

**For Office Use Only  
Place Date Stamp Here**

**AFFORDABLE HOUSING PRELIMINARY APPLICATION**

**Herkimer Housing Authority**

**315 N. Prospect Street  
Herkimer, NY 13350  
Phone: 315-866-2252  
Fax: 315-866-3942**

**Office use only  
Time Received:**  
\_\_\_\_\_

For Office Use Only		
Received/ Revised	Unit Size	Preference
_____	_____	T P1 P2 P3 P4 P5 P6
_____	_____	P7
_____	_____	T P1 P2 P3 P4 P5 P6

**Check Applicable Items Below (voluntary)**

\_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian

\_\_\_ American Indian or Alaskan Native

Ethnicity \_\_\_ Hispanic \_\_\_ Not Hispanic

Racial and ethnic data for statistical purposes only

**This information is voluntary and must be asked of all applicants (IMPORTANT)**

Does any member of your family require a handicap accessible unit or any other handicap accommodations?

\_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_

**APPLICANT (HEAD OF HOUSEHOLD)**

**NAME:** \_\_\_\_\_

**CURRENT ADDRESS 1** \_\_\_\_\_

**CURRENT ADDRESS 2** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE** ( ) \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**HOUSEHOLD COMPOSITION: Please include all requested information for each family member**

Last Name	First Name	Social Security Number	Date of Birth	Gender	Disabled (SSI, SSD)	Relationship
					<input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**DRUG/CRIMINAL ACTIVITY (ANSWER ALL QUESTIONS)**

**FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.**

Have you or any member of your household been arrested or convicted of any drug or alcohol related or violent criminal activity? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

If yes, is the household member seeking rehabilitation services for the above named activity? \_\_\_ Yes \_\_\_ No

Name and address of Rehabilitation Center: \_\_\_\_\_

Is any member of your household registered as a lifetime sex offender? \_\_\_ Yes \_\_\_ No

Has anyone in the household been evicted from Public Housing or Section 8 Housing for any reason? \_\_\_ Yes \_\_\_ No

Date of eviction \_\_\_/\_\_\_/\_\_\_ If yes, name of agency and address: \_\_\_\_\_

**INCOME INFORMATION. INCLUDE INCOME FROM ALL MEMBERS OF YOUR HOUSEHOLD**

NAME	GROSS INCOME	HOW OFTEN (CHECK ONE)	INCOME SOURCE OR EMPLOYER NAME
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	
		----WEEKLY ---- BI-WEEKLY ---- MONTHLY ----YEARLY	

**ELIGIBILITY AND PREFERENCES:**

- **Public Housing applications are sorted by date and time of application. No other preferences apply**
- **If you were referred to us, please list referral source and phone number (optional):** \_\_\_\_\_
- **Would you like us to send copies of correspondence to a caseworker or other person? If yes, include name, agency, and address of individual:**

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NAME OF CONTACT	RELATIONSHIP	PHONE
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NAME OF AGENCY IF APPLICABLE	ADDRESS OF CONTACT	CITY	STATE	ZIP
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- Please notify us of any changes in income or household members
- If you move, you must notify us with your change of address within 10 days
- If mail is returned to us by the U.S. Post Office, your application will be closed

**U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION:**

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied, or terminated following appeals and informal hearing processes.

**I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.**

**X** \_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION (MANDATORY FOR ALL HOUSEHOLD MEMBERS)**

I (WE), AS THE SIGNATORY(IES) AS STATED BELOW, DO HEREBY AUTHORIZE ANY AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO THE HERKIMER HOUSING AUTHORITY, ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION FOR PARTICIPATION AND/OR TO MAINTAIN MY CONTINUES ELIGIBILITY IN THE SECTION 8 RENTAL ASSISTANCE PROGRAM AND/OR LOW INCOME HOUSING PROGRAMS. THESE ORGANIZATIONS ARE TO INCLUDE, BUT ARE NOT LIMITED TO: FINANCIAL INSTITUTIONS; CHILD SUPPORT PAYERS; NEW YORK STATE EMPLOYMENT AGENCY; PAST OR PRESENT EMPLOYERS; SOCIAL SECURITY ADMINISTRATION; WELFARE DEPARTMENTS; VETERAN’S ADMINISTRATION; CHANCERY CLERKS; UTILITY COMPANIES; WORKMEN’S COMPENSATION PAYERS; HOSPITALS; PUBLIC AND PRIVATE RETIREMENT SYSTEMS; LAW ENFORCEMENT AGENCIES; PUBLIC AND PRIVATE PHARMACEUTICAL PROVIDERS. I ALSO AUTHORIZE THE HERKIMER HOUSING AUTHORITY TO RELEASE SUCH RELEVANT INFORMATION TO ANY OTHER QUESTIONING AGENCY. I AUTHORIZE THE USE OF PHOTOCOPIES OF THIS RELEASE. THIS AUTHORIZATION SHALL CONTINUE FROM THE DATE OF THE SIGNATURE UNTIL SUCH TIME THE HOUSING AUTHORITY IS NOTIFIED IN WRITING THAT THE AUTHORIZATION IS CANCELLED.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 My SS#: \_\_\_\_\_ My SS#: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

All family members over the age of 18 fill out information here. If you need another form, contact the office.  
 ←  
 Under the age of 18, info goes in the area below  
 ↙

List information for all other household members **under the age of 18** not included above. (Please Print.)

Name	Soc. Sec. #	DOB	Birthplace (City, State)

\_\_\_\_\_ Date

\_\_\_\_\_ PHA Official

Herkimer Housing Authority  
MID-TOWN APARTMENTS  
315 North Prospect Street  
Herkimer, New York 13350

Phone: 315-866-2252 Fax: 315-866-3942

**Please list all prior addresses and property owner/manager names starting with your current landlord and your current address. Include all the places you have lived for the past 5 years:**

**Your Current property owner/manager Name**

**Your Current Address:**

Landlord Address \_\_\_\_\_

\_\_\_\_\_

Landlord Phone \_\_\_\_\_

\_\_\_\_\_

**Your Former property owner/manager:**

**Your Former Address:**

Landlord Name \_\_\_\_\_

\_\_\_\_\_

Landlord Address \_\_\_\_\_

\_\_\_\_\_

Landlord Phone \_\_\_\_\_

\_\_\_\_\_

**Your Former property owner/manager:**

**Your Former Address:**

Landlord Name \_\_\_\_\_

\_\_\_\_\_

Landlord Address \_\_\_\_\_

\_\_\_\_\_

Landlord Phone \_\_\_\_\_

\_\_\_\_\_

**Your Former property owner/manager:**

**Your Former Address:**

Landlord Name \_\_\_\_\_

\_\_\_\_\_

Landlord Address \_\_\_\_\_

\_\_\_\_\_

Landlord Phone \_\_\_\_\_

\_\_\_\_\_

**I authorize the Herkimer Housing Authority to contact the above Landlords for the purpose of obtaining housing references.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev. 12/4/20