

PRELIMINARY APPLICATION FOR ADMISSION

Please complete this form and return to:

**Rome Housing Authority
200 North Levitt Street
Rome, NY 13440**

Section 8

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)

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.

Current Utility Information: Gas Company _____ Electric Company _____

- 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

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.

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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

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (05/31/2007)

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.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim:

Description of Incident:

[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 or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.