

For Which Project(s) are you Applying?

Cohoes Housing Authority

Section 8 Assistance

100 Manor Avenue Sites, Cohoes N.Y. 12047

Tel: 518/235-4500 Fax: (518) 235-8120

www.CohoesHousing.org

E-Mail: Office@CohoesHousing.org

CHA 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 # _____

Rev 9/13

GENERAL INFORMATION: Fill out completely.

Name _____

Phone (Home) _____ (Bus.) _____

Address _____

City _____ State _____ Zip _____ **E-Mail Address:** _____

Alternate Person to contact: Name _____ Phone: _____

Date of application ____ / ____ / ____

Floor	
<input type="checkbox"/>	1 st
<input type="checkbox"/>	2 nd
<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: (*Cohoes resident only*)

If you are a Cohoes 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 Cohoes? 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 CHA 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
(Head of Household) (Spouse)

concerning myself and authorize any and all references to verify my past as a tenant or character, including counselors, landlords, etc. to the Cohoes Housing Authority through any agent, whether said records are of a public, private or confidential nature. I further release any credit agent and Cohoes 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 CHA to obtain credit records in the event of move out to obtain information in the obtaining of outstanding rent or charges. If accepted you must provide a min of \$50 (Fifty dollars) non-refundable deposit if your reject the apartment after 3 business days from our offer.

(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 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.	

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.