

# SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

597 EAST MAIN STREET, PO BOX 168

COBLESKILL, NY 12043

TELEPHONE (518) 234-7604 • FAX (518) 234-4346

STATEWIDE RELAY SYSTEM TDD 800-421-1220



**EQUAL HOUSING  
OPPORTUNITY**

Dear Applicant

The following form is an application for the project-based voucher (PBV) program which is one part of the HCV program. It helps pay for rent in privately owned rental housing, but only in specific privately owned buildings or units. That means that if you get a project-based voucher, you don't get to choose the unit you live in.

If you qualify for the PBV program, you will end up spending 30% of your income on your housing and your public housing authority will pay the rest.

The project-based voucher program is for people with low income, 55 years or old and who are willing to live in specific housing units that are offered to them. PBV are offered in the Birches of Schoharie and when one of the 40 units become available, this office will offer it to someone who is on the PBV waiting list. This is different from the tenant-based program, because if you accept PBV assistance, you do not get to choose the unit you live in nor do you get to keep your PBV benefit if you move.

The exact income limit for PBV assistance depends on the number of people in your household. Households with income that is below 50% of median income (what HUD considers "very low income") or lower may qualify, but most must be below 30% of median income.

When you apply for the project-based voucher program, you must also apply to the Birches of Schoharie and the owner reviewing your application will also look at:

- Your history with federal housing programs
- Your criminal background
- Your credit History

## Pre-Application

The form must be complete in full. Your name, address, phone number and social security number must be filled in correctly. In addition, all family members who will reside in the unit with you must be listed.

You must fill in your annual income amount. This program requires certain income levels to qualify. Without this information we cannot determine whether you meet these qualifications.

## Future Contact and Follow Up

All future contact with you will be done by mail. It is imperative that your address be kept current and up-to-date with us. You must notify this office in writing or in person to update your address. No change of address information will be taken over the telephone. Your file will be closed if the Post Office is unable to deliver mail to the address we have on file with you.

Eligible families for the low income housing program are put on a waiting list, and when they reach the top of the list, this office will perform an eligible test to make sure they still meet all requirements. However, Section 8 waiting lists are long and waiting times can sometimes reach several years, so it is very common for a family to become ineligible in the meantime. If a family is granted a housing voucher, it must continue to meet the eligibility requirements in order to keep receiving assistance.

**Pre-Application – HUD Rental Assistance/Project Based Rental Assistance**

**PLEASE PROVIDE ALL INFORMATION REQUESTED**

**AND RETURN TO:** Schoharie County Rural Preservation Corp. Inc.  
Section 8 Housing  
PO Box 168  
Cobleskill, NY 12043

**\*Applicants living outside of Schoharie County are required to live and use the Housing Choice Voucher in Schoharie County for first 12/month cycle.**

**HEAD OF HOUSEHOLD INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Physical Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**LIST THE FOLLOWING INFORMATION FOR EVERYONE WHO WILL LIVE IN THE HOUSING UNIT USING THEIR LEGAL NAMES.  
(Do Not List Head of Household)**

Last Name	First Name	MI	DOB	Household Member	SS#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Do any persons who will live in the unit have a disability?  Yes  No
2. Does anyone live with you now not listed above?  Yes  No
3. Does anyone plan on living with you in the future not listed above?  Yes  No

Explain if you answered yes to either questions: \_\_\_\_\_  
 \_\_\_\_\_

4. \*Is head of household or spouse a person with disabilities?  Yes  No
5. \*Please identify any special housing needs your household has: \_\_\_\_\_  
 \_\_\_\_\_
6. How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_
7. Do you wish to move?  Yes  No \*If Yes Why? \_\_\_\_\_
8. Are you now living in a federally subsidized housing unit?  Yes  No
9. Have you ever lived in Public Housing?  Yes  No
10. Have you ever participated in the Certificate or Voucher Program?  Yes  No
11. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program?

Yes  No \*If Yes please explain: \_\_\_\_\_

12. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of drugs and/or alcohol?  Yes  No \*If Yes please explain: \_\_\_\_\_
13. Have you or anyone in your household been convicted of the illegal manufacture or distribution of a controlled substance?  Yes  No \*If Yes please explain: \_\_\_\_\_

\*If you answered yes to questions 12 & 13, have you or anyone in your household successfully completed a controlled substance abuse recovery program or currently enrolled in such a program?  
 Yes  No

\*If Yes, provide all documentation with pre-application. Information must state: Name, Address, Telephone Number of Agency, year of completion and contact name of person with this agency.

14. Have you or any member of your household been arrested?  Yes  No  
 \*If Yes, please state the conviction charge: \_\_\_\_\_

Year of Conviction: \_\_\_\_\_ Town/City/State of Conviction: \_\_\_\_\_

15. Have you or any member of your household been convicted of a Felony? [ ] Yes [ ] No

\*If Yes, please state the conviction charge: \_\_\_\_\_

Year of Conviction \_\_\_\_\_ Town/City/State of Conviction: \_\_\_\_\_

16. Have you or any member of the household been subject to a lifetime State Sex Offender Registration program in any state? [ ] Yes [ ] No

\*\*\*NOTE: Failure to respond to the questions may jeopardize the approval of this pre-application.

17. Name/Address/Telephone Number of your current landlord: \_\_\_\_\_

18. Name/Address/Telephone Number of your previous landlord: \_\_\_\_\_

19. List your previous address: \_\_\_\_\_

Dates you lived at this address: From: \_\_\_\_\_ To: \_\_\_\_\_

PLEASE REPORT ALL INCOME RECEIVED BY YOU AND ANY MEMBER OF YOUR HOUSEHOLD

**\*Income Includes:** WAGES, ARMED FORCES PAY, SOCIAL SECURITY, SSI, PUBLIC ASSISTANCE, PENSION, ANNUITIES, INSURANCE AND DISABILITY PAYMENTS, UNEMPLOYMENT, WORKERS COMPENSATION, ALIMONY, AND CHILD SUPPORT. (GROSS AMOUNT BEFORE DEDUCTIONS).

SOURCE(S) OF FAMILY INCOME: CHECK ALL THAT APPLY AND IDENTIFY AMOUNT (INDICATE IF AMOUNT IS WEEKLY, BI-WEEKLY OR MONTHLY)

WAGES \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_ OTHER (SPECIFY) \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_ TANF/WELFARE \$ \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

\*\*Please list any private, self-employment, family financial assistance and/or income received for services provided other than income option listed above.

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

TELL US ABOUT ASSETS HELD BY YOU AND MEMBERS OF YOUR HOUSEHOLD

LIST ALL CHECKING, SAVINGS AND OTHER BANK ACCOUNTS AND LIFE INSURANCE POLICIES BY HOUSEHOLD MEMBERS:

If none, please initial here: \_\_\_\_\_

**\*\*Please include accounts for IRA's, CD's, Retirement, Annuity, etc. (Include all household members)**

Household Member	Name/Address of Bank	Type of Account	Account #	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*Please List All Household Life Insurance Policies**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach Additional Sheet If Necessary)

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS PRE-APPLICATION IS TRUE AND COMPLETE.

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code state that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact Schoharie County Rural Preservation Corporation at 518-234-7604.

The Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005)

On January 5, 2006, President Bush signed into law the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA 2005). The primary objectives of VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

These new protections for families participating in HUD programs became effective upon enactment of the law on January 5, 2006. HUD's Office of Public and Indian Housing also issued PIH notice PIH 2007-5, which describes revised form HUD 52641A, The Tenancy Addendum. Both forms were revised to reflect statutory requirements of VAWA.

It is further noticed that under the Housing Choice Voucher Program, PHA's have authority under the existing 982.552 (c)(2) to terminate voucher assistance for certain family members while permitting other members of a participant family to continue receiving assistance (provided the culpable family member will no longer reside in the unit). A PHA's right to exercise this administrative discretion under 982.552 (c)(2) is not dependent on a bifurcated lease or other eviction action by the owner against an individual family member.

If you would like further information on The Violence Against Women and Department of Justice Reauthorization Act of 2005 (HUD Form 50066, Exhibit 16-1 and 16-2), please do not hesitate to call our office @ 518-234-7604.

FOR HUD STATISTICAL PURPOSES ONLY

Please identify your race ethnicity by checking one box in each of the two categories below.

**Check One:**

White

Black/African American

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

**Check One:**

Hispanic or Latino

Not Hispanic or Latino

- The above information is requested by Section 8 Housing in order to assure the Federal Government, acting through Housing and Urban Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, sex familial status, age and disabilities are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, a representative of Section 8 Housing is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

- Our Agency does not accept photocopies of the pre-application to the Housing Choice Voucher Program. You must submit an original copy due to program regulation changes.

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