

FOR OFFICE USE ONLY

BR SIZE _____
APP. DATE _____
APP. TIME _____
PREF _____
NATIONAL REGISTRY CHECKED _____
EIV DEBTS OWED CHECKED _____

NEWARK HOUSING AUTHORITY
200 DRIVING PARK CIRCLE, P.O. BOX 108
NEWARK, NY 14513
PHONE (315) 331-1574, FAX (315) 331-0972

APPLICATION FOR ASSISTANCE

GENERAL INFORMATION: **FILL OUT COMPLETELY.** Ranking is based on Preference, Application date and time.

PLEASE CHOOSE THE PROGRAM (S) YOU ARE INTERESTED IN APPLYING FOR. YOU MAY CHOOSE AS MANY AS YOU WOULD LIKE

Project Based Voucher Program (Northview Terrace, Windsong Terrace, 200 East)	
Section 8 Housing Choice Voucher (Rental Assistance throughout Wayne Co.)	
Section 8 Mainstream program (for non-elderly disabled persons/families)	

How did you find out about our programs?

Please "X" the appropriate box _____ Word of Mouth _____ Newspaper

_____ Agency (Please provide agency) _____ Other (Please specify) _____ NHA Website _____ NHA Facebook

Name _____ Home Phone _____ Cell Phone _____

Email Address _____ I would like to be contacted by email (Yes or No) _____

Other names used in past 5 years (maiden or marital names) _____ Message Phone _____

Street & City Address of Residence _____

Mailing Address (if different) _____

Current Number of Bedrooms _____ Number of Bedrooms needed _____

FAMILY MEMBERS APPLYING FOR HOUSING

Name	Disabled (Y or N)	Relationship	Birthdates	Age	Social Security No.	Birthplace	Citizen of US	SEE CODES BELOW	
								Minority	Ethnicity
		HEAD							
MINORITY CODES	1 White		2 Black/African American		3 American Indian/Alaskan		4 Asian		5 Native Hawaiian / other Pacific Islander
ETHNICITY CODES	1 Hispanic or Latino					2 Not Hispanic or Latino			

Do you anticipate any changes in family composition? _____

Current Monthly Rent _____

Have you ever been evicted or refused housing elsewhere? (Yes or No) _____ Reason _____

Have you ever applied for a rental assistance or public housing program before? (Yes or No) _____

Have you ever participated in a rental assistance or public housing program before? (Yes or No) _____

If yes, where? _____ Did you ever receive a Mandatory Earned Income Disallowance? (Yes or No) _____

Names and phone numbers of two relatives or friends who will be able to reach you if we cannot do so.

NAME	PHONE NUMBER	RELATIONSHIP

INCOME: (Total income for ALL FAMILY MEMBERS...INCLUDING CHILDREN...Wages, Social Security, SSI, SSD, Survivors Benefits, Pension, Public Assistance, Unemployment, Disability/Compensation, Support, Interest, VA benefits, Self-Employment, additional financial assistance given or bills paid by a family member or other individual, any other income received for ANYONE living in your home)

FAMILY MEMBER	SOURCE OF INCOME OR NAME AND	GROSS INCOME AMOUNT

Do you receive Child Support or Alimony? (Yes or No) _____ Is there a Court Order? (if yes, please provide) (Yes or No) _____

Name and Address of Support Payer _____ What County? _____
Paid for Whom? _____

Do you have Physical, Joint or Shared custody? _____ Is there a Court Order? (if yes, please provide) (Yes or No) _____

ASSETS: (LIST ALL ASSETS, for example, Savings and Checking accounts, Home, Stocks, Bonds. . .

TYPE	VALUE	TYPE	VALUE

Name of Bank for Checking _____

Name of Bank for Savings _____

Any other accounts? (Yes or No) _____ If yes, please list _____

Have you or anyone in your household ever been arrested, indicted or convicted of any crime other than traffic violations? (Yes or No) _____

If yes, explain _____

Have you or anyone in your household ever engaged in the felonious use/possession/sale of drugs? (Yes or No) _____

If yes, explain _____

Completed Rehabilitation? (Yes or No) _____ Agency _____

Has anyone in your household been on parole or probation in the past 5 years _____ Who? _____ When was it done? _____

Is anyone in your household required to register as a sex offender? (Yes or No) _____ If yes, Where _____

Do you currently have roaches, bedbugs, etc.? (Yes or No) _____

Does anyone in you household require reasonable accommodations for handicap accessibility? (Yes or No) _____

If so, what accommodations? _____

Do you require an interpreter for a language barrier or handicap accessible need? (Yes or No) _____

If so, what type of interpreter? _____

PREVIOUS RENTAL HISTORY: Please list ALL addresses you have lived in last 10 years. Please include the name and address for all landlords.

Present Landlord _____ Phone # _____
Landlord's Address _____ Relative? (Yes or No) _____
_____ Relation _____

Previous Landlord _____ Phone # _____
Previous Landlord Address _____ Relative? (Yes or No) _____
Your Previous Address _____ Relation _____
When did you rent here? _____

Previous Landlord _____ Phone # _____
Previous Landlord Address _____ Relative? (Yes or No) _____
Your Previous Address _____ Relation _____
When did you rent here? _____

Previous Landlord _____ Phone # _____
Previous Landlord Address _____ Relative? (Yes or No) _____
Your Previous Address _____ Relation _____
When did you rent here? _____

Previous Landlord _____ Phone # _____
Previous Landlord Address _____ Relative? (Yes or No) _____
Your Previous Address _____ Relation _____
When did you rent here? _____

Previous Landlord _____ Phone # _____
Previous Landlord Address _____ Relative? (Yes or No) _____
Your Previous Address _____ Relation _____
When did you rent here? _____

Previous Landlord _____ Phone # _____
 Previous Landlord Address _____ Relative? (Yes or No) _____
 Your Previous Address _____ Relation _____
 When did you rent here? _____

PREFERENCES	
If you think you qualify for one of these preferences, please place "X" in the appropriate box	
	<p>Preference 1 – VICTIMS OF STATE OR FEDERALLY DECLARED DISASTER to qualify for this preference, the applicant must have been displaced within a six-month period of a State or Federally declared disaster. First priority will be given to existing participants in a HUD-subsidized housing program who have been affected by the disaster. Next priority will be given to other victims who are not current participants. In order to be eligible, documentation of displacement due to the disaster must be provided (i.e. FEMA documentation). The Newark Housing Authority will set aside three vouchers to assist the victims as long as funding and vouchers are available.</p>
	<p>Preference 2 – VICTIMS OF DOMESTIC VIOLENCE (Section 8 Housing Choice Voucher and Mainstream only) To qualify for this preference, the applicant must reside in NHA's jurisdiction (Wayne County, NY) and actual or threatened violence must have occurred in the past six (6) months or occurs on a continuing basis by a person who resides in the same household as you. Written verification from police, social service agency, court, clergy, physician, and/or a public or private facility providing shelter and/or counseling is required.</p> <p>What Agency are you working with? <input type="text"/> I am not working with an agency <input type="checkbox"/></p>
	<p>Preference 3–VETERANS WHO RESIDE IN WAYNE COUNTY To qualify for this preference, a veteran is defined as a person, or legal or surviving spouse, of a person who has served on active duty in any of the armed forces as well as Merchant Marines, Reserves or National Guard. A DD-214 or comparable form indicating honorable discharge will be required as proof of service.</p>
	<p>Preference 4 - RESIDENCY PREFERENCE. To qualify for this preference, The applicant must have a permanent physical residence located within NHA's jurisdiction (Wayne County, NY) or is employed or been notified that they have been hired to work in Wayne County.</p>
	<p>Preference 5 – NO PREFERENCE</p>

*****YOU MUST REPORT ALL ADDRESS CHANGES TO REMAIN ON OUR WAITING LIST. If we cannot contact you by mail, your application will be REMOVED from our waiting list.*****

WARNING!!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

APPLICANT'S CERTIFICATION--*MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC*

I hereby consent to allow the Newark Housing Authority, through its designated agent and its employees, to obtain and verify my rental, payment, occupancy, and criminal histories and credit information for the purpose of determining my eligibility for any Newark Housing Authority programs. I understand that should I become a participant in any of the Newark Housing Authority's programs, that the Newark Housing Authority and its agent shall have a continuing right to review the above information to determine continued eligibility for its programs. I understand that this release is effective for my entire participation in Newark Housing Authority programs and for five years after my termination from these programs.

I/We certify that the information given to the Newark Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

*****YOU MUST REPORT ALL ADDRESS CHANGES TO REMAIN ON OUR WAITING LIST. *If we cannot contact you by mail, your application will be REMOVED from our waiting list.* *****

SIGNATURE OF HEAD

DATE

Subscribed and sworn to before me this _____ day of _____, _____ by

(Applicant Name)

NOTARY PUBLIC

SIGNATURE OF SPOUSE/CO-HEAD OR OTHER ADULT

DATE

Subscribed and sworn to before me this _____ day of _____, _____ by

(Applicant Name)

NOTARY PUBLIC

NHA REPRESENTATIVE

DATE