full-time? Yes \_\_\_\_ No \_\_\_\_

a. If yes, where is the applicant enrolled? \_\_\_\_\_

b. If no, does the applicant wish to be enrolled, either now or in the future? Yes \_\_\_\_ No \_\_\_\_

**LEGAL INFORMATION/HISTORY**

56. Does applicant have any current legal issues? Yes \_\_\_\_ No \_\_\_\_

a. If yes, please list description of charges and any pending court dates.

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b. Does applicant have legal representation? Yes \_\_\_\_ No \_\_\_\_

b2. If yes, please list name and address and phone number of attorney or legal advocate.

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57. Is applicant currently on probation? Yes \_\_\_\_ No \_\_\_\_

58. Is applicant currently on parole? Yes \_\_\_\_ No \_\_\_\_

If yes, b#57 or #58, please list name and contact information of probation/parole officers(s)

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59. Does applicant have any prior arrests, convictions or incarceration? Yes \_\_\_\_ No \_\_\_\_

a. If yes, please list.

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60. Does applicant have a conservator? Yes \_\_\_ No \_\_\_
- If yes, is he/she a conservator of person? Yes \_\_\_ No \_\_\_
  - If yes, is he/she conservator of estate (money)? Yes \_\_\_ No \_\_\_
  - If yes, is he/she conservator of both person and state? Yes \_\_\_ No \_\_\_
  - If yes, enter name and address of conservator:
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61. Does the applicant have difficulty with any of the following areas of daily living? In addition, please list any strengths the applicant may have. **Please also attach a letter as to why you (the applicant) needs supportive housing.**

**Check all that apply.**

	Strength	Weakness
a. Paying rent/utilities		
b. Lease compliance		
c. Housekeeping		
d. Money management		
e. Driving/using public transportation		
f. Arranging apartment repairs		
g. Use of mental health services		
h. Use of health services		
i. Securing/Maintaining Benefits		
j. Meal preparation		
k. Shopping for food and other necessities		
l. Taking medication as prescribed or instructed		
m. Filling prescriptions		
n. Socialization		
o. Hygiene		
p. Other (specify):		

EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_ Telephone# \_\_\_\_\_

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

Date of Application for Housing: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_  
Signature

Date \_\_\_\_\_

Case Management Supervisor: \_\_\_\_\_  
Signature

Date \_\_\_\_\_



Omaha Housing Authority

1805 Harney Street ~ Omaha, NE 68102 ~ 402.444.4200 ~ www.ohauthority.org

SECTION 8 PROJECT-BASED VOUCHER PROGRAM

Pre-Application for Housing Assistance

IMPORTANT

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Form with fields for Social Security Number, Phone, First Name, Middle Name, Last Name, Address, City/Town, State, Zip Code, Shelter Name, Shelter address.

Family Information

Form with sections for Gross annual household income, List the Head of Household and all other members, and Household Bedroom Size options.

**Certification of Applicant**

Please read the statement very carefully. By signing, you are agreeing to its terms

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ Any misrepresentation or false information will result in my application being cancelled, denied, or termination of housing assistance.
- ✓ This is a pre-application for project based rental assistance through Omaha Housing Authority and its regional administering agencies and is not an offer of housing.
- ✓ It is my responsibility to notify Omaha Housing Authority in writing of any change of address and phone number; failure to do so may result in cancellation of my application.
- ✓ It is my responsibility to notify Omaha Housing Authority in writing of any change in family size or composition that might affect the number of bedrooms my family requires; failure to do so may affect my place on the waiting list.
- ✓ My participation in the project based housing assistance program is subject to being eligible and in compliance with HUD and Omaha Housing Authority regulations. Participation in the program subjects me to a criminal background check.

I agree that Omaha Housing Authority can share my information with other state agencies for the purposes of determining program eligibility.

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

\_\_\_\_\_  
Date

**REQUEST FOR CRIMINAL HISTORY INFORMATION –  
RECORDS CHECK OMAHA HOUSING AUTHORITY APPLICANT  
RECORDS SCREEN**

**Federal and State housing law** requires and authorizes the Omaha Housing Authority (OHA) to screen the criminal history of all adult members of families and households who are residing in or are applying for admission to its developments and programs. The purpose of these procedures is to avoid admitting an individual or household who is or has been involved in activity that would adversely affect the health, safety and/or welfare of other residents. Your voluntary release means that OHA will check with any appropriate federal, state and/or local agenc(y/ies) to determine your criminal record and/or background. OHA will use this information confidentially.

**IMPORTANT: PLEASE NOTE THE FOLLOWING GUIDELINES AS YOU COMPLETE THIS FORM. YOU MUST INITIAL BESIDE EACH LINE TO VERIFY YOUR UNDERSTANDING OF THE INFORMATION.**

\_\_\_\_\_ I have taken due care to ensure the answers given are **CORRECT** and **COMPLETE**. If I am unsure about an answer, I understand that I must err on the side of disclosing more information. If I do not understand a question, I understand that it is my responsibility to ask for help or assistance.

\_\_\_\_\_ I understand that a criminal history background check will be conducted based upon personal information I have provided below, and that which is contained in my housing assistance application.

\_\_\_\_\_ I understand that other criminal history checks will be conducted, utilizing records and information from agencies within whose jurisdiction I do now, or have resided, or where I have been arrested, cited, charged, or convicted.

\_\_\_\_\_ I understand that the criminal background check will also include a check for any current criminal warrants that may exist.

\_\_\_\_\_ I have been provided with a copy of OHA's Criminal Background Check Procedure, and I have read and reviewed the policies contained therein.

**PART I: AUTHORIZATION FOR RELEASE OF CRIMINAL RECORDS:**

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

Head of Household: \_\_\_\_\_

Nickname (or alias first and/or last name): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Hair color: \_\_\_\_\_

Last 4 # of Social Security Number: \_\_\_\_\_

Type of picture identification (ID) provided: \_\_\_\_\_

Picture ID State or Agency of Origin and Number: \_\_\_\_\_

**OFFICE: A GOOD QUALITY COPY OF THE PICTURE ID (WITH DATE OF BIRTH) MUST ACCOMPANY THIS RELEASE**

I voluntarily authorize any Federal, State or local agency to release any information in its files under the above name and information. I understand that the information released to the Omaha Housing Authority will be used to determine my eligibility and/or continued eligibility for public housing, Section 8 (Housing Choice Voucher) or other housing assistance. Unfavorable information may result in my removal from and/or ineligibility for public housing. I agree to submit to fingerprinting, if required by the OHA, to be submitted to the FBI or other appropriate agency(ies). I agree to hold any source of information harmless for any error in reporting information. I release any and all persons from liability arising out of or resulting from the release of information.

The Privacy Act of 1974 restricts the use of this information. After you release this information to the Omaha Housing Authority and your eligibility is verified, it will be held in the strictest of confidence by OHA and not released to any outside unauthorized person (s).

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

Required - Attachment - Please attach current copy of government issued photo ID listed above

## PART II: CRIMINAL HISTORY RECORD SCREENING QUESTIONNAIRE:

Please answer the following questions. The privacy act of 1974 restricts the use and storage of this information. It is used for determining your eligibility and/or continued eligibility for public housing and/or Section 8 assistance. As stated above, if you answer any of the following questions untruthfully, OHA may deny your application. If you are unsure about any question below, you must err on the side of disclosing the information. If you need help answering a question, it is your responsibility to ask an OHA employee to assist you.

- The terms “*offense*”, “*crime*” and “*criminal activity*” include felonies, misdemeanors, infractions and violations.
- A guilty plea, guilty verdict or plea of “nolo contendere” or “no contest” is a conviction, even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, etc.
- You do not have to disclose information that has been sealed, expunged, set aside under Federal or State law, or any juvenile delinquent or youthful offender adjudications. You **are not** considered a youthful offender simply because of your age at the time of the offense. Only a specific court finding determines youthful offender status.
- Each question below refers to a specific time period – please **note the time period** in each question to ensure you are providing an accurate and truthful response.
- **If you are unsure** if disclosure is required for **any** reason, **list the offense** and **provide details**.
- If you need additional room for any explanation, please use the attached sheet (page 5).

**YOU MUST DISCLOSE** all offenses and crimes, regardless of whether they are listed below. If you are unsure, **YOU MUST DISCLOSE** the offense and provide an explanation.

(Mark one response)

1. Have you continuously resided in Douglas County, Nebraska for the past **five years**?  YES  NO  
If no, **please list any other street addresses at which you have resided within the past five years** (if you need additional room, please continue on page 5):

2. In the **past five years**, have you been convicted of: homicide, burglary, robbery, assault with a deadly weapon, rape, sexual molestation, sexual assault, or any other related offenses?  YES  NO  
If you answered yes to question 5, provide details, including the name of the state in which the offense/crime occurred.

3. In the **past three years**, have you been convicted of illegal possession or the use, sale, manufacture, or distribution of any drug? .....  YES  NO

If you answered yes to question 3, provide details, including the name of the state in which the offense/crime occurred.

4. In the **past three years**, have you been convicted physical assault, illegal use of a firearm, threat of illegal use of a firearm, or any other violent criminal crime? .....  YES  NO

If you answered yes to question 4, provide details, including the name of the State in which the offense/crime occurred.

5. In the **past two years**, have you been convicted of any other crime against another person, the property of another person, or been convicted of any weapons related crimes or drug-related crime not otherwise mentioned above? .....  YES  NO

If you answered yes to question 2, provide details, including the name of the State in which the offense/crime occurred.

6. Are you subject to a lifetime registration requirement under a state sex offender law?  YES  NO

If you answered yes to question 6, in what state? \_\_\_\_\_

I have read and understand the above questions and statements. I certify and affirm that the information I have given on this eligibility questionnaire is complete, true and correct. I have no objections to inquiries being made for the purpose of verifying the statements herein, which may include (but is not limited to) contacting my Probation/Parole officers, a criminal background check and/or sex offender checks to verify my circumstances.

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



**ADDITIONAL EXPLANATION TO CRIMINAL HISTORY RECORD SCREENING QUESTIONS**