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www.otsegoruralhousing.org

WAITING LIST APPLICATION COVER PAGE

Otsego Rural Housing Assistance (ORHA) Housing Choice Voucher (HCV) Program

This is a preliminary application that will put you on the waiting list for a Housing Choice Voucher in Otsego County. Completing this application does not obligate you in any way. When your household reaches the top of the waiting list, you will be notified by mail that it is time to make an appointment with us to confirm your eligibility and issue you a voucher.

Please be sure that you answer all questions on the application and the Supplement to Application for Federally Assisted Housing. **If your application is missing information, it will be considered incomplete and returned to you.**

No one may charge an applicant a fee to submit an application for HCV Rental Assistance and/or as a condition for receiving assistance if you are determined eligible. If anyone attempts to do so, please contact the New York State Inspector General's office at 1-800-367-4448.

You may qualify for rental assistance if your annual gross income does not exceed the following income guidelines:

Household size:	1	2	3	4	5	6	7	8
Maximum gross income:	\$28,600	\$32,650	\$36,750	\$40,800	\$44,100	\$47,350	\$50,600	\$53,900

If your mailing address, other contact information, household size, or income changes, it is very important that you notify us in writing. If we cannot contact you due to a change in your information, you will be removed from the waiting list.

If you have any questions, please contact our rental assistance office at (607) 547-8839.

Important Information for Homeless Applicants

If you are homeless, please provide additional documentation to confirm you meet the HUD definitions below. **If you indicate that you are homeless but do not provide the supporting documentation, your application will be considered incomplete and returned to you.**

Acceptable documentation includes (in order of preference): 1) Written confirmation from a coordinating shelter, housing provider, service agency, or institution (for those being discharge) 2) Third-party documentation such as a recent notice of eviction, utility shut-off notice, etc. or 3) Completed self-certification form (printed on the back of this page)

To be considered homeless, your household must fall into one of the two following categories as defined by HUD:

Category 1: Any individual or family who **lacks a fixed, regular, and adequate nighttime residence**, meaning:

- a) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **or**
- b) An individual or family living in a supervised publicly or privately operated shelter designated to provide **temporary** living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); **or**
- c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 4: Any individual or family who:

- a) **Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions** that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
- b) Has no other residence; **and**
- c) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.



SELF CERTIFICATION OF HOMELESS STATUS FORM

Applicant Name (Head of Household): _____ Date of Birth: _____

Household Size:

Number of Adults:

Number of Minors:

SECTION I: TO BE COMPLETED BY THE APPLICANT

HUD Category 1: Literally Homeless (If claiming Category 1, check all applicable boxes and sign below.)

D Place Not Meant for Human Habitation I live in a public or private place not meant for or ordinarily used as a regular sleeping accommodation for human beings, including a street, sidewalk, car, park, abandoned building, bus or train station, airport, or campground.

D Shelter I live in a supervised publicly or privately-owned shelter designated to provide temporary living accommodations.

D I live in a Hotel or Motel paid for by Charitable Organization or by Federal, State, and Local Government Program for Low-Income Individuals

D I am exiting an Institutional Care facility (i.e. jail, substance abuse treatment facility, mental health treatment facility, hospital, or other similar facility); the stay was less than 90 days AND I had previously resided in an emergency shelter or in a place not meant for human habitation before entering the institution.

D Safe Haven I live in supportive housing serving hard-to-reach homeless persons with severe mental illness, usually coming from the streets.

D Transitional Housing I live in a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

HUD Category 4: Fleeing Domestic Violence (If claiming Category 4, check all applicable boxes and sign below)

D I am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, stalking or other dangerous or life-threatening conditions that relate to violence against myself or a family member; and

D I have no other residence and lack the resources or support networks to obtain permanent housing

APPLICANT CERTIFICATION

I certify that the above information is complete and accurate to the best of my knowledge.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

WAITING LIST APPLICATION

Otsego Rural Housing Assistance, Inc. (ORHA) Housing Choice Voucher (HCV) Program

*This form must be completed by the Head of Household. Use the legal name for each household member.**

HOUSEHOLD CONTACT INFORMATION

Home Phone		Cell Phone		Other Phone		Email Address		
Address (Please list last known address if you are currently homeless)				Apt. #	City		State	ZIP Code
Yes <input type="checkbox"/> No <input type="checkbox"/>		Is your mailing address the same as listed above?						
If No:	Mailing Address			Apt. #	City		State	ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

*If a household member uses a name in their daily life that is different from their legal name, please provide it in the "Preferred Name" field below.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
2. Household Member							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
3. Household Member							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
4. Household Member							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
5. Household Member							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
6. Household Member							Preferred Name:	
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless? If yes, you MUST attach verification. See cover page for more information.	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?	
		If YES:	Who and Where: Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?	
		If YES:	Who: State:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?	
		If YES:	Who and Where: Details of Crime:

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.			
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income	Per (check one)
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

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 of Agency of the U.S. as to any matter within its Jurisdiction.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization: (Family Member/Friend/Caseworker - not in household)	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason We May Contact This Person/Organization: (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.	

Check this box if you choose not to provide the contact information.

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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.