

# Application For Admission WATERVLIET HOUSING AUTHORITY

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 herin has been found to be:

Preliminary:  Eligible for Admission

Ineligible for Admission

Initials: \_\_\_\_\_

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	
<input type="checkbox"/>	1 <sup>st</sup>
<input type="checkbox"/>	2 <sup>nd</sup>
<input type="checkbox"/>	Front
<input type="checkbox"/>	Rear
<input type="checkbox"/>	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

**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 claim to be disabled or handicapped for the purpose of Housing?  Yes  No

Do you need a handicapped accessible unit?  Yes  No

**GENERAL:** Explain in detail (use additional paper if needed) why you want or need to move?

\_\_\_\_\_  
\_\_\_\_\_

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

Supplemental and Optional 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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 issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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**Signature of Applicant**

**Date**

The information 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. 3501-3520). The public reporting burden is estimated at 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 (42 U.S.C. 13604) imposed 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 objective 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 and assist 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 maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. 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 currently 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 used by HUD to protect disbursement data from fraudulent actions.