

**DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE
PROPERTY DESCRIPTION
Residential Unit(s)**

PROPERTY ADDRESS _____

OWNER _____ MANAGER _____

The following information regarding the property at the address above is necessary to determine what payment, if any, can be made by Douglas County General Assistance.

A residential unit must have its own separate secure entrance, kitchen and bathroom. Are there multiple residential units at this property?

Yes _____ No _____ If yes, how many? _____

How much is the monthly rent per unit? If units vary, please attach a list

\$ _____

Does rent include all utilities (electric, heating, water and sewer)?

Yes _____ No _____ Some _____

If some, utilities NOT included _____

Do you personally live at this address?

Yes _____ No _____

Is this property/unit a drug/alcohol treatment, rehabilitation, or supportive/transitional facility?

Yes _____ No _____ N/A _____

Department of General Assistance (GA) Guidelines require vendors/property owners accepting GA rent payments to:

- **Notify the Department if a GA tenant vacates**
- **Accept the total payment received as payment in full for one month rent and utilities (as indicated above).**
- **Read the *Property Owners' Fact Sheet*, included with this form.**
- **Understand that GA eligibility is determined monthly and that all tenants receive a monthly written notice if rent will be paid.**
- **Contact Geri Urban, Administrative Services Specialist at 402-444-4779 or geri.urban@douglascounty-ne.gov for further information if needed**

The policy of the Department of General Assistance is that no client will be knowingly permitted to transfer the rent payment to a new address/landlord without a 30 day notice to the payee of record unless for health and safety code issues.

Owner/Representative Signature

Date

Phone including area code

Address

Office Use Only
Client: _____

Vendor # _____
Tech # _____

Fax number (if any)

City, State, Zip

E-mail Address