

## PRELIMINARY APPLICATION FOR ADMISSION

Please complete this form and return to:

**Rome Housing Authority**  
**200 N. Levitt Street**  
**Rome, NY 13440**

**Liberty Garden Apartments**

Name: \_\_\_\_\_

Legal address if different from mailing address

Address: \_\_\_\_\_

\_\_\_\_\_

**NOTE: If your legal or mailing address changes you, must notify this office immediately**

### Head of Household:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ethnicity (check one):  Hispanic  Not Hispanic

Date of Birth: \_\_\_\_\_

Race (check all that apply):  White  Asian

Home Telephone: \_\_\_\_\_

American Indian/Alaska Native

Other Telephone: \_\_\_\_\_

Black/African American

Work Telephone: \_\_\_\_\_

Hawaiian/Other Pacific Islander

Email Address: \_\_\_\_\_

Sex:  Male  Female

Do you qualify for reasonable accommodation due to disability:  Yes  No

### Household Composition: Please list information for everyone in the household.

Last Name	First Name	Social Security #	DOB	Sex	Relationship	Disabled
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Continued on Reverse Side

**Employment/Income/Asset Data: Please list all that apply for each household member.**

Name: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Yearly/Monthly/Weekly/Bi-weekly  
Income Type: \_\_\_\_\_ Source of Income: \_\_\_\_\_  
Asset Info: Checking Acct \_\_\_\_\_ Savings Acct \_\_\_\_\_ Stocks, Bonds, CDs, Investment \_\_\_\_\_  
(Please enter cash value of each asset)

Name: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Yearly/Monthly/Weekly/Bi-weekly  
Income Type: \_\_\_\_\_ Source of Income: \_\_\_\_\_  
Asset Info: Checking Acct \_\_\_\_\_ Savings Acct \_\_\_\_\_ Stocks, Bonds, CDs, Investment \_\_\_\_\_  
(Please enter cash value of each asset)

Name: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Yearly/Monthly/Weekly/Bi-weekly  
Income Type: \_\_\_\_\_ Source of Income: \_\_\_\_\_  
Asset Info: Checking Acct \_\_\_\_\_ Savings Acct \_\_\_\_\_ Stocks, Bonds, CDs, Investment \_\_\_\_\_  
(Please enter cash value of each asset)

1. Has anyone in your household been arrested/convicted for the use, sale, manufacture, or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list which family member, date of arrest/conviction, and reason for arrest/conviction.

2. Does anyone in your household currently use a controlled or illegal drug? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

3. Has anyone in your household been convicted of a felony or arrested for violent criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

4. Does anyone outside of your household pay for any of your bills or expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Can utility bills (National Grid) be put in your name? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

- You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program, for drug related criminal activity during the past three years.
- Yes. I have a household member who is disabled, handicapped, or elderly. (age 62 or greater)
- Yes. I am a U.S. veteran.
- You currently live in public housing, housing assisted by Section 8 program, or any other type of federally subsidized housing.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

# Authorization for the Release of Information

Tenant ID \_\_\_\_\_

PHA requesting release of information:

Rome Housing Authority  
200 N Levitt St  
Rome, NY 13440

**Authority:** 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Consent:** I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Social Security Number (if any) of Head of Household	
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

OMB Approval No. 2577-0249  
Exp. (07/31/2017)

**Purpose of Form:** The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:**

**Date Written Request Received by Victim:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_

**Names of Other Family Members Listed on the Lease:** \_\_\_\_\_

**Name of the Perpetrator\*:** \_\_\_\_\_

**\*Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

**Perpetrator's Relationship to Victim:** \_\_\_\_\_

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred:** \_\_\_\_\_

**Location of Incident(s):** \_\_\_\_\_

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.