

Preliminary Application

Herkimer County HCV Program Herkimer Sr Associates Llc Nath

OFFICE USE ONLY		
Date	Time	Preference
		P1 P2
		P1 P2
		P1 P2

Please Complete this Form and Return To:
Herkimer County HCV Program Herkimer Sr Associates Llc
Nath
C/O Central Office
Po Box 5090
Saratoga Springs NY 12866

This form must be completed by the Head of Household. Use the legal name for each household member.

Date	Head of Household Name		Email Address	
Home Phone	Work Phone	Cell Phone	Other Phone	
Address (Please list last known address if you are currently homeless)		Apt. #	City	State
Yes <input type="checkbox"/> No <input type="checkbox"/> Is your mailing address the same as listed above?				
If	Mailing Address	Apt. #	City	State
No:				

Please provide a copy of a document dated within the last 60 days showing your legal address.

Acceptable documents are: Utility Bill, Pay Stub, Medical, Dental or Insurance Bill, Social Security or Disability Statement, Current Lease or Rent Receipt (which includes date, your name, legal address and landlord signature), or a Voter Registration Card.

HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list. Enter information about all family members who will live in the home.

1. Head of Household							
Last Name		First Name		MI	Date of Birth		Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration #
2. Household Member							
Last Name		First Name		MI	Date of Birth		Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration #
3. Household Member							
Last Name		First Name		MI	Date of Birth		Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration #
4. Household Member							
Last Name		First Name		MI	Date of Birth		Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration #
5. Household Member							
Last Name		First Name		MI	Date of Birth		Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>		U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien Registration #

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6. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F)
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?

FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

If you have any further questions, please call (518) 372-8846