

SECTION 8 RENTAL ASSISTANCE PROGRAM

... is a way to help with rental costs. It may help you afford a better place to live, or, if you like where you are living now, it may help you pay your rent. Either way, the Housing Assistance Program pays your landlord part of your monthly rent.

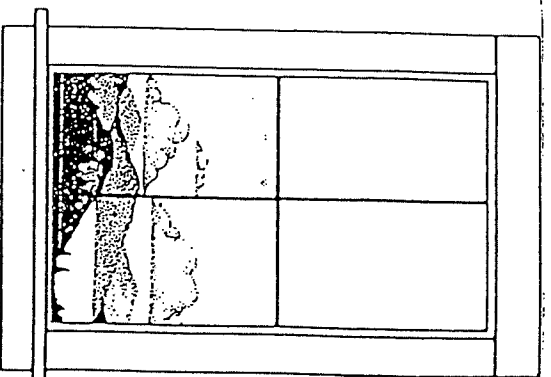
YOU WILL QUALIFY IF

Your total gross annual household income is less than a limit set by HUD.

HOW THE PROGRAM WORKS

1. Application - Complete this Preliminary Application, and you will be placed on the Waiting List.
2. Enrollment - When your name is at the top of the Waiting List, you will attend an enrollment interview where your eligibility is determined, and you will receive detailed information on the program.
3. Certification - If income eligible, you will receive a Housing Choice Voucher to verify your participation in the program.
4. Housing Selection - Find a place within 60 days that meets HUD's housing standards. Your present dwelling may qualify.
5. Negotiation - Come to an agreement with landlord on lease terms.
6. Agency Review - Our agency inspects the dwelling to make sure it meets HUD Housing Quality standards.
7. Payments - You and our agency will share the responsibility of paying your rent to your landlord each month.

ARE YOUR HOUSING COSTS TOO HIGH?



H.A.P.E.C

Housing Assistance Program of

Essex County, Inc

103 Hand Ave

P.O. Box 157

Elizabethtown, NY 12932

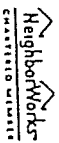
(518) 873-3691

TDD # (800) 421-1220 (for the hearing impaired)

FOR OFFICE USE ONLY:

| |
|--|
| |
| |
| |

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's Office at 1-800-367-4448. TTD # (800) 421-1220 in NY State.



PRELIMINARY APPLICATION

A. Applicant

Name: _____
 Mailing Address: _____
 Street Address : _____
 Town, State, Zip: _____
 Telephone: _____
 Present Landlord: _____
 Address: _____
 Town, State, Zip: _____
 Landlord's Telephone: _____

You must notify us of an address change. If we are unable to contact you due to an unreported address change, your name will be taken off the waiting list.

B. Sex Offender Status

Are you or anyone in your household subject to Lifetime Registration as a Sex Offender? Yes () No ()

C. Housing Information

Has any other agency every helped you pay your rent? if so, list the name, address, and phone number of the agency: _____

D. Program Information

Are you or your spouse claiming a disability? Yes () No ()
 (If "yes", you will need to provide OFFICIAL PROOF of your disability status at the time of your intake interview.)

E. Contact information

Please list the name and phone number of two people we may call to help us locate you.

Name _____ Phone _____
 Name _____ Phone _____

F. Are you a Veteran?

_____ YES _____ NO

G. Are you living with family, friends or in a motel or shelter?

_____ YES _____ NO

List ALL Family Members (including you as head):

| | Name (First, MI, Last) | Sex | Relationship to you | Date of Birth | Social Security Number | Ethnicity Hispanic or Non- Hispanic | Race: W-White B-Black N-Native American P-Pacific Islander A-Asian | Gross Annual Income |
|----|---------------------------|-----|------------------------|---------------------|---------------------------|---|---|------------------------|
| 1. | | | HEAD | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

You MUST include Social Security No. and income information for EACH member of the family (use separate sheet of paper for additional family members)

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: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (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.

| | |
|--|--|
| | |
|--|--|

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.