

RENSELAER HOUSING AUTHORITY
85 AIKEN AVENUE
RENSELAER, NEW YORK 12144

(518) 436-0230
Fax: (518) 426-5245
E-mail: info@renselaerhousing.org

MARIANNE E. OGREN
EXECUTIVE DIRECTOR-SEC.

Serving the Community



Home of "Yankee Doodle"

THE MAYOR JOHN H. WARDEN APTS.
PATROON'S DORP APTS.

BOARD OFFICIALS
BETTY JEAN SIMMONS, CHAIRMAN
SCOTT ROGERS, VICE CHAIRMAN
JOHN T. CASEY - COUNSEL

Dear Applicant,

The following is a list of necessary items that must be brought with you at the time of applying (interviewing) for housing or assistance. Information required if applicable for all persons residing in the household. YOU MUST BE 18 YEARS OLD TO APPLY.

1. Original Birth Certificates
2. Original Social Security cards
3. Drivers' License or non-drivers ID
4. Marriage License (if married)
5. 1040 Income Tax form from prior year
6. Military Discharge papers
7. Current rent receipts with Landlords name address and phone number.
8. Previous Landlords names, address and telephone numbers for the past 5 years.
9. Utility bills for last six months
10. Statement from doctor in regards to Handicap, disability and pregnancy. (Within HIPA Laws)
11. Notice of Eviction if being evicted or asked to vacate. Documentation pertaining to housing status. (Displacement, Substandard housing, homelessness)
12. Income Statement for all family members. Includes any or all combinations of the following:
 1. SSA or SSI Award Letters. ****If you do not have a Benefit Verification you may obtain a copy by calling 1-800-772-1213**
 2. Public Assistance Budget Worksheet
 3. Income statement form Employer or last 6 pay stubs
 4. Support Agreement
13. Names, addresses and telephone numbers of three references who are not related to you
14. Release Authorization form (Enclosed) – signed and notarized.

**Applications will be taken on the 2nd and 3rd weeks of the month.
CALL FOR AN INTERVIEW/APPOINTMENT – 518-436-0230**

The Rensselaer Housing Authority is devoted to proving safe and decent housing to families and maintaining healthy community environments in which its residents can live. The Rensselaer Housing Authority shall not deny to any family the opportunity for such housing, nor deny to any family the opportunity for a dwelling suitable to its needs, based on race, color, national origin, religion, creed, sex, age or handicap.

Enclosures

NOTICE TO APPLICANTS

No one will be accepted for an interview unless ALL paperwork that applies to them is available.

DO NOT MAIL IN PAPERWORK. Interviews are conducted in person ONLY. We will not keep any paperwork mailed in.

The interview process normally takes anywhere from 45 minutes to an hour. If at all possible, please try to leave small children with someone. Little ones tend to get restless and bored due to the length of the interview.

The process to find you eligible or ineligible takes approximately 2 to 4 weeks, depending on the time it takes for us to receive requested information. Our waiting list is about 3 months to 3 years depending on the size of the unit. We will contact you when an apartment is available.

Should you move or change your phone number, please notify our office immediately. (518) 436-0230.

AUTHORIZATION OF RELEASE OF INFORMATION

Housing Agencies

PHA/HA requesting Release of Information:

RENSELAER HOUSING AUTHORITY
85 AIKEN AVENUE
RENSELAER, N.Y. 12144
(518)436-0230

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
Low-Income Rental public Housing
Mutual Help HomeOwnership Opportunity Program
Rental Assistant Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Program
Section 23 and 10(c) Leased Housing
Section 202
Section 221(dX3) Below Market Interest Rate
Turnkey III Home Ownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize only HUD, and Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

- Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions and assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

Printed Name of Head of Household

Signature/Date

Notary Signature/Stamp

Individuals Or Organizations That May Release Information

Original is retained by the requesting organization.

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords

Providers of:

- Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veterans Affairs
Utilities Companies
Welfare Agencies

Computer matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Printed Name of Spouse and/or Other Adult

Signature/Date

Printed Name Other Adult

Signature/Date

This form cannot be used to request a copy of tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form.

Form HUD-9886(4/91)
ref. Handbooks 4350 3, 7420.7, 7645.1