

For Which Project(s) are you Applying?

- Watervliet Housing Authority
- Section 8
- Van Rensselaer Village

2400 Second Avenue, Watervliet, NY 12189
 Tel: 518/273-4717 Fax: 273-4730
 www.WatervlietHousing.org
 E-Mail: Office@WatervlietHousing.org

WHA USE ONLY Bedroom Size _____
 Date _____ Time _____
 On the basis of the determinations set forth, the applicant family named herein has been found to be:
 Preliminary: Eligible for Admission
 Initials: Ineligible for Admission
 _____ Priority Ranking 1 2 3
 Application # _____

GENERAL INFORMATION: Fill out completely.

Name _____
 Phone (Home) _____ (Bus.) _____
 Address _____
 City _____ State _____ Zip _____ **E-Mail Address:** _____
 Alternate Person to contact: Name _____ Phone: _____

Floor
 1st
 2nd
 Front
 Rear
 Whole

FAMILY COMPOSITION: *(Persons who will move into the apartment)*

Family Member No.	Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Occupation	S. S. #

Absent Parent's Name _____ Absent Parent's Address _____
 Absent Parent's Name _____ Absent Parent's Address _____
 Absent Parent's Name _____ Absent Parent's Address _____
 Anticipated Changes in Family Composition: _____

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.

Is the head of household? White Asian Black Hispanic American Indian

<No Faxed Applications Accepted>

INCOME: (Total income, e.g. wages, social security, pension, social services, interest and other.)

Family Member No	Source of Income or Name of Employer	Address	Gross income per year

Did you file a federal income tax return last year? _____

What is your present monthly rent? _____ What is your monthly utilities cost? _____

If you pay for utilities, please check below what utilities you pay for:

Heating: gas oil electric Cooking: gas electric Electric Lights: Yes No

No. of bedrooms in your apt: _____ Water Heating: gas oil electric

CURRENT HOUSING CONDITIONS: Describe your present housing conditions: _____

Were you ever evicted? Yes No If yes, give reason: _____

Do you have roaches? Yes No

ASSETS: (List all assets, e.g. home, stocks, bonds, savings accounts, etc.)

Name of bank for checking account: _____ Account # _____

Name of bank for checking account: _____ Account # _____

Any others: Name: _____ Account # _____

List any others: _____

Does anyone outside of your household pay for any of your bills or give you money? Yes No If Yes, list: _____

Have you sold any real estate in the last two years? Yes No Do you own any stocks or bonds? If Yes, list: _____

Do you own a car? Yes No Model _____ Year _____ Plate # _____

VETERAN: (*Watervliet resident only*)

If you are a Watervliet Resident — are you or any member of your family been in or is in the Military? Yes No

HANDICAPPED: Do you qualify as disabled under the following definition: Yes No ?

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation: Yes No ?

Acceptable variations on this formula can be derived from Figure 3.6 of the HUD Handbook. With your response provide copies of the relevant documents revised to include a Disability definition.

REFERENCES: List three references — DO NOT USE RELATIVES.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Mothers Name: _____ Address: _____ Phone: _____

Fathers Name: _____ Address: _____ Phone: _____

PAST/PRESENT LANDLORDS: List your landlords for the **past 5 years**, including your present landlord.

(1) Date: From _____ To _____
 Landlord Name: _____ Their Address: _____
 Apt Address: _____ Landlord Phone #: _____
 Reason for leaving: _____

(2) Date: From _____ To _____
 Landlord Name: _____ Their Address: _____
 Apt Address: _____ Landlord Phone #: _____
 Reason for leaving: _____

(3) Date: From _____ To _____
 Landlord Name: _____ Their Address: _____
 Apt Address: _____ Landlord Phone #: _____
 Reason for leaving: _____

MISC:

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No If Yes, explain: _____
 Maiden name of wife or alias: _____
 Have you ever lived in Public Housing? Yes No If yes, where? _____
 Have you ever lived in the City of Watervliet? Yes No If yes, where?
 Address: _____ How Long? _____ Landlords Name: _____
 Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes No
 If Yes, explain: _____
 Have you ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
 If Yes, explain: _____

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof I filed an application within 7-10 days. I must keep this letter for my records. Also every year I will be sent a letter to return if I am still interested. I must return this letter or my application will be pulled. I understand I must notify the WHA of any changes in income, address, phone number or family composition.

I/We _____, _____, do hereby authorize a review and full disclosure of all consumer credit records concerning myself and authorize any and all references to verify my past as a tenant or character, including counselors, landlords, etc. to the Watervliet Housing Authority through any agent, whether said records are of a public, private or confidential nature. I further release any credit agent and Watervliet Housing Authority from any and all liability which may be incurred as a result of collecting and supplying the above-listed firm with said information. I further grant permission for the WHA to obtain credit records in the event of move out to obtain information in the obtaining of outstanding rent or charges.

 (Signature of Head of Household)

 (Signature of Spouse)

 (Date)



Interviewer Comments

Home Visit Comments

Orientation:
 (1) Husband _____
 (2) Spouse _____
 Home Visit By: _____ Date: _____
 Interviewed By: _____ Date: _____
 Approved By: _____ Date: _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issue or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The administrative collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3525). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (44 U.S.C. 11664) imposes on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The relevance of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant, any need with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and treated as confidential information. Providing the information is based on the operation of the HUD Assisted Housing Program and is voluntary. It supports statutory requirements and program and management controls that provide tenant, tenant and management. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security number (SSN) which will be kept by HUD to process administrative data from broadband system.