

SECTION 8 PRELIMINARY APPLICATION

Herkimer Housing Authority

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

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

**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 P7
_____	_____	T P1 P2 P3 P4 P5 P6 P7

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: _____

PRESENT ADDRESS 1 _____

PRESENT ADDRESS 2 _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE () _____

CELL PHONE () _____

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: _____

PLEASE NOTE: APPLICATIONS RETURNED WITHOUT PROOF OF PREFERENCES CLAIMED WILL NOT BE ACCEPTED

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:

- You are a current resident of the Village of Herkimer. **Documentation required (Official mail, rent receipt, lease)**
- You and/or a household member works or has been hired to work in the Village of Herkimer **Documentation required (Recent Paystub)**
- You and/or a household member is a veteran **Documentation required (DD214 or VA card)**
- You or any member of your household are a current resident of Herkimer Housing Authority’s Public Housing program whose Reasonable Accommodation need cannot be practically met by HHA
- You currently live in Public Housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing
- You are a family that has been displaced, or is immediately subject to displacement, due to a natural disaster or emergency; because of government action; or is housed in a building where the Herkimer Housing Authority seeks to preserve affordable housing funded by the Authority or a government agency
 - Would you like us to send copies of correspondence to a caseworker or other person? If yes, include name, agency, and address of individual:

NAME	Address	City	State	Zip
------	---------	------	-------	-----

- 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

PLEASE NOTE: APPLICATIONS RETURNED WITHOUT PROOF OF PREFERENCES CLAIMED WILL NOT BE ACCEPTED

AUTHORIZATION FOR RELEASE OF INFORMATION

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