

ORIGINAL DOCUMENT LIST OF WHAT YOU NEED TO BRING TO THE OFFICE WHEN TURNING IN YOUR APPLICATION.

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 two months
10. Statement from doctor in regards to Handicap, disability and pregnancy. (Within HIPAA 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.

You must bring in your completed application in person. Monday & Wednesday 8am – 4pm & Friday 8am – 3:30pm.

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

Application for Admission
Rensselaer Housing Authority
 85 Alken Avenue
 Rensselaer, New York 12144
 Phone: 518-436-0230 Fax: 518-426-5245

GENERAL INFORMATION; MUST BE FILLED OUT COMPLETELY

Date: _____

Name: _____ Phone: _____ Work phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Apt # _____ Floor: _____ 1st _____ 2nd _____ 3rd _____ 4th _____ Front _____ Rear _____ Whole house

E-Mail address: _____

Driver's License No.: _____ I.D. No.: _____

Alternate person to contact:

Name: _____ Phone: _____

FAMILY COMPOSITION: (Persons who will move into the apartment including applicant)

Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Age	Sex	Occupation	S.S. #
		SELF					

Absent Parent's Name: _____ Absent Parent Address _____

Absent Parent's Name: _____ Absent Parent Address _____

Absent Parent's Name: _____ Absent Parent Address _____

Anticipated changes in family composition: _____

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.

Is the head of household: White Asian Black Hispanic American Indian

INCOME: (Total income: e.g. wages, social security, pension, social services, interest and any other income received)

Family Member No.	Source of income or Name of Employer	Address	Gross income per year

Did you file a Federal income Tax Return last year? _____

What is your present monthly rent: _____ What the cost of your monthly utilities: _____

If you pay for utilities, please check below which utilities you pay for:

Heating: gas oil electric Cooking: gas electric Water heater: gas electric oil

Number of bedrooms in your apartment: _____ CURRENT HOUSING CONDITIONS: Describe your present housing conditions: _____

Were you ever evicted _____ Yes _____ No If yes, give reason: _____

Do you have roaches: _____ Yes _____ No Do you have bed bugs: _____ Yes _____ No

ASSETS: (list all assets, e.g. home, stock, bonds, savings accounts etc.)

Name of bank for checking account: _____ Account # _____

Name of bank for savings account: _____ Account # _____

Any others: Name: _____ Account # _____

List any others: _____

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If yes, list: _____

Have you sold any real estate in the last two (2) years? Yes No Do you own any stocks/bonds? Yes No

If yes, list: _____

Do you own a car? yes no Model: _____ Year: _____ Plate No. _____

Model: _____ Year: _____ Plate No. _____

If you are a Rensselaer Resident-have you or any member of your family been in or is in the Military? Yes No

Handicapped: Do you claim to be disabled or handicapped for the purpose of Housing? Yes No

Do you need a handicapped accessible unit? yes no

GENERAL: Explain in detail (use additional paper if necessary) why you want or need to move? _____

REFERENCES: List three (3) references—DO NOT USE RELATIVES;

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Mother's Name: _____ Address: _____ Phone: _____

Father's Name: _____ Address: _____ Phone: _____

PAST/PRESENT LANDLORD(S): List your landlords for the past five (5) years, including your present landlord:

- (1) Date: From: _____ To _____ Landlord name: _____
Landlord address: _____ Phone: _____
Applicant Address: _____ Reason for leaving: _____
- (2) Date: From: _____ To _____ Landlord name: _____
Landlord address: _____ Phone: _____
Applicant Address: _____ Reason for leaving: _____
- (3) Date: From: _____ To _____ Landlord name: _____
Landlord address: _____ Phone: _____
Applicant address: _____ Reason for leaving: _____

MISCELLANEOUS:

Have you or any other adult members ever used any name(s), or Social Security numbers) other than the one you are currently using? yes no If yes, explain: _____

Maiden name of wife or alias: _____

Have you ever lived in Public Housing? yes no If yes, Address: _____

Have you ever lived in the City of Rensselaer? yes no If yes, Address: _____

How long? _____ Landlords name: _____

Have you or anyone in your household ever been arrested? yes no If yes, explain: _____

Have you ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? yes no If yes, explain: _____

I understand that this is not a contract and does not bind either party. The above information is full, true and completed to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein. A letter will be sent to me as proof that I filed an application within 7-10 days. I must keep this letter for my records. Also every year I will be sent a letter that I must return if I am still interested or my application will be pulled from the rotation. I understand that I must notify Rensselaer Housing Authority of any changes in household income, mailing address, phone number(s) or family composition.

I/We _____, do hereby authorize a

PRINT Head of Household

PRINT Spouse

review and full disclosure of all consumer credit records concerning myself and authorize any and all references to verify my past as a tenant or character, including counselors, landlords, etc. to the Rensselaer Housing Authority through any agent, whether said records are of a public, private or confidential nature. I further release any credit agent and Rensselaer Housing Authority from any and all liability which may be incurred as a result of collecting and supplying the above-listed firm with said information

Signature Head of Household

Date

Signature of Spouse

Date

AUTHORIZATION OF RELEASE OF INFORMATION

Housing Agencies

PHA/HA requesting Release of Information:

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

<p>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.</p> <p>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(e) Leased Housing Section 202 Section 221(d)(3) Below Market Interest Rate Turnkey III Home Ownership Opportunities Program</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>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</p> <p>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</p> <p>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</p> <p>The match will be used to verify information supplied by the family.</p> <p>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.</p>
<p>Printed Name of Head of Household </p> <p>Signature/Date </p> <p>Notary Signature/Stamp </p>	<p>Printed Name of Spouse and/or Other Adult </p> <p>Signature/Date </p> <p>Printed Name Other Adult </p> <p>Signature/Date </p>
<p>Individuals Or Organizations That May Release Information Original is retained by the requesting organization.</p>	<p>This form cannot be used to request a copy of tax return. Instead, use IRS form 4506, <i>Request for a Copy of Tax Form</i>.</p> <p align="right">Form HUD-9886(4/91) ref. Handbooks 4350 3, 7420.7, 7645.1</p>

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant	Date
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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.

DECLARATION OF CITIZENSHIP

TENANT
ID _____

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:
RENSSELAER HOUSING AUTHORITY
 85 AIKEN AVENUE
 RENSSELAER, NY 12144

PART I

Each applicant who will benefit under Public and Indian Housing or the Section 8 Rental Assistance Program, must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each member of the applicants family indicating status as a citizen or national of the United States, or a non-citizen with eligible immigration status. Applicants residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status, should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

Print First Name/Last Name	Age	I am a citizen/ national of the United States	or	I am a non-citizen with eligible immigration status	Signature of Adult Listed to the left, or signature of Guardian for Minors
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____
X _____	_____	[]	or	[]	X _____

NOTE: Applicants who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.

WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to 5 years and/or prohibited from receiving future assistance.

PART 2

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- 1 From I-551 Alien Registration Receipt Card
- 2 Form I-94 Arrival/Departure Record with appropriate annotations or documents
- 3 I-688 Temporary Resident Card
- 4 I-688B Employment Authorization Card
- 5 A receipt reissued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If documents are not presented and verified your family's rental assistance may be reduced, denied or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

HEAD OF HOUSEHOLD CERTIFICATION

As head of household, I certify, under penalty of perjury, that all members of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States or nationals of the United States or non-citizen with eligible immigration status.

Signature _____ Date _____

CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

Office Use Only

INS Verification No.

Print

First Name/Last Name

Age

Signature of Adult Listed to the left, or signature of Guardian for Minors

X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____

X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____
 X _____

Evidence supplied with this form may be released by the Housing Agency without responsibility for its further use or transmission to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

CHECKLIST FOR ADMISSIONS

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF ADULTS: _____ NUMBER OF MINORS: _____

INCOME INFORMATION:

	YES	NO	Full Time	Part Time
Are you employed?				
Is your spouse/other adult employed?				
Are any other household members employed?				

SOURCE OF INCOME:

	YES	NO
Work		
Unemployment		
Disability		
Social Services (DSS)		
SSI/SSD		
Pensions		
Support		
Alimony		
Interest		
Stocks/Bonds/Dividends		
Property		
Other		

Have you ever been a resident under this name or any other? If so, please PRINT name:

Under penalties of perjury I declare that I reviewed the above information and to the best of my knowledge and belief, it is true, correct and complete. I also understand that any misrepresentation will be grounds for cancellation and assignment of this lease.

Applicant/Resident: _____

Date: _____ Phone No.: _____

Rensselaer Housing Rep: _____

Date: _____ Phone No.: _____