MARCELLUS FLATS
HUTCHINS BUILDING

CITY OF FRANKLIN

EQUAL HOUSING OPPORTUNITY

MARCELLUS FLATS - TENANT APPLICANT CHECKLIST

Dear Applicant:

Marcellus Flats in the Hutchins Building was funded in part through the Nebraska Affordable Housing Trust Fund as a City of Franklin project. **All of the following documents are required** to be considered as an eligible tenant.

1. Every section must be completed of the Tenant Application for Occupancy. Documentation from both the Applicant and Co-Applicant is required, if applicable.
2. Please provide a copy of each for the Applicant and Co-Applicant as listed in the chart below, if applicable.

	Copy of Government Issued ID (Driver's License) – front and back side
	Copy of Social Security Card
	Citizenship Attestation Form signed – pg. 6 of the Application, one form per person age 18 and over
	Last 2 years' federal income tax return – (1040 form, W-2s, all schedules, 1098/1099 forms)
	Last 3-months 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 >ONLY< *if you receive regular or annual income* (CD's, IRA's, 401(k), life insurance, property, etc.).
	***Verification of Deposit (your Bank) and/or Verification of Employment Forms –** if the above items are not provided or not available (Ex. started new employment or new bank account)
	Credit Report – *Either a signed 'Consent to Verify Credit Information* *(last page of application),* ***– OR – provide a credit report recent within the past 12 months*** from either Trans Union, Experian, or Equifax, available free of charge
	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.

3. Upon notification of selection as an eligible Tenant, the *Nebraska RentWise Tenant Education* course must be completed online. Allow 6 to 8 hours for course completion. A completion certificate is required within 7 (seven) days of notification. Failure to complete the RentWise course will forfeit your reserved housing unit.

	Certificate of Completion: Nebraska RentWise Tenant Education, https://training.rentwise.org/

4. To process your application, the listed items must be submitted in full by email to:
   - City of Franklin, Hutchins Building Property Manager: **propertymanager@cityoffranklin.net**
   - Email or in-person turn-in to the City office is recommended for the application to avoid delays in processing the application.
   - Applications emailed, mailed, or in-person turned in will be accepted and dated on the day and time of receipt.
   - South Central Economic Development District, Inc. (SCEDD), 308.455.4776, will be reviewing applications for eligibility and a staff member may be in contact with you if additional documentation is needed.

If you have any questions about the application, please contact the City of Franklin, Hutchins Building Property Manager, at **308-470-6048**, or the City of Franklin office at 308.425.6295. We look forward to working with you.

MARCELLUS FLATS
HUTCHINS BUILDING

MARCELLUS FLATS – TENANT APPLICATION FOR OCCUPANCY
Nebraska Affordable Housing Trust Fund – City of Franklin

EQUAL HOUSING OPPORTUNITY

Size of Unit Requested ☐ 1 Bedroom ☐ 2 Bedroom

FOR OFFICE USE ONLY	Date Received:		Time:	

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

I. APPLICANT INFORMATION AND RESIDENCE HISTORY

DATE TO MOVE IN:_____

Applicant	Co-Applicant (if applicable)
Name:_____	Name:_____
Current Address:_____	Current Address:_____
City_____ State _____ ZIP_____	City_____ State _____ ZIP_____
Phone #: _____ Work #: _____	Phone #: _____ Work #: _____
Email: _____	Email: _____
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.					

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. The Owner may approve and allow the tenant 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. One pet from **<u>one of the following categories</u>** is permitted: a Dog under 45 pounds, *or* a Cat under 25 pounds.

- Do you plan to have a pet living with you? (if yes, circle one) *1 Dog – OR – 1 Cat – OR 1 aquarium with non-dangerous fish (no reptiles or other species)* ☐ Yes ☐ No
- Specify weight and breed of the pet:_____
- The *<u>Pet Agreement & Policies</u>* 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 (estimate average)			
Commissions (estimate average)			
Tips (estimate average)			
Bonuses (estimate average)			
Investment Interest and/or Dividends – *note if received annually*			
Net Income from Business			
Net Rental Income			
Social Security *(including SSI or SSD)*, Pension(s), Retirement Funds **(Please circle appropriate one[s])**			
Unemployment Benefits			
Workers Compensation, etc.			

Alimony and/or Child Support **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:**_____ ☐ **Child Support** ☐ **Alimony**	**Amount:** $_____/mo. **Case #:** _____ **County:**_____ ☐ **Child Support** ☐ **Alimony**	**Amount:** $_____/mo. **Case #:** _____ **County:**_____ ☐ **Child Support** ☐ **Alimony**
Welfare Payments (TANF, Food Stamps, ADC, etc.)			
Other			
TOTALS			
Annual Total (= Totals x 12)			

V. ASSETS

A. List assets for all household members. If denoted as (*) only list *if annual income/dividends are received*.

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), retirement, pension accounts – for *which annual income is received*				
*Life Insurance Policies – for *which annual income is received*				
*Other Assets/ Investments – for *which annual income is received*				

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 have 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: _____
   _____

VII. EMERGENCY CONTACT(s):

In case of an emergency the Tenant or Co-Tenants desire that the following person(s) be contacted, if possible:

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

VIII. GRIEVANCE PROCEDURE

In accordance with Federal Law and the Nebraska Fair Housing Act, the Owner (City of Franklin) is prohibited from discrimination because of race, creed, religion, color, national origin, sex, disability, familial status, or any other protected status.

An applicant/tenant that has been denied placement or has a grievance, should first try to resolve the issue with the Hutchins Building Property Manager. To file a complaint of discrimination or grievance, write: City Fair Housing Representative, Raquel Felzien, City Clerk, 619 15th Avenue, Franklin, NE 68939, or email info@cityofranklin.net. Grievances must be in writing and will be considered at the next regularly scheduled City of Franklin Council meeting. The City Council will respond in writing within 7 (seven) days of the Council meeting. The applicant may appeal the decision of the City of Franklin, by submitting 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, a representative from South Central Economic Development District, Inc., serving as NAHTF grant administrator, or other third-party entity. Their decision will be provided in writing, to the applicant/tenant and the City of Franklin. Any subsequent grievance appeals will be forwarded to the Nebraska Department of Economic Development or designee overseeing NAHTF housing projects, as the final party to address grievance.

IX. 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:** _____

X. CONSENT FOR SCEDD, INC. & OWNER TO VERIFY CREDIT INFORMATION

I/We hereby authorize the South Central Economic Development District (SCEDD), Inc. of Nebraska, and the City of Franklin, 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 Tenant Application. I/We also authorize SCEDD, Inc., and the City of Franklin, 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 SCEDD, Inc., and the City of Franklin.

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, 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 may be delayed or rejected.

Right to Financial Privacy Act Certification: South Central Economic Development District (SCEDD), Inc. and the City of Franklin, 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 Signature: _____ **Date:** _____

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

OR – ***I/We decline to sign the Consent for SCEDD, Inc. & Owner to Verify Credit Information and will provide a current, within 12 months, credit report in full for both the Applicant and Co-Applicant, if applicable, from one of the approved credit reporting agencies as part of my Application for Occupancy.*** **Initial(s)** _____

COMPLETE FOLLOWING PAGE FOR U.S. CITIZENSHIP ATTESTATION FORM

XI. **<u>Each Applicant and Co-Applicant</u> must complete a separate United States Citizenship Attestation Form**

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

☐ I-327 (Reentry Permit)
☐ I-551 (Permanent Resident Card)
☐ I-571 (Refugee Travel Document)
☐ I-766 (Employment Authorization Card)
☐ Certificate of Citizenship
☐ Naturalization Certificate
☐ Machine Readable Immigrant Visa (with Temporary I-551 Language)
☐ Temporary I-551 Stamp **(on passport or I-94)**
☐ I-94 (Arrival/Departure Record)
☐ **Unexpired** Foreign Passport **(must include an I-94)**
☐ I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status
☐ DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name _____
(First, Middle, Last)

Signature _____

Individual NMLS ID # _____ Date _____

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