



SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

PO BOX 168

COBLESKILL, NEW YORK 12043

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

STATEWIDE RELAY SYSTEM TDD 800-421-1220

Dear Program Applicant:

The attached pre-application will be used to place you on the Village of Cobleskill's HUD Section 8 Housing. This pre-application will be placed on the waiting list by date & time and then priority of any admissions preference you may have checked on page 5 of the pre-application. You may return the application by mail or bring it to our office located at 597 East Main Street, Cobleskill, NY. If your pre-application is incomplete we will return your pre-application and it will not be stamped with a date and time until it is received completed.

Within 30-days you will receive written confirmation that you're pre-application has been approved or denied. If you do not receive written confirmation within 30-days, call our office.

Our housing agency uses the mailing address you have listed on your pre-application to contact you for the initial edibility process. If we are unable to reach you, your pre-application will be closed. Our waiting list is lengthy and you will only be given 10-days to reply to our initial eligibility process. Please remember to keep us informed of any address changes.

If you have any questions concerning the pre-application or eligibility process, do not hesitate to call our office during our regular business hours of Monday – Friday, (8:00 am – 4:30 pm).

Again, remember our office only accepts original pre-applications. **ALL UNANSWERED QUESTIONS, COPIES AND/OR FAXES OF THE PRE-APPLICATION WILL BE RETURNED.**

FEDERAL PRIVACY ACT NOTICE:

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal and regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all the information requested by the public housing agency/Indian housing authority, including all social security numbers you and all other household members age six (6) years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

INTENTIONALLY LEFT BLANK

Pre-Application – HUD Rental Assistance/Project Based Rental Assistance **PLEASE CHECK SUBSIDY**

PLEASE PROVIDE ALL INFORMATION REQUESTED

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

Indicate the subsidy you are Applying for:

Housing Choice Voucher (HCV)

Birches at Schoharie; HUD Project Based (Birches)

HCV and Birches

***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

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 question: _____

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, 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, explain _____

13. Have you or anyone in your household ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes No

If yes, 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 subject to a lifetime state sex offender registration program in any state? Yes No

*** NOTE: Failure to respond to the question 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 options 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:

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

If none, please initial here: _____

Household Member	Name/Address of Bank	Type of Account	Account Number	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

(Attach Additional Sheet If Necessary)

LOCAL PREFERENCES

Please check the preference(s) that apply. (Do not check a preference if it does not apply to you).

CAUTION: WRITTEN PROOF WILL BE REQUIRED FROM FEDERAL, STATE, LOCAL AGENCIES AND/OR QUALIFIED ORGANIZATIONS IN ORDER TO CONFIRM ELIGIBILITY FOR ANY LOCAL PREFERENCES CHECKED BELOW.

 Victims of Domestic Violence: The PHA will offer a local preference to families that include victims of domestic violence and have been displaced as a result of fleeing violence in the home or are currently living in a situation where they are being subject to or victimized by violence in the home.

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 or 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 16I and 16II), please do not hesitate to call our office @ 518-234-7604 or email scrpc@nycap.rr.com.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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 (41 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