



Official Use Only: \_\_\_\_\_

## APPLICATION

### HOUSING CHOICE VOUCHER PROGRAM

#### WHAT IS THE HOUSING CHOICE VOUCHER PROGRAM?

Veterans & Community Housing Coalition (VCHC) administers the section 8 program in Saratoga County on behalf of the New York State Division of Housing and Community Renewal. The Housing Choice Voucher Program helps qualified households meet their rental obligation. The landlord will receive part of his/her rent from the tenant, and part from the Housing Choice Voucher Program. Voucher holders may live in any legal rental unit of their choosing, subject to the Housing Choice Voucher program rules and regulations. Non-resident applicants must live in Saratoga County during the first year on the program. **Please complete all items listed on this application. Each application must be accompanied by proof of the applicant's current address and HUD form 92006 "Supplement to Application for Federally Assisted Housing". All applications must be mailed to: Veterans & Community Housing Coalition – HCV Program**

**20 Prospect Street, Building 2 Suite 313**

**Ballston Spa, NY 12020**

All items listed on the application must be complete.

Completed applications must be sent by regular mail (not registered or certified mail), and be in a standard business envelope (4 1/8" by 9 1/2") to the address indicated above.

**There is a limit of one application per envelope.** If an envelope contains more than one application, applications in the envelope will be returned.

#### **SEND ONLY ONE (1) COMPLETED APPLICATION PER ENVELOPE.**

Applications will be accepted from **JULY 1, 2019** through **OCTOBER 1, 2019**. Any applications received before **JULY 1, 2019** or postmarked after **OCTOBER 1, 2019** will be disqualified. Families will be added to the wait list in the order envelopes are received. You will be notified of your eligibility by mail after submission.

#### **WHO IS ELIGIBLE?**

- U.S. Citizen or Residents with eligible immigrant status.
- Households whose gross income is less than or equal to the limits listed below.
- As per federal guidelines, 75% of households admitted annually to the program will be families with extra low income

#### **2019 Income Limits for Saratoga County**

# Persons	1	2	3	4	5	6	7	8
Extra Low Income	18,900	21,600	24,300	26,950	30,170	34,590	39,010	43,430
Very Low Income	31,500	36,000	40,500	44,950	48,550	52,150	55,750	59,350

➤ **Individuals with disabilities are eligible for the program and a reasonable accommodation will be made where necessary to ensure equal participation in housing assistance.**

It is the policy of DHCR's Statewide Section 8 Housing Choice Voucher (HCV) Program to ensure that participating landlords and each of its local program offices fully comply with all Federal, State, and local nondiscrimination laws and the U.S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. No person shall, on the grounds of race, religion, color, national origin, sex, marital status, age, disability, military status or sexual orientation be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination in any of its housing programs.

**HEAD OF HOUSEHOLD INFORMATION: (PLEASE PRINT IN INK)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / Town \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Official Use/Bedroom Size \_\_\_\_\_

Are all family members U.S. Citizens or nationals, or legal immigrants of the U.S.: YES NO

The following information is being requested to comply with equal opportunity requirements and to assure no discrimination occurs. Your answers will not affect in any way, your selection in the program.

Ethnicity (check one line) \_\_\_ Hispanic \_\_\_ Not Hispanic

Race (check all that apply)

\_\_\_ White \_\_\_ Black/African American \_\_\_ American Indian/ Alaska Native \_\_\_ Asian  
 \_\_\_ Native Hawaiian/Other Pacific Islander

Sex: \_\_\_ Female \_\_\_ Male Official Use/Case worker \_\_\_\_\_

Are you disabled? (Please check one) \_\_\_ YES \_\_\_ NO

Head of Households Gross Income (per year) \$ \_\_\_\_\_

Official Use/Application date: \_\_\_\_\_ Official Use/Status \_\_\_\_\_

Veteran Status (check all that apply)

\_\_\_ A member of the family is a veteran \_\_\_ Head of Household is a veteran \_\_\_ Co-Head/Spouse is a veteran

**FAMILY COMPOSITON:** List all persons in household who would live in the household if you receive assistance. Attach an additional sheet if necessary.

Last Name	First Name	MI	Relationship	Citizen	Date of Birth	Race	Ethnicity	Social Security #	Income
1.									
2.									
3.									
4.									

**\*NOTE:** Include income for ALL HOUSEHOLD members. Include all payments made to family members on behalf of a family member under age 18. Sources of income include employment income; SS; PA; UI and \$gifts.

Please circle Yes or No where indicated:

1. Have you ever received assistance from another Section 8 or Public Housing Program? Yes No

If yes, from: \_\_\_\_\_

2. Are you currently receiving any type of rental subsidy? Yes No

If yes, from: \_\_\_\_\_

3. Have you or a family member ever been terminated from and Section 8 or Public Housing Program?

Yes No

Please explain reason for termination: \_\_\_\_\_

4. Do you receive or have you ever received other Government Assistance? Yes No

If Yes, from: \_\_\_\_\_

5. Have you or any adult household member ever been convicted of a crime?\* Yes No

**\*Criminal background checks will be conducted on all household members 18 years and older prior to acceptance into the program.**

6.

If No, how many family members are not U.S. Citizens, nationals or legal immigrants? \_\_\_\_\_

7. Is the head or co head a veteran? YES NO Did you receive an honorable discharge YES NO

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**Veterans & Community Housing Coalition HVC Program  
And its affiliates are committed to  
Non-discrimination and equal housing opportunity**

I declare that the statements contained in this application are true and correct and that I have not knowingly nor willfully made false statements, given false information, or omitted information in connection with this application. I also understand that I will be required to submit to Veterans & Community Housing Coalition HCV Program verification and/or proof to support all of the claims I made.

\_\_\_\_\_  
Signature of Head of Household (Please sign full name)

\_\_\_\_\_  
Date

NO ONE MAY CHARGE AN APPLICANT A FEE TO SUBMIT AN APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.

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

All applications must be mailed to:

Veterans & Community Housing Coalition  
20 Prospect Street Bldg. 2 Ste. 313  
Ballston Spa, NY 12020

Each application must be accompanied by proof of the applicant's current address and HUD form 92006

"Supplement to Application for Federally Assisted Housing".

For additional information call (518) 885-0091 ext. 109

TTY-711



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.