

# Leased Housing Application and Information

**THE LEASED HOUSING APPLICATION IS AVAILABLE BELOW. PLEASE READ THE FOLLOWING IMPORTANT INFORMATION PRIOR TO COMPLETING THE APPLICATION AND KEEP THIS COVER PAGE FOR YOUR RECORDS.**

The Niagara Falls Leased Housing Office will be accepting applications for placement on its Housing Choice Voucher (HCV) Program waiting lists from June 4, 2012 through June 15, 2012. This program is designed to provide rental assistance to low-income families. Our office administers the HCV program for Niagara County and for the City of Niagara Falls and maintains separate waiting lists for each program. Applicants may use this single application to apply to both waiting lists.

## **How to Apply:**

- 1) Print out this entire application (keep this cover page for your records).
- 2) Complete all sections of the application. Please print all information clearly. All information provided must be true and accurate to the best of your knowledge and the application must be signed and dated. Applications that are missing required information or are not legible may be denied.
- 3) Mail the completed application (all **four** pages) to:

**Niagara Falls Leased Housing  
1022 Main Street PO Box 69  
Niagara Falls, NY 14302**

- 4) Applications may also be picked up and returned to our office at 1022 Main Street, Niagara Falls, New York, during normal office hours of 8:00 am through 4:00 pm.

**Applications must be received or postmarked on or before June 15, 2012 at which time the waiting lists will close. Applications received after this date will be denied. Applications may NOT be faxed or sent by e-mail. Only one application per household will be accepted.**

## **What Happens After I Apply?**

Because our programs are currently near capacity as to the number of families we are funded to assist, all eligible applications received during this open enrollment period will be placed on a waiting list. **The order of placement on the waiting list will be determined using a computerized lottery system and NOT first come/first served. There is no advantage to waiting in line the first day as all eligible applications received will have an equal chance of being placed at the top of the list. All applicants will be notified by mail of their placement on the waiting lists by September 1, 2012.**

As funding becomes available, applicants will be selected from the waiting list in order based upon the lottery placement and in accordance with program regulations and policies. Depending on your placement on the waiting lists and future funding levels, wait times are expected to be one to eight years.

While you are on the waiting list, you are responsible for informing our office in writing within 30 days of any change in household composition, income, or change of address. Your application will be withdrawn if our office is unable to contact you due to your failure to update your address.

For more information, please contact our office at (716) 286-8820.

**CITY OF NIAGARA FALLS, NEW YORK**  
**SECTION 8 LEASED HOUSING PROGRAM**  
**1022 MAIN STREET - PO BOX 69**  
**NIAGARA FALLS, NY 14302**  
**(716) 286-8820**

## **LEASED HOUSING APPLICATION**

The Niagara Falls Leased Housing Office administers two Housing Choice Voucher programs and will maintain separate waiting lists for each program. **YOU MAY USE THIS ONE APPLICATION TO APPLY TO BOTH WAITING LISTS. Please select which waiting list(s) you are applying to:**

- Niagara County Waiting List** – Applicant must be currently residing in Niagara County. Non-resident applicants will be required to move into Niagara County for at least one year at admission to program.
- Niagara Falls Waiting List** – Applicant must be currently residing within the city limits of Niagara Falls. Non-resident applicants will be required to move into the city of Niagara Falls for at least one year at admission to program.

To be eligible for rental assistance, your annual household income may not exceed:

1 person - \$23,150	5 people - \$35,700
2 people - \$26,450	6 people - \$38,350
3 people - \$29,750	7 people - \$41,000
4 people - \$33,050	8 people - \$43,650

**INSTRUCTIONS:** Please print. Complete all questions and information. Incomplete and/or non-legible applications may be withdrawn.

**1. HEAD OF HOUSEHOLD INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**2. FOR HUD STATISTICAL PURPOSES ONLY**

Please identify your race and ethnicity by checking the appropriate boxes in each of the two categories below:

**Check All That Apply:**

- White  
 Black/African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/Other Pacific Islander

**Check One:**

- Hispanic or Latino  
 Not-Hispanic or Latino

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Time \_\_\_\_\_

Receipt No. \_\_\_\_\_ (City) Application No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ (County) Application No. \_\_\_\_\_

Bedroom Size \_\_\_\_\_ Census Tract \_\_\_\_\_ Other \_\_\_\_\_

**3. BACKGROUND INFORMATION**

- 1) Have you or any household member ever received rental assistance under any subsidized program, including Section 8 or public housing?..... Yes  No  
If yes: Where? \_\_\_\_\_
- 2) Have you or any household member ever been evicted or terminated from any subsidized housing program or owe a housing agency any money?..... Yes  No  
If yes: When? \_\_\_\_\_ For What Reason? \_\_\_\_\_
- 3) Has any household member ever been evicted, arrested, or convicted due to drug-related or violent criminal activity?..... Yes  No  
If yes: When? \_\_\_\_\_ For What Reason? \_\_\_\_\_
- 4) Are you or any household member subject to a lifetime registration due to a sex offense?  
..... Yes  No  
If yes, Who? \_\_\_\_\_
- 5) If you are disabled, do you require a specific accommodation to fully utilize our program and services?..... Yes  No  
If yes: please describe \_\_\_\_\_
- 6) Are you or any household member a Veteran (served honorably on active duty in the Armed Forces of the United States)? ..... Yes  No

**4. HOUSEHOLD INFORMATION-PLEASE LIST ALL PERSONS LIVING IN THE HOUSEHOLD**

Social Security Numbers must be provided for all adult household members (18 years of age or older). Social Security Numbers for children may be provided when your family is reached from the waiting list. Please give the relationship of each family member to the head of household (for example son, daughter, brother, sister, husband, wife, etc.).

Name	Date of Birth	Relation	Sex	Disabled	Social Security No.
		<b>SELF</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	- -

**5. INCOME-PLEASE LIST ALL SOURCES OF HOUSEHOLD INCOME**

Income sources may include: wages, unemployment benefits, child support, alimony, welfare, Social Security, SSI, worker’s compensation, disability, retirement benefits, babysitting income, etc. Please list income using the gross (before taxes or deductions) monthly amount.

Family Member Receiving Income	Gross Monthly Rate	Source of Income

**6. ASSETS-PLEASE LIST ASSETS FOR ALL HOUSEHOLD MEMBERS**

Assets may include: checking, savings, or credit union accounts, stocks, bonds, saving certificates, real property, trust funds, IRA’s, retirement accounts, lump sum payments during the last year, personal property held as investments (such as gems, jewelry, antique cars), etc.

Type of Asset	Current Balance	Bank Name or Asset Source

**7. CERTIFICATION**

I hereby certify that all the information on this application is accurate and complete to the best of my knowledge and belief and that the income for all household members has been reported. I understand that false statements and information are punishable under Federal and State law and can result in being fined up to \$10,000, imprisoned up to five years and loss of eligibility for the Housing Choice Voucher program.

I also understand that it is my responsibility notify Niagara Falls Leased Housing in writing of any change of address within 30 days of occurrence and that my application will be withdrawn if Niagara Falls Leased Housing is unable to contact me due to my failure to update my address.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

No one may charge an applicant a fee to submit an application for Section 8 Assistance and/or as a condition for receiving assistance if you are deemed ineligible. If anyone attempts to do so, please call the New York State Inspector General’s office at 1-800-367-4448.

Niagara Falls Leased Housing does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, handicap, or familial status.



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) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
<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.

<b>Signature of Applicant</b>	<b>Date</b>

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.