GENEVA HOUSING AUTHORITY

41 Lewis Street • PO Box 153 • Geneva, NY 14456
(315) 789-8010 • Toll Free (800) 825-1191
FAX (315) 789-8024 • TDD (315) 789-4399
www.genevahousingauthority.com

ATTENTION!!!

Section 8 Housing Choice Voucher applications submitted by ONTARIO COUNTY residents MUST be accompanied by proof of the applicant's current address.

The application will be considered INCOMPLETE without proof of current address.

If you are unable to provide proof of current address but would like your application to be considered, you MUST sign the "Temporary Waiver of Portability" located below:

Temporary Waiver of Portability

I am not able to provide proof that I currently maintain a legal residence in **Ontario County**, NY. I understand and agree that this means that I will not have portability rights during the first year of my participation in the **Ontario County** Housing Choice Voucher Program.

I understand that if I am found eligible for the Section 8 Program and receive a Housing Choice Voucher, that I must utilize my assistance in **Ontario County**, NY for a minimum of 1 (one) year.

After utilizing my assistance for 1 (one) complete year in **Ontario County**, NY, all normal program regulations regarding portability will be reinstated.

Printed Name: _____

Signature: _____ Date: _____

EQUAL HOUSING OPPORTUNITY

If you do not speak English, you have the right to request an interpreter, which will be provided to you free of charge.
Si usted no habla inglés, tiene el derecho de solicitar de los servicios de un intérprete, el cual le será provisto de manera gratuita.

EQUAL HOUSING OPPORTUNITY

The New York State Homes and Community Renewal is coordinating the Section 8 Housing Choice Voucher Program in various areas of New York State with the Assistance of local program administrators. Funds for the program have been made available by the U.S. Department of Housing and Urban Development. Please note: the racial and ethnic data collected on this form is necessary to comply with a federal reporting requirement. This information will only be used for statistical reporting purposes.

NO ONE MAY CHARGE AN APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 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.

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 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.

You can get a Reasonable Accommodation Request Form at the front desk of the Geneva Housing Authority or by calling our office at 1-800-825-1191.

Geneva Housing Authority
Section 8 Housing Programs
41 Lewis Street
P.O. Box 153
Geneva, NY 14456

ONTARIO COUNTY SECTION 8 WAITING LIST APPLICATION

This form must be completed by the Head of Household. Use the legal name for each household member.

PLEASE CHECK THE BOX FOR ALL PROGRAMS THAT YOU WISH TO APPLY FOR:

☐TENANT-BASED SECTION 8 HOUSING CHOICE VOUCHER PROGRAM ASSISTANCE

Section 8 pays a portion of the rent for a private market dwelling unit located by the tenant.

☐PROJECT-BASED SECTION 8 RENTAL ASSISTANCE – check one or both.

Project-based assistance is Section 8 assistance that is attached to a particular unit, and is currently available at Lyceum Heights, 150 Lyceum St. in Geneva (**must be 62 or older**).

☐Lyceum Heights Bldg 1 ☐Lyceum Heights Bldg 2

If you would also like to apply for Project-Based Section 8 Rental Assistance at the **Spa Apartments**, **you must request an additional application**, either from Geneva Housing Authority's Main Office or the Spa Apartments. The application for Spa Apartment MUST be submitted to the Spa Apartments at 11 East Main Street, Clifton Springs, NY.

Date	Head of Household Name			Email Address		
Home Phone	**Work Phone**		**Cell Phone**		**Other Phone**	
Address (Please list last known address if you are currently homeless)			**Apt. #**	**City**	**State**	**ZIP Code**
Yes ☐ No ☐	**Is your mailing address the same as listed above?**					
If No:	**Mailing Address**		**Apt. #**	**City**	**State**	**ZIP Code**

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.
Enter information about all family members who will live in the home, including any unborn children.
Relation: Head of Household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult
Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
						HEAD
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
2. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
3. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
4. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
5. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #
6. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question		
☐	☐	**Are you currently homeless?**		
☐	☐	**Is any household member a U.S. military veteran?**		
☐	☐	**Is any household member subject to lifetime sex offender registration?**		
		If YES:	Who and Where:	
			Details of Crime:	
☐	☐	**Has any household member been convicted of any crime (besides traffic violations)?**		
		If YES:	Who:	
			State:	
☐	☐	**Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?**		
		If YES:	Who and Where:	
			Details of Crime:	

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.

Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		$
		$
		$
		$
		$
	Total Family Income	$

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse / Co-Head Date

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

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: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
NYS HTFC c/o GENEVA HOUSING AUTHORITY 41 LEWIS STREET PO BOX 153 GENEVA, NY 14456	**Signature** **Date** **Printed Name**

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

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)	
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ 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.	

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.

El presente documento es la traducción de un documento legal emitido por el Departamento de Vivienda y Desarrollo Urbano (*Housing and Urban Development*, HUD). El HUD le brinda esta traducción únicamente para su comodidad, con el objeto de ayudarle a comprender sus derechos y obligaciones. La versión en inglés de este documento es el documento oficial, legal y prevaleciente. El presente documento traducido no constituye un documento oficial.

N.º de control de OMB 2502-0581
Exp. (07/31/2012)

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

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

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento.** No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	**N.º de teléfono celular:**
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	**N.º de teléfono celular:**
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	

Motivo del contacto: (Marcar todo lo que corresponda)

- ☐ Emergencia
- ☐ No es posible comunicarse con usted
- ☐ Rescisión de la asistencia de alquiler
- ☐ Desalojo de la unidad
- ☐ Pago atrasado de la renta
- ☐ Ayuda con el proceso de recertificación
- ☐ Cambio en los términos del arrendamiento
- ☐ Cambio en las reglas de la casa
- ☐ Otro: _____

Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.

Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.

Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.

☐ Marque esta casilla si escoge no proporcionar la información de contacto.

Se eliminó el cuadro de la firma

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget*, OMB) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respalda los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.