



**HOUSING AUTHORITY
OF THE CITY OF LEXINGTON**

609 East 3rd Street P (308) 324-4633
Lexington, NE 68850 FAX (308) 324-4360
Email: office@lexhousing.com



X. Rights & Responsibilities

X. Rights & Responsibilities - Applicable to Paper Applications and Online Applications

I/We certify that all the information given to the Lexington Housing Authority is accurate to the best of my/our knowledge and belief. I/We understand that false statements I/We give to the Housing Authority may be punishable under Federal Law. I/We also understand that false statements or information will be grounds for denial of your application, termination of housing assistance and/or termination of tenancy.

I/We understand that this is an application for assistance and signing this application does not bind the Housing Authority to offer rental assistance nor does it bind me/us to accept any assistance offered.

I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

I/We authorize you to verify the above information through a consumer reporting agency. (This agency uses Tenant PI and Real ID to track and maintain records such as, but not limited to, your rental conduct and personal credit history. Real ID will be used to obtain credit history and national criminal history for all applicants over the age of 18 that apply for assistance with the Lexington Housing Authority.)

Application Signatures

Your signature on this form and the signature of each member of your household who is 18 years or age older authorizes the Lexington Housing Authority to use the authorization and the information obtained with it, to administer and enforce rules and policies.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse/Co- Applicants	_____ Print Name	_____ Date
_____ Signature of Other Adults/Co-Applicants	_____ Print Name	_____ Date
_____ Signature of Other Adults/Co-Applicants	_____ Print Name	_____ Date