

**For Office Use Only**  
Place Date Stamp and Time Received Here

Time Received \_\_\_\_\_

**PRELIMINARY APPLICATION**

**Herkimer Housing Authority**  
**Stone Ridge Residences**  
**Herkimer, NY 13350**  
**Phone: 315-866-2252**  
**Fax: 315-866-3942**

**YOUR NAME (HEAD OF HOUSEHOLD) REQUIRED**

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

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

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

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

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

EMAIL \_\_\_\_\_

**Check Applicable Items Below (voluntary)**

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

\_\_\_ American Indian or Alaskan Native

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

\_\_\_ I prefer not to say

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

**PROGRAM(S) YOU ARE APPLYING TO: check one or both (Required)**

Affordable Housing \_\_\_\_\_ (For one of our apts.)

Section 8 \_\_\_\_\_ (Private landlord of your choice)

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

\*If you do not have a Social Security number, please provide a valid alternative (taxpayer ID or Alien registration number) \_\_\_\_\_

**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	

**ELIGIBILITY AND PREFERENCES:**

- **Public Housing applications are sorted by date and time of application. No other preferences apply.**
- **Section 8 application preferences on page 5. Please include verification of preferences claimed**
- **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:**

\_\_\_\_\_  
NAME OF CONTACT

RELATIONSHIP

PHONE

\_\_\_\_\_  
NAME OF AGENCY IF APPLICABLE

ADDRESS OF CONTACT

CITY

STATE

ZIP

- 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.**  
 If more than 2 adults in household, request another form  
**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

**Affordable Housing Applicants only.** 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

## **Section 8 Applicants Only:**

### **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:
  - **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**

## YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

### **Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?**

If you have a disability that requires you to need...

An accommodation of adjustment in the program's rules, policies, practices or services, or

A modification of your Public Housing unit or its associated premises, then...

You have the right to request a reasonable accommodation or modification.

### **Will my request automatically be approved?**

We will try to approve your request if you can show that...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable

### **How do I file a request?**

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request form available at Mid-Town Apartments, 315 N. Prospect Street, Herkimer, NY or by calling 315-866-2252 during regular business hours. The TDD number for hearing impaired persons is (315-866-2252.) If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

### **What happens after I file the request?**

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

### **My signature confirms that I have read and understand my rights as indicated above.**

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

The Herkimer Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.