



Region 4 Supported Housing Program
206 W. Monroe Avenue
Norfolk, NE 68701
402-370-3100
402-370-3125 (fax)

Housing Waiting List Confirmation Form

Eligibility for the Supported Housing Program requires the consumer document efforts to exhaust other local options available for rental assistance through local housing authorities and/or other entities; and clearly demonstrate a willingness to continue to seek other sources of rental assistance if initially turned down or placed on a waiting list.

Consumer Instructions:

1. **If you are starting a new application:** Ask the housing agency to sign, to show you have started the process.
2. **If you already have an application:** Ask the housing agency to sign and confirm your current status, or provide a copy of your confirmation letter of your status from the local housing authority in place of this form.
3. **If you are told you cannot get help:** Ask the housing agency to sign and write down why you do not qualify, or provide a copy of your denial letter outlining the reason you do not qualify and length of ineligibility. Once you become eligible, start an application.
4. **Turn in this signed form to Region 4 Supported Housing Program.**
5. **Respond to all mail and calls from the housing agency. Let them know if your contact information changes.**
6. **Keep all scheduled appointments with the housing agency.**

***Important: If you do not follow through, your Region 4 housing assistance will be terminated.**

Applicant Name: _____

Housing Agency:

<input type="checkbox"/> Columbus Housing Authority	<input type="checkbox"/> Central Nebraska Community Action Partnership
<input type="checkbox"/> Norfolk Housing Agency	<input type="checkbox"/> Goldenrod Regional Housing Agency
<input type="checkbox"/> South Sioux City Housing Agency	<input type="checkbox"/> Other _____

Please choose one:

- Applicant completed an application and/or is currently on waitlist
- Applicant has Section 8 voucher that expires on _____
- Client is not eligible for the waiting list due to:
 - Registered Sex Offender
 - Violent/drug/alcohol-related conviction – crime/conviction date: _____
 - Current PHA debt – \$ amount/agency owed: _____
(a payment plan will be required to be submitted to Region 4 if there is PHA debt)
 - Other: _____
- Other: please explain: _____

Signature of Housing Agency Representative

Date