



VILLAGE OF GREENPORT HOUSING AUTHORITY

236 Third Street • Greenport, NY 11944
Phone: (631)477-2391 x 208 • Fax: (631)477-1877

VGHA USE ONLY

Local ___ Non-resident ___

PREF 1 2 3 4 5 6
NA

Fill out information below:

Applicant Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Name of Employer/Income Source: _____

Employment Address: _____

City, State, Zip: _____

Telephone: _____

Please read the entire application before you start filling it out. If you need more room to write, please securely attach a sheet of paper with your additional or clarifying information to the back of the application. Incomplete applications will not be accepted and will be returned to you.

Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security Card. All adult members of the household (those over the age of 18) must sign the Applicant Statement on the last page which certifies the information pertains to them. Please Print

Household Composition

List below all adult household members who will be living in the assisted unit that are 18 years of age or older. Social Security cards must be presented to the Village of Greenport Housing Authority for all individuals.

Adults (over 18) (As name appears on SS Card) First Name, Middle Initial, and Last Name	Date of Birth	Relationship to Head of Household	Social Security Number	Disabled? Y/N	US Citizen? Y/N

Children (under 18) (As name appears on SS Card) First Name, Middle Initial and Last Name	Date of Birth	Relationship to Head of Household	Social Security Number	Disabled ? Y/N	US Citizen ? Y/N	School Name

If you or anyone in your family is a person with disabilities and you require a reasonable accommodation in order to fully utilize our programs or services, please contact (or have your proxy contact) the Housing Authority office.

1. Does any other adult share custody of any of the children listed? Yes No If yes, who? _____
2. Does anyone listed on the application have a divorce decree or court order as a result of a divorce or legal separation? Yes No If yes, who? _____
3. Is anyone listed on the application expecting a child? Yes No If yes who? _____
4. 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, please explain: _____
5. Have you or any household member used another name, other than the one they are using now? Yes No If yes, who? _____ What name? _____
6. Do you anticipate on change in your family size in the next 12 months? Yes No If yes, explain changes: _____

7. Your **CURRENT RESIDENTIAL** address:

Street address _____ City _____ State _____ Zip _____

CURRENT LANDLORD AND RESIDENCE INFORMATION:

Name of **current** landlord: _____
 Current Landlord Street Address: _____
 City, State, Zip: _____
 Landlord Phone: _____
 Move-In Date: _____
 Current rent: _____
 Do you pay utilities? Yes No
 If yes, list type of utility and average monthly cost for each: _____

Head of Household Mailing Address (if different from above current address):

Street Address: _____
 City, State, Zip: _____
 Phone: _____

Would you like to list another person as a point of contact? If yes, please provide their information:

Street Address: _____
 City, State, Zip: _____
 Phone: _____

8. Why do you want to move or explain in detail why you are applying for Section 8:

9. Do any of the following apply to your situation?

- a. Yes No Do you live and/or work full time in the Village of Greenport?
- b. Yes No Are you living in substandard housing or homeless? (Substandard housing would include overcrowding, non working essential appliances, no heating or water facilities, etc). If yes, please explain the conditions of your present unit: _____
- * Yes No If you are homeless, was your last permanent residence located in the Village of Greenport? _____
- c. Yes No Are you involuntarily displaced from your current residence? (ex. is your landlord selling the unit, has your current residence been extensively damaged as a result of a disaster or have you been asked to leave for reasons other than non-payment of rent/eviction?) If yes, please explain why you must leave your current residence: _____
- d. Yes No Are you paying more than 50% of your family's combined income for rent?
- e. Yes No Are you a victim of domestic violence? (If yes, please ask the Housing Administrator for a VAWA form)
- e. Yes No Are you over 62 years of age, or are there two or more persons in your household that are over 62 years of age?
- * Yes No Do you require reasonable accommodation for a disability?

10. Does anyone live in your unit who is **not** listed in the Household Composition chart on the previous page? Yes No If yes, explain: _____

11. Does anyone plan to live with you in the future who is not listed in the Household Composition chart on the previous page? Yes No If yes, explain: _____

12. How many people live in your unit now? _____ How many bedrooms are in the unit? _____

13. Are you or any member of your family students? Yes No If yes, where do you/they attend school? _____

(If you pay for daycare the Village of Greenport Housing Authority must verify the student status at the school you listed above. You must also list students 18 years or older.)

PREVIOUS LANDLORD INFORMATION:

14. Your **PRIOR** address:

Street address _____ City _____ State _____ Zip _____

Name of **prior** landlord: _____

Prior Landlord Street Address: _____

City, State, Zip: _____

Phone: _____

Dates lived there: From _____ To _____ Reason for leaving: _____

15. Has anyone who will live in the assisted unit lived in a State other than New York State?
 Yes No If yes, which family member(s)? _____ What State(s)? _____
which family member(s)? _____ What State(s)? _____

CRIMINAL BACKGROUND AND OTHER INFORMATION

16. Have you or any member of household received rental assistance in Public Housing or Section 8?
 Yes No If yes, when (what years): From _____ To _____
Housing Agency name: _____ What State? _____
Who was the head of household? _____
17. Were you or any household member ever evicted from any type of housing? Yes No If yes, explain when, where and why: _____

18. Have you or any household member ever left a rental unit owing monies for damages, past due rent or late charges? Yes No if yes, explain: _____

19. Have you or any household member ever been requested to repay money to a Housing Authority or other agency administering a Section 8 program, for knowingly misrepresenting information or committed fraud in a federally assisted housing program?
 Yes No If yes, explain: _____

20. Do you or any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes No If yes, explain: _____

21. Have you or any household member ever been arrested for any crime? Yes No If yes, explain: (include when arrested, where, and reason for arrest): _____

22. Have you or any household member ever been convicted of any crime? Yes No If yes, how many times? _____ What crime(s)? _____

23. Have you or any household member ever been convicted of a felony? Yes No If yes, explain: _____

24. Is any household member subject to a lifetime sex offender registration? Yes No If yes, who? _____
In what State(s)? _____
25. Is any household member currently using illegal drugs? Yes No If yes, who? _____
26. Does anyone in your household require any type of accommodation for a disability to fully utilize our programs and services? Yes No If yes, who? _____
What do they require? _____

27. How did you hear about the Section 8 program? _____

General Information (For HUD statistical purposes only)

Race: (head of household) check one:

- White
 American Indian/Alaskan Native
 Black/African American
 Asian
 Native Hawaiian/Other Pacific Islander

Ethnicity: (head of household) check one): Hispanic or Latino Non-Hispanic

FINANCIAL INFORMATION

SOURCE OF INCOME

- Did you or any family member file a federal income tax return last year? Yes No If yes, who? _____
- Do you or any household member receive or expect to receive any of the following during the next 12 months (see chart below):

Wages, salaries, tips, fees, cash or commissions from any employer? (full or part time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Employer:		
Do you work full time? (more than 30 hours a week)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work part time? (less than 30 hours a week)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work the full year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you work seasonally?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have to apply for unemployment due to seasonal work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compensation/cash for personal services (for ex. babysitting, driving service)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from the operation of a business or profession (do you own your own business)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interest, dividends, or other income from real or personal property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from annuities, dividends or insurance policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from retirement funds or pensions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments from disability benefits or death benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment, disability or worker's compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welfare or TANF payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular contributions or gifts, payment of bills for you/by/ from anyone? (Does someone help you pay your bills? If yes, who pays your bills? _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular or special military pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money from self-employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial assistance to attend school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List the sources and amounts of all income (money) expected for the upcoming 12 months for all family members from any and all sources, including monies given to you by other family members or friends:

All Household members Names who receive income	Employer's Name/Source of Income (ie. from list above - name of employer, SS or Disability benefit, child support, etc)	How often do you get paid? (ex. Weekly, bi- weekly, bimonthly, monthly, yearly)	Gross Amount? (before taxes)

ASSET INFORMATION

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

- Savings or checking account? Yes No
- CD or Money Market? Yes No
- Stocks or Bonds? Yes No
- Pensions? Yes No
- Trust Funds? Yes No
- Inheritances? Yes No
- IRAs (retirement accounts)? Yes No
- Life insurance policies? Yes No
- Any other type of capital investment? Yes No

Household member Name	Type of Asset (from list above)	Account #	Balance in account

4. Do you or your family members own a car(s)? Yes No

Model/year _____ License plate # _____
 Model/year _____ License plate # _____
 Model/year _____ License plate # _____

5. Have you sold or (plan to sell) any real estate or disposed of any asset? Yes No If yes, explain:

6. Do you or any family member own or have any interest in any real estate, mobile home or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)? Yes No If yes, explain _____

7. Does any family member have expenses for child care of a child age 12 or younger?
 Yes No If yes, complete the following:

Child Care Provider Information			
Name	Address	Phone	Amount Monthly

8. Is any portion of these childcare expenses reimbursed from an outside agency or person?
 Yes No If yes, how much is reimbursed per month?: _____
9. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant Information			
Name	Address	Phone	Amount Monthly

10. Are you paying for any type of equipment for a disabled family member that enables an adult member to work (could be the person with disabilities) Yes No If yes, what is the monthly cost?

11. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Date last paid	Paid by Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV cable			
Car payment(s)			
Car insurance			
Gas for car			
Life insurance			
Health insurance			
Loan(s)			
Rentals			
Food			
Credit cards			
Child Support			

Are you reimbursed for any of these expenses? If so, explain _____

MEDICAL EXPENSES

(These questions **only** apply if the head, spouse or co-head is 62 years or older or is disabled)

12. Do you or any member of the family pay for any of the following items?

- | | | |
|---|------------------------------|-----------------------------|
| Medical insurance premiums?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Long term care insurance?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Out of pocket prescription expenses?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Past due medical bills?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other anticipated medical expenses?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Household member Name	Type of Expense	Monthly Amount

**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 (or have a person serving as your proxy contact) the Village of Greenport Housing Authority directly at:*

236 3rd Street
 Greenport, NY 11944
 Phone: 631-477-2391 x208 and Fax: 631-477-1877

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"/> 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	
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 (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.

CRIMINAL BACKGROUND RELEASE OF INFORMATION

Date: _____

In accordance with HUD regulations, Housing Authorities are required to have criminal background checks on all Section 8 Housing Assistance Applicants.

To determine your eligibility for Section 8 Housing Assistance, you need to sign this form. This information will be kept in your confidential file only.

I/ We:

Head of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature
Member of Household	Social Security #	Date of Birth	Signature

give my/our permission to the Village of Greenport Housing Authority to conduct a criminal background check(s).

For Office Use Only:	Clear?	
Check #1 _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received: _____
Check #2 _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received: _____
Check #3 _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received: _____
Check #4 _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Date Received: _____
Applicant/Participant notified of result? Date: _____		



VILLAGE OF GREENPORT HOUSING AUTHORITY

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Dear Applicant:

According to our Administrative Plan, Village of Greenport residents receive a local preference which means:

- applicant lives or works full-time in the Village of Greenport
- has become homeless while a Village of Greenport resident

If you are a non-resident and you are applying for the VGHA's program,

- a Village of Greenport resident's application will be considered before your application.

If you were a Village of Greenport resident at the time you submitted your application, but have since moved during your waiting time,

- you will be required to move back to the Village of Greenport for at least one year.