

FOR OFFICE USE ONLY

BR SIZE _____
 APP. DATE _____
 APP. TIME _____
 PREF _____
 DATE PAPERWORK COMPLETE _____
 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? (Yes or No) _____

Name and Address of Support Payer _____ 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 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? _____

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?	_____		

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	
	Preference 1 – 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.
	Preference 2– 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.
	Preference 3 - 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.
	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. *****

