

**ITHACA HOUSING AUTHORITY**  
**800 South Plain Street**  
**Ithaca, NY 14850**  
**(p) 607-273-1244 (f) 607-273-5738**

**SECTION 8 / HOUSING CHOICE VOUCHER WAITING LIST APPLICATION**

**OFFICE USE ONLY:**

Date Received: _____	Employee Initials: _____
Bedroom Size: _____	Race: _____
Preference: _____	Ethnicity: _____
Income Level: _____	T.C. Resident: _____

**PLEASE READ THIS IMPORTANT INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your caseworker.

A person with disabilities or a person who is limited in his/her ability to read, write, speak or understand English can seek assistance with the completion of this form by contacting your caseworker.

Ithaca Housing Authority caseworkers may be reached at 607-273-1244.

- This form must be completed in FULL. Answer ALL questions on the form. Do not leave any questions blank.
- All yes/no questions MUST be checked to indicate whether your response is a “yes” or “no”.
- Use full legal name of each person listed on the form as it appears on their social security card.
- ALL adult household members (age 18 and older) must sign and date where indicated.
- Please print all answers.
- The information that you provide on this form must be true and complete. It is a violation of federal and state criminal law to make false statements on this form for housing assistance. Making false statements and/or providing false information to Ithaca Housing Authority are also grounds for termination of housing choice voucher assistance.
- If you do not understand a question, please ask an Ithaca Housing Authority employee for clarification.

**CONTACT INFORMATION:**

Name of Head of Household: \_\_\_\_\_  
Last First MI

Current Address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt

\_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_  
 (if different than above) Street Apt

\_\_\_\_\_  
City State Zip

Telephone number where you can be reached: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

e-mail address: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION: List ALL persons who are living in your home, starting with head of household. Each box must be completed for each member:**

<b>ADULTS</b> (all persons age 18 and older) Legal Name <i>as it appears on Social Security card</i> <b>First, Middle, Last</b>	Sex M/F	Relationship to Head of Household (spouse, co-head, or other adult)	Age	Date of Birth	Social Security Number	Disabled Y/N	US Citizen Y/N	Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander	Ethnicity:  Hispanic Y/N
		<b>Head of Household</b>							

<b>CHILDREN</b> (all persons age 17 and younger) Legal Name <i>as it appears on Social Security card</i> <b>First, Middle, Last</b>	Sex M/F	Relationship to Head of Household	Age	Date of Birth	Social Security Number	Disabled Y/N	US Citizen Y/N	School Name and Grade Attending	Race: choose from above	Ethnicity: Hispanic Y/N	Do you have Custody or Visitation?  (circle one)
											<b>C or V</b>
											<b>C or V</b>
											<b>C or V</b>
											<b>C or V</b>
											<b>C or V</b>

**List name(s) and addresses of missing parent(s) of children listed or ex-spouse:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTION ABOUT THE HEAD OF THE HOUSEHOLD:**

1. What is your marital status?

- Single    Married    Divorced    Separated    Widowed

**ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:**

1. Have you or any member of your household ever received subsidized housing assistance?       Yes    No

If yes, please explain:

Name	Housing type (ie – Public Housing or Section 8)	Name of Agency (ie – Housing Authority, Apartment complex)	City and State	Date of Subsidy
<i>(example) Jane Doe</i>	<i>Section 8</i>	<i>San Diego Housing Authority</i>	<i>San Diego, CA</i>	<i>Jan 2000 - Oct 2004</i>

2. Is any member of the household claiming the disability preference?

- Yes    No      If yes, who? \_\_\_\_\_

3. Have you or any other household member ever used any name(s) or social security number(s) other than the one that you are currently using?

- Yes    No      If yes, who? \_\_\_\_\_  
Please explain: \_\_\_\_\_

4. Is there anyone not listed on this form who is temporarily absent from the home?

- Yes    No      If yes, who and where is he/she? \_\_\_\_\_

5. Is there anyone living in the home that is age 18 or over *and* a full-time student?

- Yes    No      If yes, who? \_\_\_\_\_

6. Is anyone living in the home expecting a child?

- Yes    No      If yes, who? \_\_\_\_\_

7. Ithaca Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies for all adult household members. Have you or anyone in your household ever been arrested for drug related or violent criminal activity?

- Yes    No      If yes, who? \_\_\_\_\_  
Please explain (include when arrested, where arrested and reason for arrest):  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there anyone living in the home that is subject to a lifetime sex offender registration program?

- Yes    No      If yes, who? \_\_\_\_\_ What state? \_\_\_\_\_

9. Have you or anyone in your household ever committed any fraud in any federally assisted housing or other Federally funded program or be requested to repay money for knowingly misrepresenting information for such housing programs?

Yes  No

If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_

10. Does anyone outside of your household pay for any of your bills or give you money or make any payments for you?

Yes  No

If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_

Amount your household now pays for rent monthly \$ \_\_\_\_\_

Amount your household now pays for utilities \$ \_\_\_\_\_

Number of bedrooms in your current unit \_\_\_\_\_

Do you want to stay in this unit?

Yes  No

If no, explain why: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check below any additional utility cost listed below that you pay for that is not included in your rent amount:

Type of Heat I pay for		Type of Hot Water I pay for		Type of Cooking fuel that I pay for	
Natural gas		Natural gas		Natural gas	
Electric		Electric		Electric	
Bottle Gas		Bottle Gas		Bottle Gas	

Circle (I do) or (I do not) pay for the following utilities:

Electricity for lights	<u>I DO PAY</u>	<u>I DO NOT PAY</u>
Water	<u>I DO PAY</u>	<u>I DO NOT PAY</u>
Sewer	<u>I DO PAY</u>	<u>I DO NOT PAY</u>



**III. HOUSEHOLD ASSETS:**

1. Do you or any family member own or have access to any of the following?

Savings Account? .....  Yes  No      Checking Account? .....  Yes  No  
 Certificate of Deposit? .....  Yes  No      Money Market Account? .....  Yes  No

If yes, please provide the following applicable information:

Name on Account	Bank Name and Address of Bank	Account Type (ie- checking, savings, cd's)	Account Number	Account Balance
				\$
				\$
				\$
				\$

2. Do you or any family member own or have any of the following?

Stocks? .....  Yes  No      Bonds? .....  Yes  No  
 Real Estate property? .....  Yes  No      Trust Funds? .....  Yes  No  
 Individual Development Accounts (IDA)? ..  Yes  No      Life insurance policies? .....  Yes  No  
 Individual Retirement Accounts (IRA)? .....  Yes  No      Inheritances? .....  Yes  No

If yes, please provide the following applicable information:

Family Member Name	Type of Asset	Account Number	Value

3. Have you or any family member disposed of any assets *for less than fair market value* within the past 24 months?

Yes  No

If yes, please provide the following information:

Asset Disposed Less than Fair Market Value:	Value of the Asset Disposed:	Amount Received for Asset Disposed:

#### IV. HOUSEHOLD EXPENSES

##### Childcare Expenses:

- Does any member of the family have expenses for child care for a child age 12 or younger?  
 Yes  No                      If no, skip to disability expenses                      If yes, continue:
- Does that childcare enable an adult in the household to be employed, seek employment or further his/her education?  
 Yes  No                      If yes, continue:
- Are you reimbursed for this childcare expense from an outside source (ie – DSS, family member, church)?  
 Yes  No                      If yes, by whom? \_\_\_\_\_ How much? \_\_\_\_\_

Please provide the following childcare information:

Child's Name	Childcare Provider			Amount Paid (circle one)
	Name	Address	Phone Number	
				\$ week / month
				\$ week / month
				\$ week / month
				\$ week / month

##### Disability Assistance Expenses:

- Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?  
 Yes  No                      If no, skip to medical expenses                      If yes, continue:
- | Care Attendant |         |              | Amount Paid<br>(circle one) |
|----------------|---------|--------------|-----------------------------|
| Name           | Address | Phone Number |                             |
|                |         |              | \$ week / month             |
- Are you paying for any type of equipment for a disabled family member that enables an adult member to work?  
 Yes  No                      If yes, what is the equipment? \_\_\_\_\_ Monthly cost? \_\_\_\_\_

**Medical Expenses:** These questions only apply if the head, spouse, or co-head is 62 years or older or is disabled

1. Is the head of household, the spouse or the co-head disabled?  Yes  No
2. Is the head of household, the spouse or the co-head age 62 or over?  Yes  No

If yes to one (or both) of the above questions, then continue:

Do you or any member of the family pay any of the following out-of-pocket medical expenses?

- Services of medical professionals? .....  Yes  No
- Surgery and medical procedures that are necessary, legal and non-cosmetic? .....  Yes  No
- Services of medical facilities? .....  Yes  No
- Hospitalization, long-term care, and in-home nursing services? .....  Yes  No
- Improvements to housing directly related to medical needs (ie – ramps for wheel chair, handrails).....  Yes  No
- Substance abuse treatment programs? .....  Yes  No
- Psychiatric treatment? .....  Yes  No
- Ambulance services and some costs of transportation related to medical expenses? .....  Yes  No
- Cost and care of necessary equipment related to medical condition (ie- eyeglasses, hearing aids)?...  Yes  No
- Cost and continuing care of necessary service animals? .....  Yes  No
- Medical insurance premiums or the cost of a health maintenance organization (HMO)? .....  Yes  No
- Prescription medicines and insulin, but not nonprescription medicines (even if recommended by a doctor)? ...  Yes  No

Family Member Name	Type of Medical Expense	Monthly Amount:

**Waiting List Preferences:** Please be aware that assistance will be offered as it becomes available in order of the date/time of submission of application and that preference is given to the following:

- Applicants that reside and/or work in Tompkins County
- Applicants who are elderly or disabled will be offered housing before other single persons/applicants

**Waiting List Purge:** The waiting list will be updated annually to ensure that all applicants and applicant information is current and timely. To update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant’s name being removed from the waiting list. The family’s response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter. If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

**Waiting List Purge:** Please notify Ithaca Housing Authority of any changes with your mailing address within 10 days of the change. All changes must be submitted in writing. Failure to do so may result in the removal of your application from the waiting list.



# HOUSEHOLD CERTIFICATION

I do hereby swear and attest that all of the information that I have provided on this application is true and complete.

I understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is crime under federal and state law.

Making false statements or providing false information to Ithaca Housing Authority is grounds for denial of Section 8 Housing Choice Voucher assistance.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

## **ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN BELOW:**

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse / Co-Head	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date
_____	_____	_____
Other Adult Member	Print 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.