

# New Horizons Plaza, Inc. New Beginnings Plaza



P.O. Box 50  
Hastings, NE 68902  
402-463-7435 (New Applicants)  
402-463-5684 (General Info)

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Dear Sir or Madam:

Thank you for your interest in New Beginnings and New Horizons. If you have received these forms digitally, please print all pages single-sided, preferably in color.

Please complete all applicable fields on the attached Application for Housing. This is NOT an offer for an apartment.

On all other attached forms (Landlord Verification, Verification of Disability, Background Check Release), please complete only the highlighted fields. You may then mail the completed forms to the following address:

New Horizons / New Beginnings  
Attn: Applications  
PO Box 2066  
Hastings, NE 68902-2066

If everything is in order with the returned verification paperwork, you will receive no further notifications until there is a suitable vacancy and you are the next eligible applicant on the list. (If the wait time between vacancies is long enough, you may receive annual requests to verify continued interest, as well.)

If you have questions or need assistance, you may call at one of the phone numbers listed above. If no housing personnel are available, please feel free to leave a voicemail.

Thank you.  
New Horizons & New Beginnings Management

# Application for Housing

**New Horizons Plaza, Inc.**  
**New Beginnings Plaza**  
P. O. Box 2066  
Hastings, NE 68902  
(402) 463-7435

<b>OFFICE USE ONLY</b>
_____
Date Application Received _____
Time _____
By _____

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Date of Application \_\_\_\_\_ Time \_\_\_\_\_ AM PM  
(circle)

Applicant Name \_\_\_\_\_  
Last First Middle Initial

Family Size \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Race  American Indian or Alaska Native  Asian  Black or African American  
 Native American or Other Pacific Islander  White

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Ethnicity  Hispanic or Latino  Not Hispanic or Latino

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Are you disabled by a major mental illness?  Yes  No  
Are you currently enrolled as a student?  Yes  No  
Are you a military veteran?  Yes  No  
Are you fleeing a Presidentially-Declared Disaster (PDD)?  Yes  No  
Are you presently living in sub-standard living conditions?  Yes  No  
Do you require an accessible unit?  Yes  No

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How did you hear about our apartments? \_\_\_\_\_  
\_\_\_\_\_

**What is your present living situation?**

- Apartment/House     Group Home     Shelter     Hospitalized     Homeless  
 Other (describe) \_\_\_\_\_

**Current Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**How long have you lived there?** \_\_\_\_\_  
Years Months

**Most Recent Landlord** \_\_\_\_\_

**Address/Phone** \_\_\_\_\_

**Have you or anyone in your family ever been terminated from a lease for fraud, non-payment of rent or damages, failure to cooperate with recertification procedures, drug or other legal violations or other lease violations?**     Yes     No

If yes, what happened and when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Name of Psychiatrist/Mental Health Provider** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Name of Payee** (if applicable) \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Name of Guardian** (if applicable) \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**All applicants are required to complete the following financial information and sign the necessary release forms so the information can be verified. This information will be use by the Housing Coordinator to determine if you are eligible to occupy an apartment in this project. All tenants must meet the eligibility requirements established by HUD and meet the management's standards for credit rating, neatness and respect for property.**

**A. Income** - Are you or any member of your household currently receiving income from any of the following sources?

- Wages/Salaries  Yes  No
- Tips, bonuses or commissions  Yes  No
- Overtime pay  Yes  No
- Income from the operation of a business  Yes  No
- Social Security  Yes  No
- Disability/SSI  Yes  No
- Pensions/retirement funds  Yes  No
- Annuities or non-revocable trust  Yes  No
- Unemployment  Yes  No
- Military pay or pension  Yes  No
- Public Assistance  Yes  No
- Alimony or child support  Yes  No
- Regular recurring funds from persons/agencies outside your house  Yes  No
- Other Income  Yes  No

Did you or any member of your household file a federal tax return last year?  Yes  No

**B. Assets** - Do you or any other members of the household have any of the following?

- Checking Accounts  Yes  No
- Savings Accounts  Yes  No
- Certificates of Deposit  Yes  No
- Money Market Funds  Yes  No
- Stocks or Bonds  Yes  No
- Trust Funds  Yes  No
  - If yes, is the trust irrevocable?  Yes  No
- Real Estate  Yes  No
- Whole Life or Universal Life Insurance policy  Yes  No
- Cash held in a safety deposit box or at home  Yes  No
- Other assets  Yes  No

Have you or any member of your household received any lump sum payments, such as:

- Inheritance  Yes  No
- Lottery Winnings  Yes  No
- Insurance settlements  Yes  No
- Other  Yes  No

Have you or anyone in your household disposed of any assets for less than fair market value within the past two years?  Yes  No

**C. Deductions:**

- Do you have medical expenses that are not paid by an outside source, such as insurance or Medicaid?  Yes  No
- Do you have disability expenses not paid by an outside source?  Yes  No
- Do you have attendant care expenses?  Yes  No

**REFERENCES**

**Credit Reference**

Name	Address	Phone
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**Personal Reference**

Name	Address	Phone
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**Penalties for Committing Fraud:** the United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future housing assistance
- 

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**Please return this application to the New Horizons Plaza/New Beginnings Plaza office at:**  
724 S Burlington Ave, Hastings, NE

**or mail to:**

ATTN: Housing Applications  
PO Box 2066  
Hastings, NE 68902

Your name will not be put on the waiting list until the application process has been completed and eligibility has been determined. All eligible applicants will be entered on a waiting list and notified of vacancies in order of date and time of the application. The applicant may be removed from the waiting list if the applicant refuses an apartment for any reason or does not renew this application annually. Prior to be offered an apartment, you will be asked to complete and sign the necessary forms to verify the information given on this application. You will be notified in writing if you do not meet the eligibility requirements.

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***By signing this application, I am certifying that the information I have provided is true and accurate, to the best of my knowledge. I understand that various background checks will be used to verify the information I have provided on this form. I have been provided with a copy of the Tenant Selection Policy.***

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.

# DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR TENANT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for tenancy and, if you are selected, in considering you for continued housing South Central Behavioral Services (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an tenant-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenant purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## INTELLICORP AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **South Central Behavioral Services** to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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## PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

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

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**Verification of Disability**

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FOR USE WITH **SECTION 202/8, SECTION 202 PAC, Section 202 PRAC,  
AND SECTION 811 PRAC**

**DATE:** \_\_\_\_\_

**TO:** *(name & address of applicant's psychiatrist or APRN)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FROM:**

Housing Coordinator  
New Beginnings Plaza &  
New Horizons Plaza, Inc  
PO Box 2066  
Hastings, NE 68902

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE IN THE "FROM" FIELD

**SUBJECT:** Verification of Disability

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

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## **Verification of Disability**

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### INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1.  YES  NO      Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2.  YES  NO      Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - (1) Self-care,
    - (2) Receptive and expressive language,
    - (3) Learning,
    - (4) Mobility,
    - (5) Self-direction,
    - (6) Capacity for independent living, and
    - (7) Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3.  YES  NO      Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

**Verification of Disability**

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4.  YES  NO Is a person whose sole impairment is alcoholism or drug addiction.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

=====

**Public reporting burden** for this collection is estimated to average 12 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 is 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. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

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**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

## **Verification of Disability**

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### **PENALTIES FOR MISUSING THIS CONSENT:**

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 USC 408 (a) (6), (7) and (8).



## LANDLORD VERIFICATION

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

**To (Name & Address of Landlord):**

*(If you have no previous rental history, please write "No Rental History" below and complete remainder of form)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

**From:** Housing Coordinator  
New Beginnings/New Horizons  
PO Box 2066  
Hastings, NE 68902-2066

Return this verification to the contact listed above.

**Subject:** Verification of information supplied by an applicant for housing assistance.

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility of level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

\_\_\_\_\_  
**Name of Applicant/Tenant**

\_\_\_\_\_  
**Move-in Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

**Address including unit number**

\_\_\_\_\_  
How long lived in unit?

1. Has rent been paid on time? \_\_\_\_\_
2. Amount of monthly rent \$\_\_\_\_\_. Were utilities included in rent? \_\_\_\_\_
3. Have you had any problems with this resident? If answer is yes, please note the problems including:
  - a. Nonpayment of rent \_\_\_\_\_
  - b. Failure to cooperate with applicable recertification procedures \_\_\_\_\_

- c. Violations of house rules \_\_\_\_\_
- d. Violations of lease \_\_\_\_\_
- e. History of disruptive behavior \_\_\_\_\_
- f. Housekeeping habits \_\_\_\_\_
- g. Termination of assistance for fraud \_\_\_\_\_
- h. Previous evictions \_\_\_\_\_
- i. Convictions involving the illegal manufacture or distribution of a controlled substance \_\_\_\_\_
- j. Convictions for the illegal use of a controlled substance \_\_\_\_\_

Signature: \_\_\_\_\_  
 Landlord/Manager

**You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**PENALTIES FOR MISUSING THIS CONSENT:**

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willfully 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, the PHA 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 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

**New Beginnings Plaza/New Horizons Plaza** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.