

PLEASE READ THIS COVER LETTER BEFORE COMPLETING APPLICATION

THIS IS A 2-PAGE APPLICATION – BOTH SIDES (FRONT AND BACK) MUST BE COMPLETED.

THE GENEVA HOUSING AUTHORITY DOES NOT HAVE “EMERGENCY ASSISTANCE”. WE DO NOT HAVE IMMEDIATE HOUSING AVAILABLE. EACH APPLICANT IS PLACED ON THE WAITING LIST IF ELIGIBLE. THERE IS A WAITING LIST FOR OUR PROGRAM NO MATTER WHAT THE CIRCUMSTANCE.

Attached is an application for the Geneva Housing Authority’s **PUBLIC HOUSING SCATTERED SITES PROGRAM**. The Geneva Housing Authority’s Scattered Sites are residential homes scattered in neighborhoods throughout the City of Geneva. Thirty of the units are single-family homes, and eight units are in multiple-family housing totaling 38 units ranging from one to four bedrooms. Because of their scattered locations, these homes are at varying distances from schools, shopping, etc. All are located within the City limits, and all are within a short walk of a RTS bus stop. The average wait time for a Scattered Sites unit is from 1 year to 10 years or more, depending on size of unit and availability.

Eligibility is determined by total **ANNUAL** household income. The current Income Limits are:

| No. of Persons | Gross Yearly Income | No. of Persons | Gross Yearly Income |
|----------------|---------------------|----------------|---------------------|
| 1 | \$42,800 | 5 | \$66,000 |
| 2 | \$48,900 | 6 | \$70,900 |
| 3 | \$55,000 | 7 | \$75,800 |
| 4 | \$61,100 | 8 | \$80,700 |

If you are a person with one or more disabilities and need a reasonable accommodation in order to apply for or participate in GHA programs please notify the Main Office in person, by mail, or by calling (315) 789-8010, 1-800-825-1191 or (315) 789-4399 (TDD).

Completed applications should be submitted to the Geneva Housing Authority office at 41 Lewis St., Geneva, NY between 9:30 AM and 4:00 PM, Monday through Friday, or by mail to Geneva Housing Authority, P.O. Box 153, Geneva, NY, 14456. Once eligibility has been determined you will be placed on a waiting list according to the date and time that your application is received, and any preference(s) that may apply. As soon as there is an opening and your name is next on the list you will be notified in writing. Please keep in mind that the waiting list can be quite long for all programs.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO KEEP THE HOUSING AUTHORITY INFORMED OF ANY CHANGES IN THEIR ADDRESS. If we are unable to contact you by mail when your name comes to the top of the list, you will be removed from the waiting list and would have to reapply. An annual update letter is mailed to all eligible waiting list applicants and this must be completed and returned in order to remain eligible. **THE HOUSING AUTHORITY IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**

PLEASE PRINT ALL ANSWERS CLEARLY.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETELY AND CLEARLY FILLED OUT AND SIGNED BY HEAD OF HOUSEHOLD. IT WILL BE RETURNED TO YOU, WHICH WILL CAUSE DELAY.



Rev. 04/02/2020



GENEVA HOUSING AUTHORITY

41 Lewis St., P.O. Box 153, Geneva, NY 14456

Phone: (315) 789-8010, Toll-free: 1-800-825-1191, Fax: (315) 789-8024, TDD: (315) 789-4399

**PRE-APPLICATION FOR PUBLIC HOUSING FOR SCATTERED SITES ONLY**

OFFICE USE/DATE STAMP HERE

Rev. 1/2020

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY.

HEAD OF HOUSEHOLD INFORMATION:

Last Name _____ First Name _____ M/I _____

Social Security Number _____ Birthdate ____/____/____ Age _____

Address: _____
Number and Street P.O. Box (if applicable)

City _____ State _____ Zip Code _____ Telephone / Contact Number _____

INFORMATION ABOUT ALL OTHER HOUSEHOLD MEMBERS WHO WILL RESIDE WITH YOU:

| | NAME | RELATIONSHIP TO HEAD | SEX (M/F) | BIRTH DATE | SOCIAL SECURITY NUMBER |
|----|------|----------------------|-----------|------------|------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

SOURCE(S) OF INCOME: Check all that apply and indicate "GROSS MONTHLY" amounts. Attach additional pages if necessary:

☐ Check here if you **DO NOT HAVE ANY INCOME AT ALL** coming into your household

| Type of Income | Household Head | Co-head/ other adult | Household member | Household Member | Household Member |
|-----------------|----------------|-------------------------|------------------|------------------|------------------|
| Wages | \$ | \$ | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ | \$ | \$ |
| SSI/SSD | \$ | \$ | \$ | \$ | \$ |
| Unemployment | \$ | \$ | \$ | \$ | \$ |
| TANF/Welfare | \$ | \$ | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ | \$ | \$ |
| Pension | \$ | \$ | \$ | \$ | \$ |
| Compensation | \$ | \$ | \$ | \$ | \$ |
| Other Income | \$ | \$ | \$ | \$ | \$ |

LIST ALL ASSETS: Check all that apply and indicate current balance or amount:

Savings _____ CD's _____ Money Market _____ Other _____

PREFERENCES: Listed below are Geneva Housing Authority's preferences. Please check any that apply to your current situation. Verification will be required when your name comes to the top of the list and you are contacted for an interview. **AS THE COVER LETTER STATES, WE DO NOT HAVE EMERGENCY ASSISTANCE. If you check off number 1 or 2, please explain below.**

- ☐ 1. I have been displaced from my housing as a result of a natural disaster (such as a hurricane, flood or fire) that has caused the area to be designated by the federal government as a disaster area, and at the time of the disaster I was either living in HUD-subsidized Public Housing or being assisted by the HUD Housing Choice Voucher program.
- ☐ 2. I am (or am about to be) homeless because my home has been rendered uninhabitable by a fire or other natural disaster within the 30-day period immediately prior to application, and the municipality has ordered the unit to be vacated.
- ☐ 3. I am a resident of the City or Town of Geneva.

State a brief explanation if you are applying for #1 or #2:

DOES ANYONE IN YOUR HOUSEHOLD REQUIRE SPECIAL FEATURES IN THE UNIT OR ANY REASONABLE ACCOMMODATIONS TO PARTICIPATE (SEE BELOW)? Yes ☐ No ☐

ARE YOU A U.S. CITIZEN? YES ☐ NO ☐

IF YOU ANSWERED NO, DO YOU HAVE ELIGIBLE IMMIGRATION STATUS? YES ☐ NO ☐

(*If you are unsure if you have eligible immigration status, consult with an immigration lawyer, an immigration expert of your choosing, or this office.)

FOR HUD STATISTICAL PURPOSES ONLY

Head of Household is:

Check one or more:

AND Check One:

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

____ Hispanic or Latino
____ Not Hispanic or Latino

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any of the Geneva Housing Authority's Programs.

DATE: _____ **Signature of Head of Household:** _____

Notice of Right to Reasonable Accommodation

If you have a disability, and, as a result of your disability, you need:

- A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Geneva Housing Authority's Housing programs, or
- A change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability, and if your request is reasonable (does not pose "an undue financial or administrative burden"), we will try to grant your request.

We will give you an answer within 10 days of receiving your request, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

You can get a **Reasonable Accommodation Request Form** at the front desk of the Geneva Housing Authority.

NOTE: All information you provide will be kept confidential and be used only to have an equal opportunity to participate in the GHA Housing programs.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. **PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.**

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Geneva Housing Authority
41 Lewis St., P.O. Box 153
Geneva, New York 14456
315-789-8010 or 1-800-825-1191
TDD: 315-789-4399

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table> | | <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: _____ |
| <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.

| | |
|--|--|
| | |
|--|--|

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.

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Form HUD-92006 (05/09) Spanish

NOTICE TO SENIOR CITIZENS:

RESIDENTIAL LEASE TERMINATION

SECTION 227-a OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK ALLOWS FOR THE TERMINATION OF A RESIDENTIAL LEASE BY SENIOR CITIZENS MOVING TO A RESIDENCE OF A FAMILY MEMBER OR ENTERING CERTAIN HEALTH CARE FACILITIES, ADULT CARE FACILITIES OR HOUSING PROJECTS.

Who is eligible?

Any lessee or tenant who is age sixty-two years or older, or who will attain such age during the term of the lease or rental agreement, or a spouse of such person residing with him or her.

What kind of facilities does this law apply to?

This law will apply if the senior citizen is relocating to:

- A. An adult care facility;
- B. A residential health care facility;
- C. Subsidized low income housing;
- D. Senior citizen housing; or
- E. A residence of a family member.

What are the responsibilities of the rental property owner?

When the tenant gives notice of his or her opportunity to move into one of the above facilities the landlord must allow:

- A. for the termination of the lease or rental agreement,
and

- B. the release of the tenant from any liability to pay rent or other payments in lieu of rent from the termination of the lease in accordance with section 227-a of the real property law, to the time of the original termination date, and
- C. to adjust any payments made in advance or payments which have accrued by the terms of such lease or rental agreement.

How do you terminate the lease?

If the tenant can move into one of the specified facilities, he or she must terminate the lease or agreement in writing no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due and payable. The notice is deemed delivered five days after being mailed. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities.

For example: Mail the notice: May 5th

Notice received: May 10th

Next rental payment due: June 1st

Termination effective: July 1st

Will the landlord face penalties if he or she does not comply?

Yes, according to section 227-a of the real property law, if anyone interferes with the removal of your property from the premises they will be guilty of a misdemeanor and will be either imprisoned for up to one year or fined up to \$1000.00 or both.