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**SECTION 8 PRELIMINARY APPLICATION
CITY OF OSWEGO RENTAL ASSISTANCE PROGRAM**
20 West Oneida Street, 3rd Floor
Oswego, New York 13126
(315) 343-3452

Office use only-Date stamp

DATE: _____ / _____ / 2017

HEAD OF HOUSEHOLD

Name: _____ Home phone: _____
Cell phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Residence: _____ Age: _____

ARE YOU 62 or older _____ White _____ Black _____ American _____ Asian or
Indian _____ Pacific Islander _____

ARE YOU Hispanic _____ Non Hispanic _____ **Please check all that apply**

FAMILY COMPOSITION: (List each family member beginning with yourself)

<u>NAME</u>	<u>RELATIONSHIP TO HEAD OF HH</u>	<u>DATE OF BIRTH</u>	<u>M/F</u>	<u>SOCIAL SECURITY #</u>
1. _____	<u>HEAD HOUSEHOLD</u>	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

FAMILY INCOME:

Household Member	Employer	Weekly Wage	Public Assistance	Monthly Child Support	SS	SSI	Unemployment

Other Income \$ _____ Please Specify: _____

Household Member	Savings	Checking	Certificates	Stocks	Bonds	Real Property	Rent Received

Other Assets \$ _____ Please Specify: _____

PRESENT HOUSING:

Unit Address	No. of Bedrooms	Present Rent	Monthly Utility Cost	Landlord Name	Landlord Address	Landlord Phone #
PRIOR HOUSING						

**IMPORTANT: YOU MUST COMPLETE ATTACHMENT "A" OF THIS APPLICATION!
INCOMPLETE FORMS CANNOT BE ACCEPTED AND WILL BE RETURNED.**

Has any member of your household been arrested for illegal substance abuse or violent criminal activity within the last 3 years? **The City of Oswego Rental Assistance Program will complete a Criminal Records Check for all household members 18 years of age or older, prior to your admission to the program.

YES/NO ____ If yes, explain

.....

Have you or any member of your household ever committed any fraud in a Federally assisted housing program, or been requested to repay money for knowingly misrepresenting information for such housing programs, or for damages or unpaid rent? **You will be required to repay any money owed to any Section 8 Rental Assistance Program prior to admission to the City of Oswego Rental Assistance Program.

YES/NO ____ If yes, explain

.....

Have you or any member of your household ever received Section 8 Rental Assistance before?
YES/NO ____

If yes, from what agency? Agency Name: _____
Agency Address: _____

◆ ARE YOU Claiming a Special Preference because of a Handicap or Disability? Yes / No
Circle One

◆ DO YOU AGREE TO SIGN A LEASE? Yes / No
Circle One

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS PRELIMINARY APPLICATION, AND ALL ASSOCIATED DOCUMENTS. FURTHER, I DECLARE, SUBJECT TO PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTS, PAPERS, OR INTERVIEWS HAVE BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND ACCURATE.

DATE _____

SIGNATURE _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR

MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

BE SURE THAT YOU ARE INCOME ELIGIBLE!

ELIGIBILITY INCOME LIMITS EFFECTIVE

April 14, 2017

NUMBER IN FAMILY	VERY LOW INCOME LIMIT
1.....	\$23,800
2.....	\$27,200
3.....	\$30,600
4.....	\$34,000
5.....	\$36,750
6.....	\$39,450
7.....	\$42,200
8.....	\$44,900

NOTE: I understand that I must notify the Housing Agency of any change of address or other changes in my household income or composition in writing. Failure to do so could cause my name to be removed from the Waiting List.

Rev. 4/14/2017

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:											
<p>Reason for Contact: (Check all that apply)</p> <table style="width:100%;"> <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	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
<p>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.</p>											
<p>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.</p>											
<p>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.</p>											
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.