

**RENSELAER HOUSING AUTHORITY**  
85 Aiken Avenue, Rensselaer, NY 12144

Ph: 518-436-0230  
Fax: 518-426-5245  
E-mail: [info@rensselaerhousing.org](mailto:info@rensselaerhousing.org)

STACEY N. SABIANI  
Executive Director-Secretary

*Serving the Community*



*Home of "Yankee Doodle"*

**The Mayor John H. Warden Apts.  
Patroon's Dorp Apts.**

**BOARD OFFICIALS**

SCOTT ROGERS

*Chairman*

EMILY BLAKESLEE

*Vice Chairwoman*

For those wishing to apply for Public Housing and/or Section 8 through the Rensselaer Housing Authority, the following is a list of necessary items that must be **Hand delivered** to main office with the application. We will only accept completed applications Monday, Wednesday and Fridays 8:30 a.m. - 3:00 p.m.

1. Original Birth Certificates.
2. Original Social Security cards.
3. Driver's License or non-driver's ID.
4. Marriage License (if married)
5. 1040 Income Tax form from prior year.
6. Military Discharger papers (if applicable)
7. Current rent receipts with Landlords name, address and phone number.
8. Previous Landlords names, addresses and telephone numbers for the past 5 years.
9. Utility bills for the last six months.
10. Statements from doctors in regards to Handicap, Disability or Pregnancy (within HIPA Laws)
11. Notice of Evictions if being evicted or asked to vacate. Documentation pertaining to housing status. (Displacement, Substandard Housing, Homelessness)
12. Income Statements for all family members. Includes any or all combinations for the following:
  - a. SSA or SSI Award Letters (if applicable) If you do not have a Benefit Verification. You may obtain a copy by calling 1-800-772-1213
  - b. Public Assistance budget worksheet (if applicable)
  - c. Income Statement from Employer or last 6 paystubs
  - d. Support Agreement (if applicable)
13. Names, addresses and telephone numbers of three references who are not related to you.
14. Release of Authorization form- **MUST BE SIGNED AND NOTARIZED.**

I am applying for:

Public Housing \_\_\_\_\_

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: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 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



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 your 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:

RENSSELAER HOUSING AUTHORITY  
85 AIKEN AVENUE  
RENSSELAER, 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(d)(3) 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

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:**

- Allimony
- 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 Head of Household

Signature/Date

Notary Signature/Stamp

Individuals Or Organizations That May Release Information

Original is retained by the requesting organization.

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

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

# DECLARATION OF CITIZENSHIP

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO: Rensselaer Housing Authority  
85 Aiken Avenue  
Rensselaer, NY 12144

## Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen 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 family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members 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 noncitizen 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.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**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 \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**NOTE:** Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.



**Part 2: Applies to Noncitizen Family Members Only**

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) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued 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.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

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 my household are listed on Part 1 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 noncitizens 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.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	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: \_\_\_\_\_

NUMBER OF ADULT(S)	NUMBER OF MINOR(S)

INCOME INFORMATION:

Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Part-time <input type="checkbox"/>		
Full-time <input type="checkbox"/>		
Is your Spouse/Other adult Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other household members Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOURCE OF INCOME

Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SSI/SSD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pensions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stock/Bond/Dividend	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been a Tenant of Rensselaer Housing Authority 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 and or lease*

Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Rensselaer House Rep: \_\_\_\_\_ Date: \_\_\_\_\_