

# Dunn Building Apartments – TENANT APPLICANT CHECKLIST

Nebraska Affordable Housing Trust Fund – City of Wood River, NE

Dear Applicant:

*Dunn Building Apartments* was funded in part through the Nebraska Affordable Housing Trust Fund. **All of the following documents are required** to be considered as an eligible tenant.

1. Please complete every section of the enclosed application. Documentation from both the Applicant and Co-Applicant is required, if applicable.
2. Please provide a copy of each item for the Applicant and Co-Applicant as listed below, if applicable.

<b>Copy of Government Issued ID (Driver's License)</b>
<b>Copy of Social Security Card</b>
<b>Citizenship Attestation Form signed – page 7 of Application</b>
<b>Verification of Deposit (your Bank) &amp; Verification of Employment Forms</b>
<b>Last 2 year's federal income tax return</b> (1040 form, W-2s, all schedules, 1098/1099 forms)
<b>Last 12 pay stubs of all working occupants of household</b> , including children 18 years old or older
<b>Last 2 months of bank/credit union statement(s) – all pages of statement</b>
<b>Most recent statement of other assets that provide annual income</b> (CD's, IRA's, 401(k), life insurance, property, etc.).
<b>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</b> from either Trans Union, Experian, or Equifax, available free of charge
<b>Documentation on all monthly benefits received, such as</b> Social Security, ADC (Aid to Dependent Children), Food Stamps, Worker's Compensation, Unemployment Compensation, etc.
<b>If applicable, case number and county for any alimony or child support received by any household member. Include copy of complete divorce decree.</b>

3. Upon notification of selection as an eligible Tenant, an 8-hour in-person or online class must be completed and provided within 7 days of notification. Failure to complete the RentWise course will forfeit your reserved housing unit.

**Certificate of Completion – RentWise education program**

4. To process your application, the following items must be submitted in full:
  - In Person to: City of Wood River Offices, %Dunn Building Apartments, 108 W 10<sup>th</sup> Street, Wood River, NE 68883.
  - Or Email with attachments to: [dunnbuildingllc@gmail.com](mailto:dunnbuildingllc@gmail.com)
    - Email or in-person turn-in to the City of Wood River Office, versus mail-in, is recommended for the initial application due to expected demand.
    - **Applications emailed, mailed, or in-person turned in will be dated the first business day advertised for applications accepted at 9:00 am.**

If you have questions about the application process or requirements, please contact the Owner/Manager, Elizabeth Troyer-Miller at 574.304.6548, or [dunnbuildingllc@gmail.com](mailto:dunnbuildingllc@gmail.com). We look forward to working with you.



**Dunn Building Apartments – Tenant Application for Occupancy**  
**Nebraska Affordable Housing Trust Fund Project – City of Wood River | Owner: The Other Side of Nowhere, LLC.**

Size of Unit Requested ☐ 1 Bedroom ☐ Studio Efficiency

<b>FOR OFFICE USE ONLY</b>	Date Received:		Time:	
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**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**I. APPLICANT INFORMATION AND RESIDENCE HISTORY**

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? _____
Owner/Landlord's Name: _____	Owner/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? _____
Owner/Landlord's Name: _____	Owner/Landlord's Name: _____
Landlord's Address: _____	Landlord's Address: _____
Landlord's Phone: _____	Landlord's Phone: _____

**II. HOUSEHOLD MEMBER INFORMATION**

A. Provide the following information for all people who will be members of the household. Give relationship of each immediate family member to the Applicant, each member's age, sex, date of birth, age, and indicate if enrolled as a full-time student. If member is 18 years of age or older, provide the Social Security number. *It is important to note no smoking is allowed in the rental units.*

Full Legal Name	Relationship to Applicant	Sex	Date of Birth	Age	Full-Time Student (Y/N)	Social Security # (if age 18 or over)
1.						
2.						
3.						

B. Does anyone else claim the Applicant or Co-Applicant 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**

**Access to all dwelling units located above the ground floor in this building requires the use of stairs.** The Landlord is committed to providing equal housing opportunities to all residents and applicants in full compliance with the federal Fair Housing Act, the Nebraska Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and all other applicable fair housing laws. Please note that pursuant to 24 CFR § 8.23 Landlord is not required to make alterations that would require undue financial and administrative burdens and making any alterations to the existing stairwell to accommodate a disability may be considered an undue financial burden. Residents or household members with disabilities have the right to request reasonable accommodation and reasonable modifications. A **reasonable accommodation** is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling unit, including public and common use spaces. A



**reasonable modification** is a structural change made to existing premises (dwelling unit or common areas), occupied or to be occupied by a person with a disability, so that the person can have full enjoyment of the premises. Requests for reasonable accommodations or modifications should be made to the Landlord/Management. Reasonable modifications to the interior of the dwelling unit will generally be permitted at the resident's expense, subject to applicable law and Landlord approval of the proposed work (which shall not be unreasonably withheld). Landlord may, where reasonable and permitted by law, condition permission for interior modifications on the resident agreeing to restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted, upon moving out.

- Do you or members of your household require handicap accessible features or modifications? ☐ Yes ☐ No
- If yes, please explain any special housing modifications necessary:

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#### IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

##### A. Verification of Employment

###### Applicant:

Employer Name	Address	Phone	Rate Per Hour	Hours per Week	Annual Income	Date Started

###### Co-Applicant:

Employer Name	Address	Phone	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			
Commissions			
Tips			
Bonuses			
Interest and/or Dividends – <i>note if received annually</i>			
Net Income from Business			
Net Rental Income			
Social Security ( <i>including SSI or SSD</i> ), Pension(s), Retirement Funds <b>(Please circle appropriate one[s])</b>			
Unemployment Benefits			
Workers Compensation, etc.			
Alimony and/or Child Support Please 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	<b>Amount:</b> \$ _____ /mo. <b>Case #:</b> _____ <b>County:</b> _____ <input type="checkbox"/> Child Support	<b>Amount:</b> \$ _____ /mo. <b>Case #:</b> _____ <b>County:</b> _____ <input type="checkbox"/> Child Support	<b>Amount:</b> \$ _____ /mo. <b>Case #:</b> _____ <b>County:</b> _____ <input type="checkbox"/> Child Support



<b>payments.</b>	<input type="checkbox"/> <b>Alimony</b>	<input type="checkbox"/> <b>Alimony</b>	<input type="checkbox"/> <b>Alimony</b>
Welfare Payments (TANF, Food Stamps, ADC, etc.)			
Other			
<b>TOTALS</b>			
<b>Annual Total (= Totals x 12)</b>			

## 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) or retirement/pension accounts - which annual income is received				
*Life Insurance Policies - which annual income is received				
*Other Assets/Investments - which annual income is received				

## VI. CREDIT REFERENCES

Lending Institution	Address	Account #

## VII. 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 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:



D. How did you learn about the apartments?

☐ Website ☐ Social Media ☐ Flyer/Sign ☐ Resident Referral ☐ Other \_\_\_\_\_

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## VIII. EMERGENCY CONTACT(s):

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

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

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

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

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

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## 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:** \_\_\_\_\_

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## X. GRIEVANCE

In accordance with Federal Law and the Nebraska Fair Housing Act, the Owner (The Other Side of Nowhere, LLC) is prohibited from discrimination because of race, creed, religion, color, national origin, sex, disability, familial status, or ancestry.

To file a complaint of discrimination or grievance, write: City of Wood River, %City Council – Fair Housing, PO Box 239, Wood River, NE 68959. Grievances must be in writing and will be considered at the next regularly scheduled City 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 Wood River Council, by submitting an appeal within 14 (fourteen) days of the date of the Council's decision letter. The appeal will be reviewed by a third-party entity secured through the small-purchase procurement process, with the third-party reviewer providing their decision, in writing, to the applicant and the City of Wood River Council. Any subsequent grievance appeals will be forwarded to the Nebraska Department of Economic Development as the final party to address the grievance.

**SEE FOLLOWING PAGE FOR SEPARATE > CONSENT TO VERIFY CREDIT INFORMATION – Signature Form**



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

I/We hereby authorize South Central Economic Development District (SCEDD), Inc. of Nebraska, acting on behalf of the City of Wood River, and Owner (The Other Side of Nowhere, LLC. of Dunn Building Apartments), 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 Tenant Application. I/We also authorize SCEDD, Inc., 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. on behalf of Owner (The Other Side of Nowhere, LLC.).

**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 Owner (The Other Side of Nowhere, LLC.), 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, 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** \_\_\_\_\_

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