

**Ithaca Housing Authority**  
 798-800 South Plain Street  
 Ithaca, New York 14850  
 Phone 607-273-8629

**Preliminary Application for Public Housing**

Entity ID

**For Office Use Only:**

Date Received: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_  
 Preference: \_\_\_\_\_  
 Income Level: \_\_\_\_\_

Employee Initials: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Unit #: \_\_\_\_\_

**PERSONAL DECLARATION TO BE FILLED OUT BY APPLICANT:**

**PRESENT HOUSING:**

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

Please provide current address: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt

Please provide current address: \_\_\_\_\_  
City State Zip

Please provide current mailing address if different: \_\_\_\_\_ / \_\_\_\_\_  
Street Apt

Please provide current mailing address if different: \_\_\_\_\_  
City State Zip

Telephone number where you can be reached: \_\_\_\_\_ day's \_\_\_\_\_ evening

Marital Status:  Married  Single  Divorced  Separated  Widow(er)

Amount you now pay for rent monthly \$ \_\_\_\_\_

Amount you now pay for utilities monthly \$ \_\_\_\_\_

Number of bedrooms in unit that you currently live in: \_\_\_\_\_

Current Expenditures (monthly)			
	Heat	Medical	Credit Card
Electric	Auto Pmt.	Cable	Telephone
Gas	Auto Ins.	Health Ins.	Loan
Water	Childcare	Rentals	Other
Do you have any other regular monthly payments besides those above? <span style="float: right;">o Yes o No</span>			
<b>Work History.</b> Complete for all household members?			
Fam. Mem.	From (year)	To (year)	Employer Name, Address, Telephone
Did you file a Federal income tax return for the most recent year? <span style="float: right;">o Yes o No</span>			

**HOUSEHOLD COMPOSITION:** List the information below for all persons who are applying for Public Housing, starting with head of household.

The following statistical information is required by the department of HUD for determination of what degree HUD programs are utilized by minority families:

<b>ADULTS</b>	Sex	Date of Birth	Age	City and State of Birth	Relationship to Head of Household	Social Security Number	Occupation	Race: White Blacks/African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander	Ethnicity Hispanic or Latino Y/N
Legal Name as it appears on Social Security card <i>First, Middle, Last</i>	M/F				Head				

<b>CHILDREN'S</b>	Sex	Date of Birth	Age	City and State of Birth	Relationship to Head of Household	Social Security Number	School Name Grade Attended	Race: Choose from above	Ethnicity Hispanic or Latino Y/N	Do you have Custody or Visitation? C / V
Legal Name as it appears on Social Security card <i>First, Middle, Last</i>	M/F									

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

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City / State / Zip

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, family or outside contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veteran benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

**LIST ALL INCOME AMOUNTS RECEIVED FOR ANY FAMILY MEMBERS BELOW**

Household Member e.g.: 1; 2; 3 etc.	Employer(s) Name and Address	Total Weekly Wages (Gross)	Public Assistance Monthly	Court ordered Child Support Monthly	Social Security Benefits SSI / SSD Monthly	Unemployment Benefits/ Workers Compensation Disability Monthly	All Other Income

Assets: if yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? \_\_\_\_\_ Have you sold any real estate in the last two years? \_\_\_\_\_ Do you own any stocks or bonds? \_\_\_\_\_ Do you have a bank account (checking or savings Certificate of deposit, IRA)? if yes give bank account numbers and amounts below. Do you own a car? \_\_\_\_\_ Model / Year [Tag No. \_\_\_\_\_ Do you own a 2<sup>nd</sup> car? \_\_\_\_\_ Model / Year / Tag No. \_\_\_\_\_

Name and Address of Bank	Account Number	Account Type Checking, savings, CD, IRA	Joint/Individual	Account Balance
				\$
				\$
				\$

**Program Integrity Information**

1. 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, explain below.
2. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes//No \_\_\_\_\_ If yes, explain below.
3. Have you or any member of your household lived in any assisted housing including Section 8 or Public Housing? Yes/No \_\_\_\_\_ If yes, list where and when below.  
Where? \_\_\_\_\_ When? \_\_\_\_\_  
Did you owe any money for unpaid rent or damages when you left? Yes/No \_\_\_\_\_
4. Ithaca Housing Authority has a policy of doing criminal background inquiries with law enforcement agencies. Have you or anyone in your household ever been arrested for a violent criminal (including child molestation) or drug related activity, Yes/No \_\_\_\_\_ If yes, explain below.
5. Have you ever committed any fraud in any Federally assisted housing or other Federally funded program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No \_\_\_\_\_ If yes, explain below.
6. Have you, or other members of your household been forced to move because of a natural disaster or government action. Yes/No \_\_\_\_\_ If yes explain below.
7. If you feel you qualify for one or more preferences please check the appropriate space below?  
 \_\_\_\_\_ Involuntarily displaced (by government action or natural disaster)  
 \_\_\_\_\_ Living in substandard housing \_\_\_\_\_ paying 50% of gross income for rent \_\_\_\_\_ Working
8. Do you require any accommodations in order to fully utilize the program and our housing Services? \_\_\_\_\_ yes \_\_\_\_\_ no

**Please list below your past five years of rental history or addresses that you have lived at.**

Renters Name					
Rental Street Address	City	County	State	Zip code	Move In Date
Landlord name	Street	City	State	Zip code	Move Out Date

Renters Name					
Rental Street Address	City	County	State	Zip code	Move In Date
Landlord name	Street	City	State	Zip code	Move Out Date

Renters Name					
Rental Street Address	City	County	State	Zip code	Move In Date
Landlord name	Street	City	State	Zip code	Move Out Date

Renters Name					
Rental Street Address	City	County	State	Zip code	Move In Date
Landlord name	Street	City	State	Zip code	Move Out Date

I/We do hereby swear and attest by My/Our signature(s) below that all of the information I/We have given on this application is true and correct. I/We also understand that I/We must report all changes in income for any household member as well as any changes of family members in My/Our household. To keep this application current and on file any changes must be reported in writing to the Ithaca Housing Authority within 10 days of any change. All household member, 18 years of age or older must sign below.

\_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT HOUSEHOLD MEMBER SIGNATURE

\_\_\_\_\_  
DATE

Applicant: If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590

**NOTE:** Please answer all questions and complete all requested information on this application. Should you have any questions, please call. If you do not provide the information requested, we would be unable to process your application and it will be returned to you for completion.





All highlighted lines MUST be completed.

**TO BE COMPLETED BY AGENCIES**

The Ithaca Housing Authority agrees to indemnify, and hold the Ithaca Police Department I hereby release the Ithaca Police Department, the Tompkins County Sheriff's Department, the New York State Police, the Federal Bureau of Investigation, and any and all other law enforcement agencies, and the Ithaca Housing Authority, and each of the employees of these organizations, and the municipalities under which they serve, harmless from any and all claims, injuries, damages, and other losses they may incur (including reasonable attorney fees incurred in defense of same) in connection with the above named issuing agency(ies) releasing the information requested herein to the Ithaca Housing Authority.

**For the Ithaca Housing Authority**  
**ORI number NY054019Q**

Karen Sandifur – Public Housing Manager

To: **ITHACA POLICE DEPARTMENT** Attn: Officer Hoyt  
**120 East Clinton Street Ithaca, NY 14850**

PLEASE INDICATE THAT THE RECORD OF:

Full name

Date

Date of Birth

Social security number

Address

Phone

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: \_\_\_\_\_

HAS BEEN REVIEWED AND WHAT RECORDS OF CRIMINAL INCIDENTS, ARRESTS, AND/OR CONVICTIONS, IF ANY HAVE BEEN FOUND. PLEASE LIST BELOW OR FURNISH AN ABSTRACT WITH YOUR REPLY.

PLEASE ADVISE WHETHER OR NOT THE ABOVE NAMED INDIVIDUAL IS LISTED ON THE NATIONAL SEXUAL OFFENDER REGISTRY OR ANY OTHER STATE OR FEDERAL SEXUAL OFFENDER REGISTRY: \_\_\_\_\_

Agency issuing this report: \_\_\_\_\_

\_\_\_\_\_  
Signature of agency representative



**TO BE COMPLETED BY AGENCIES**

The Ithaca Housing Authority agrees to indemnify, and hold the Ithaca Police Department I hereby release the Ithaca Police Department, the Tompkins County Sheriff's Department, the New York State Police, the Federal Bureau of Investigation, and any and all other law enforcement agencies, and the Ithaca Housing Authority, and each of the employees of these organizations, and the municipalities under which they serve, harmless from any and all claims, injuries, damages, and other losses they may incur ( including reasonable attorney fees incurred in defense of same) in connection with the above named issuing agency(ies) releasing the information requested herein to the Ithaca Housing Authority.

**For the Ithaca Housing Authority**

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Karen Sandifur – Public Housing Manager

To: **ITHACA POLICE DEPARTMENT** Attn: Officer Hoyt  
**120 East Clinton Street Ithaca, NY 14850**

PLEASE INDICATE THAT THE RECORD OF:

Full name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_

HAS BEEN REVIEWED AND WHAT RECORDS OF CRIMINAL INCIDENTS, ARRESTS, AND/OR CONVICTIONS, IF ANY HAVE BEEN FOUND. PLEASE LIST BELOW OR FURNISH AN ABSTRACT WITH YOUR REPLY.

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

PLEASE ADVISE WHETHER OR NOT THE ABOVE NAMED INDIVIDUAL IS LISTED ON THE NATIONAL SEXUAL OFFENDER REGISTRY OR ANY OTHER STATE OR FEDERAL SEXUAL OFFENDER REGISTRY. \_\_\_\_\_

Agency issuing this report: \_\_\_\_\_

\_\_\_\_\_  
Signature of agency representative

## 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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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

U.S. Department of Housing and Urban Development  
Office of Inspector General

May 1988  
P-88-2

## Things You Should Know

*Don't risk your chances for Federally-assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms*

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

**Completing the Application** When you give your answers to application questions, you must include the following information:

- Income**
- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
  - Earnings from second job or part-time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive).

<b>Assets</b>	<ul style="list-style-type: none"> <li>• All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you</li> <li>• Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children</li> </ul>
<b>Family/Household Members</b>	<ul style="list-style-type: none"> <li>• The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.</li> </ul>
<b>Signing the Application</b>	<ul style="list-style-type: none"> <li>• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate</li> <li>• When you sign application and certification forms, you are claiming that they are complete to the best of our knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information</li> <li>• Information you give on your application will be verified by your Housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.</li> </ul>
<b>Recertifications</b>	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> <li>• All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members</li> <li>• Any family/household member who has moved in or out.</li> <li>• All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value</li> </ul>
<b>Beware of Fraud</b>	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> <li>• Do not pay any money to file an application</li> <li>• Do not pay any money to move up on the waiting list</li> <li>• Do not pay for anything not covered by your lease</li> <li>• Get a receipt for any money you pay</li> <li>• Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)</li> </ul>
<b>Reporting Abuse</b>	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202)472-4200. This is not a toll-free number. You can also write to the HUD HOTLINE; Room 8254, 451 Seventh Street, S.W., Washington, DC 20410</p>

