BR SIZE ______ APP. DATE _____ APP. TIME ____ PREF ____ DATE PAPERWORK COMPLETE ____ NATIONAL REGISTRY CHECKED _____

EIV DEBTS OWED CHECKED

ETHNICITY CODES

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 Other (Please specify) NHA Website Agency (Please provide agency) NHA Facebook Home Phone Phone Name **Email Address** I would like to be contacted by email (Yes or No) Message Other names used in past 5 years (maiden Phone or marital names) Street & City Address of Residence Mailing Address (if different) Current Number of Bedrooms Number of Bedrooms needed FAMILY MEMBERS APPLYING FOR HOUSING SEE CODES BELOW Disabled (Y or N) **Birthdates** Social Security No. | Birthplace | Citizen of US | Minority | Ethnicity Name Relationship Age HEAD 3 American Indian/ 5 Native Hawaiian / MINORITY CODES 1 White 2 Black/African American Alaskan other Pacific Islander 4 Asian

2 Not Hispanic or Latino

1 Hispanic or Latino

Survivors Benefits, Pension, Public Assistance, Unemployment, Disability/Compensation, Support, Interest, VA benefits, 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	Do you anticipate any changes	in family composition?			
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?	Current Monthly Rent				
Names and phone numbers of two relatives or friends who will be able to reach you if we cannot do so. NAME	Have you ever applied for a re	ntal assistance or public housing p	program before? (Yes or No		
NAME PHONE NUMBER RELATIONSHIP INCOME: (Total income for ALL FAMILY MEMBERSINCLUDING CHILDRENWages, Social Security, SSI, SSD Survivors Benefits, Pension, Public Assistance, Unemployment, Disability/Compensation, Support, Interest, VA benefits, 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? (Yes or No) What County? Paid for Whom? 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 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, where?	Did you ev	er receive a Mandatory Earr	ned Income Disallowance? (Yes or N	(o)
INCOME: (Total income for ALL FAMILY MEMBERSINCLUDING CHILDRENWages, Social Security, SSI, SSD Survivors Benefits, Pension, Public Assistance, Unemployment, Disability/Compensation, Support, Interest, VA benefits, 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	Names and phone numbers of	two relatives or friends who will b	pe able to reach you if we ca	nnot do so.	
Do you receive Child Support or Alimony? (Yes or No) Is there a Court Order? (Yes or No) Name and Address of Support Payer What County? 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 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) Have you or anyone in your household ever been arrested, indicted or convicted of any crime other than traffic violations? (Yes or No)	NAME	PHONE	NUMBER	RELATIONSHIP	
Survivors Benefits, Pension, Public Assistance, Unemployment, Disability/Compensation, Support, Interest, VA benefits, 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					
Name and Address of Support Payer	received for ANYONE liv	ing in your home)			
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Name of Bank for Checking Name of Bank for Savings Any other accounts? (Yes or No) Have you or anyone in your household ever been arrested, indicted or convicted of any crime other than traffic violations? (Yes or No)		Payer		What County?	
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)	•				 1
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)	TYPE	VALUE	TYPE	VALUE	
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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)	· ·				
		No)	If yes, please list_		
If we explain	Have you or anyone in your ho	ousehold ever been arrested, indict	ted or convicted of any crime	e other than traffic violations? (Yes o	or No)
	If yes, explain				

Have you or anyone in your household ever engaged in the felor	nious use/possessi	on/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 offend. Do you currently have roaches, bedbugs, etc.? (Yes or No) Does anyone in you household require reasonable accommodati If so, what accommodations?	_	accessibility? (Y	If yes, Wh	
PREVIOUS RENTAL HISTORY: Please list include the name and address for all landlords		es you have l	lived in last	t 10 years. Please
Present Landlord Landlord's Address			Phone # 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?		
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?		
If you think y	PREFERENCES ou qualify for one of these preferences, please place "X" in the	ie appropriate box
this preference, the in the past six (6) m	CTIMS OF DOMESTIC VIOLENCE (Section 8 Housing Choice Voucher and applicant must reside in NHA's jursidiction (Wayne County, NY) and actual or three nonths or occurs on a continuing basis by a person who resides in the same household e agency, court, clergy, physician, and/or a public or privates facility providing shelf	eatened violence must have occurred ld as you. Written verification from
legal or surviving s	ERANS WHO RESIDE IN WAYNE COUNTY To qualify for this preference, a pouse, of a person who has served on active duty in any of the armed forces as well DD-214 or comparable form indicating honorable discharge will be required as pro-	ll as Merchant Marines, Reserves or
	EIDENCY PREFERENCE. To qualify for this preference, The applicant must have jurisdiction (Wayne County, NY) or is employed or been notified that they leads to be a superior of the property	
Preference 4 – NO	PREFERENCE	

***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		, by	
NOTARY PUBLIC			
SIGNATURE OF SPOUSE/CO-H	EAD	DATE	
Subscribed and sworn to before me this		, by	
NOTARY PUBLIC			
NHA REPRESENTATIVE		DATE	