Housing In Omaha, Inc.

1823 Harney St, Omaha, NE 68102

402.444.6900

Application@ohauthority.org

Rental Application

Do you have a Housing Choice (Section 8) Voucher? ☐ Yes ☐ No

You are applying for properties at Villas North (Binney, Pinkney or Emmet Street).

Please select a bedroom Size: ☐ 2 bed ☐ 3 Bed

Personal Information

Full Name _____ Birth Date _____

Last Four of Social Security # _____ Driver's License # / State _____

Phone # _____ Email _____

Roommates / Other Occupants

Full Name - First, Middle, Last	Birth Date	Age	Relationship to You	Last 4 of Social Security # (if age 18 or over)

Rental History

Please list your three most recent addresses or from past five years.

	Current Address	Previous Address	Previous Address
Address (Street, City, State, Zip)			
Dates (move in/out)			
Monthly Rent			
Manager/Owner Name			
Manager/Owner Phone			

Income

Please list employment from past five years and other sources of income.

Employment History

	Current Employer	Previous Employer	Previous Employer
Employer			
Position			
Dates of Employment (From/To)			
Monthly Income			
Name of Supervisor			
Supervisor's Phone #			
Address (Street, City, State, Zip)			

Other Income Sources

Type	Monthly Income	Name of Provider	Address (Street, City, State, Zip)	Phone #

Emergency Contact Information

Name _____ Phone # _____ Relationship _____

Address - Street, City, State, Zip _____

Vehicles

Make & Model	Year	Color	Plate #	State

Other Information

Do you currently have a HCV (Section 8) voucher? ☐ Yes ☐ No

Have you ever been evicted or asked to move out? ☐ Yes ☐ No

If yes, when, and why?_____

Have you ever been sued for non-payment of rent or damage to a rental property? ☐ Yes ☐ No

If yes, when, and why? _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, when, and why? _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, when, and why?_____

Do you have any pets? ☐ Yes ☐ No If Yes, please list each Type, Breed & Approx. Weight

Optional

Race: (Please check all any that apply)

☐ Caucasian/White ☐ African American/Black ☐ Native American ☐ Asian/Pacific Islander

☐ Alaskan/Native ☐ Other: _____

Ethnicity of Head: (Please check one)

☐ Hispanic/Latino ☐ Non-Hispanic/Latino

The information solicited on this application regarding sex and race (ethnic group) is requested by OHA to assure the Federal Government, acting through USDA Rural Development/HUD, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants based on visual observation or surname.

How did you learn about us?

_____

Agreement & Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a townhome and does not constitute a rental or lease agreement in whole or part.

_____ _____

Signature Date

EQUAL HOUSING OPPORTUNITY

CO-APPLICANT/ CO-SIGNER

By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.

Co-signing for Full Name _____

Personal Information

Full Name _____ Birth Date _____

Last Four of Social Security # _____ Driver's License # / State _____

Phone # _____ Email _____

Current Employer Name /Phone # _____

It is hereby agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

_____ _____

Signature Date