

Which project(s) are you applying for?

- Quinn/Hanratta(SeniorsAge62+/Disabled)
- Day/Hilton/Joslin(Family)
- Section 8
- Van Rensselaer Village



WHA USE ONLY: BR size _____
 Resident Former Non Resident
 Date _____ Initials _____
 Application No. _____
 Eligibility letter sent _____
 Ineligibility letter sent _____

GENERAL INFORMATION:

Please fill out completely & make sure to sign the last page. Any changes in contact information must be reported.
 Any incomplete applications will not be processed and returned to applicant to be completed.

Name (head of household) _____
 Phone (home) _____ Phone (business) _____
 Address _____ City _____
 State _____ Zip _____ Email address _____
 Alternate contact person: Name _____ Phone _____

2400 2nd Ave, Watervliet, NY 12189 Tel: (518) 273-4717 Fax: (518) 273-4730
 email: Office@watervliethousing.org www.WatervlietHousing.org

FAMILY COMPOSITION:

Any changes in family composition must be reported
 All Social Security Numbers must be provided for each family member, excluding unborn children.

If you are accepted, what apartment size will you accept when one becomes available?

___ 1BR ___ 2 BR ___ 3BR ___ 4BR

First & last name of family member	Relation to family head	DOB	Sex	Occupation	Salary	Social Security Number
	Head of household					

Absent Parent's Name _____ Absent Parent's Address _____
 Absent Parent's Name _____ Absent Parent's Address _____
 Anticipated Changed 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 acceptance or denial for this program.

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

ADDRESSES OF PROJECT(S):

Family Housing: Michael J. Day- Addresses vary based on apartment number
 Abraham Hilton- 5 Fifth Street Watervliet, NY 12189
 Edwin Joslin- Addresses vary based on apartment number
 Senior/Disabled: Daniel P. Quinn- Address vary based on apartment number
 Eugene Hanratta- 500 16th Street (Apt #) Watervliet, NY 12189
 Section 8: Van Rensselaer Village- (Bldg #) Early Dr. Apt. (Letter) Watervliet, NY 12189

NO FAXED APPLICATIONS WILL BE ACCEPTED

INCOME (Required):

(Total income, e.g. wages, social security, pension, social services, child support, etc.)

Any changes in income must be reported

Family's TOTAL income. If none, put 0. \$ _____

Please indicate if your family's source of income is any of the following: (circle all that apply)

Wages Social Security SSI/SSD DHS Child Support Pension Welfare
Other _____

Do you receive Child Support? ___ Yes ___ No If yes, how much? \$ _____

Do you receive Food Stamps? ___ Yes ___ No

Did you file a federal tax return last year? ___ Yes ___ No

EXPENSES:

What is your current monthly rent? \$ _____ Monthly utility cost? \$ _____

If you pay utilities, circle those that apply:

Heating: Gas/oil Electric Cooking: Gas Electric Water Heating: Gas Oil Electric

Does anyone outside of your household pay for any of your bills or give you money? ___ Yes ___ No

If yes, list: _____

ASSETS:

List all assets, e.g. real estate, savings accounts, vehicle(s) etc.

Name of bank for checking account _____ Account # _____

Name of bank for checking account _____ Account # _____

Have you sold any real estate within the last two years? ___ Yes ___ No

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

CURRENT HOUSING CONDITIONS:

Have you ever been evicted? ___ Yes ___ No Why? _____

Have you ever been evicted from another housing authority? ___ Yes ___ No Why? _____

Have you ever had bed bugs? ___ Yes ___ No When? _____

Have you ever had roaches? ___ Yes ___ No When? _____

Do you currently have any pets? ___ Yes ___ No How many? _____

Is your pet a Service Animal? ___ Yes ___ No Explain: _____

HANDICAPPED:

Do you qualify as handicapped under the following definition?

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 her or her ability to live independently, and C) is of such nature that the ability to live independently could be improved by more suitable housing conditions? ___ Yes ___ No

Do you require a wheelchair accessible apartment? ___ Yes ___ No

Do you require reasonable accommodations? ___ Yes ___ No

RESIDENCY:

Have you ever lived in public housing? ___ Yes ___ No If yes, where? _____

Have you ever lived in the City of Watervliet? ___ Yes ___ No How long? _____

If yes, where? _____

Have you ever resided in a different state? ___ Yes ___ No If yes, where? _____ How long? _____

MISC:

Have you or anyone else intended to live with you been convicted a crime (other than a traffic violation)?

Please note that failure to complete this question, or if found to be untruthful, your application will be dismissed

___ Yes (If yes, please explain) ___ No

Do you or any member of the household who will (potentially) live in the unit have any pending criminal matters? ___ Yes ___ No Maiden name or alias of wife _____

I understand that WHA will request criminal offender record information and will do a sexual offender check on person(s) over 18 at the time of application AND at the time of processing. _____ (Initial)

(Head of Household & family members over 18)

Have you or anyone in your household committed any fraud in a Federal Assistance Program or been requested to repay money for knowingly misrepresenting information for such housing programs? ___ Yes ___ No

If yes, explain _____

Have you or any adult member ever used any name(s) or Social Security Number(s) other than the one you are currently using? ___ Yes ___ No If yes, explain _____

REFERENCES (Required):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Mother's Name _____ Address _____ Phone _____

Father's Name _____ Address _____ Phone _____

LANDLORDS: (List your landlords for the past FIVE years, including present)

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone No. _____

Your Address _____

Reason for leaving _____

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone No. _____

Your Address _____

Reason for leaving _____

Date: From _____ To _____ Landlord Name _____

Landlord Address _____ Landlord Phone No. _____

Your Address _____

Reason for leaving _____

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 that 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

Signature Spouse/Other adult over 18

disclosure of all consumer records concerning myself and authorize any and all references to verify my past as a tenant or character including counselors, landlords etc. to the WHA through any agent whether said records are of a public, private or confidential nature. I further release any credit agent and WHA 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

Spouse/other adult over 18

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.

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 issues 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.	

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.