

OTSEGO RURAL HOUSING ASSISTANCE, INC.

140 CO HWY 33W, Box 4 - Cooperstown NY 13326 Phone: (607) 547-8839

DO NOT FAX

RENT SUBSIDY APPLICATION

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 DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL AT 1-800-367-4448.

If you are interested in receiving help with your rent, complete this form and return it to the address shown above. This pre-application does not obligate you in any way, but will put your name on a waiting list. When your name reaches near the top, we will send you a letter notifying you to make an Enrollment Interview appointment to determine your eligibility.

Household Size 1 2 3 4 5 6 7 8
Maximum Income (gross) \$24,300 \$27,800 \$31,250 \$34,700 \$37,500 \$40,300 \$43,050 \$45,850

YOUR Household size: _____ Is Head of Household a Veteran? _____ Are you homeless? (must fit criteria below) _____

"Homeless" requires: An individual/family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or an individual/family who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous conditions. **If answering "yes," applicant will be required to provide written verification from a coordinating shelter, housing provider, or service agency confirming the same at time of application.**

Please count ALL income for household: Wages (**before** taxes), Social Security, SSI, Public Assistance, Child Support, Pension, Unemployment, Workers Comp, Alimony/Spousal Support, etc.

Source: _____ \$ _____ per (check one): week _____ month _____

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Your current address:

Address _____ City _____

P.O. Box _____ Zip Code _____ Telephone (____) _____

If you change your mailing address, household size, or income, it is very important that you tell us.

Have you (or other listed household member) ever received assistance from any Section 8 program or Public Housing program?
_____ Previous Public Housing agency: _____

Have you or a family member ever been terminated from any Section 8 or Public Housing program: _____

Terminating agency: _____

Termination reason: _____

Date Terminated: _____ Month: _____ Year: _____

COMPLETE FOR EVERY MEMBER OF YOUR HOUSEHOLD (START WITH HEAD):

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ / _____ / _____ Social Security #: _____ Sex: Male Female

Relationship (Circle One): Head Spouse Youth (under 18) Student (18+) Other Adult Live-In Aide

Disabled: YES NO U.S. Citizen: YES NO Circle One: Hispanic Non-Hispanic

Race (Circle all that apply): White Black American Indian Alaskan Native Asian Pacific Islander

(Continued On Other Side)

Last Name:_____ First Name:_____ Middle Initial:_____
Date of Birth:_____/_____/_____ Social Security #:_____ Sex: Male Female
Relationship (Circle One): Head Spouse Youth (under 18) Student (18+) Other Adult Live-In Aide
Disabled: YES NO U.S. Citizen: YES NO Circle One: Hispanic Non-Hispanic
Race (Circle all that apply): White Black American Indian Alaskan Native Asian Pacific Islander

Last Name:_____ First Name:_____ Middle Initial:_____
Date of Birth:_____/_____/_____ Social Security #:_____ Sex: Male Female
Relationship (Circle One): Head Spouse Youth (under 18) Student (18+) Other Adult Live-In Aide
Disabled: YES NO U.S. Citizen: YES NO Circle One: Hispanic Non-Hispanic
Race (Circle all that apply): White Black American Indian Alaskan Native Asian Pacific Islander

Last Name:_____ First Name:_____ Middle Initial:_____
Date of Birth:_____/_____/_____ Social Security #:_____ Sex: Male Female
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IF YOU ANSWERED "NO" TO U.S. CITIZEN, PLEASE PROVIDE ALIEN REGISTRATION NUMBERS BELOW

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: (Your Name)

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:
(Family Member/Friend - an Emergency Contact)

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ Other: _____

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.