



**Village of Potsdam Housing Authority**  
 100 Racquette Road Potsdam New York 13676  
 (315) 265-3680 ~ Fax: (315) 265-1256  
 New York State Hearing Impaired TTY Relay 1-800-662-1220



Effective through December 31, 2023

Thank you for your interest in Evergreen Park Apartments in Potsdam, New York. We offer modern, updated apartments for low-income households which meet and exceed the housing specifications in the area.

The current rents at Evergreen Park for an unsubsidized apartment, which includes heat, electricity, water, sewer, parking, and trash removal, are:

One (1) Bedroom	Two (2) Bedroom	Three (3) Bedroom	Four (4) Bedroom
\$720	\$860	\$995	\$1,155
Security Deposit	Security Deposit	Security Deposit	Security Deposit
\$325	\$350	\$375	\$400

\*All rents are subject to change

- **Please note that we have a strict “No Pet Policy” in effect at our complex.**

Our complex is operated under the New York State Low-Income Housing Tax Credit (LIHTC) Program and requires applicant screening to ensure that households living in the apartments meet program criteria. The income guidelines established for admission to our apartments are as follows; applicant’s total household incomes must be at or below this income for admission:

Number of Persons in Household	1	2	3	4	5	6	7	8
Gross Annual Income Threshold	\$34,150	\$39,000	\$43,900	\$48,700	\$52,600	\$56,500	\$60,400	\$64,300

Upon receipt of your completed application, your name will be placed on a waiting list. Vacancies will be filled on a first-come, first-serve basis using the application receipt date and time. Verification of household eligibility will be performed once your name is selected from the waiting list for review. To process your application at that time, we will request that you submit copies of the following household information:

- a. Birth certificates of all household members
- b. Social security cards of all household members
- c. Household income (i.e. last four paychecks, Social Security/SSI reward letters, etc.)
- d. Household assets (i.e. last six months statements of checking, savings, or investment accounts, most recent statement of Direct Express or work bank card, etc.)

Our screening process includes verifying US citizenship or permanent residency in the United States. We also perform credit and criminal background screening and determination of student status of all adult household members. Because of our participation in the LIHTC program **we are not able to admit households of full-time students unless all household members meet certain exceptions**. Please contact the office for more details.

Thank you for your inquiry and please feel free to contact this office at (315) 265-3680 if you have any other questions.

**EVERGREEN PARK APARTMENTS  
 APPLICATION FOR ADMISSION**

**PLEASE PRINT ALL INFORMATION**

<b>APPLICANT HEAD OF HOUSEHOLD FULL NAME:</b>			
<b>CURRENT ADDRESS:</b>			
<b>CITY, STATE, ZIP:</b>			
<b>EMAIL:</b>			
<b>PHONE:</b>		<b>ALTERNATE PHONE:</b>	

**PRESENT HOUSING ARRANGEMENT**

How long have you resided there?

<b>From:</b>	<b>To:</b>
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Reason for moving: \_\_\_\_\_

Phone of Landlord: \_\_\_\_\_

Name of your present landlord: \_\_\_\_\_  
 Address of present landlord: \_\_\_\_\_

Have you ever been evicted from rental housing?     Yes             No

Are you being evicted now for non-payment of rent?     Yes             No

**HOUSEHOLD COMPOSITION**

MBR#	MEMBER FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	AGE	SEX	F/T STUDENT (Y/N)
Head				SELF			
2							
3							
4							
5							
6							
7							
8							

**Please check yes or no to the following questions:**

Yes  No Are any household members currently **temporarily absent**? (*Include only those individuals you anticipate will be a household member within the next 12 months*)

Please list: \_\_\_\_\_

Yes  No Do you expect any **changes in the household composition** within the next 12 months?

If yes, please explain: \_\_\_\_\_

Yes  No Does anyone have **Power of Attorney** for you?

If yes, please explain: \_\_\_\_\_

Name of *individual who has Power of Attorney*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (*please provide a copy of POA documentation*)

Yes  No Do you have full custody over your children?

If no, please explain: \_\_\_\_\_

Yes  No Do you own any Real Estate?

If yes, please include address and market value:

\_\_\_\_\_  
\_\_\_\_\_

Would you benefit from special design features of an apartment? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME AND ASSET QUESTIONNAIRE**

Fill out all the following you or any other household member receives, and list the monthly amount received from each source of income. Failure to report ALL income is a violation of the law, and grounds for disqualification for public housing.

**MONTHLY INCOME INFORMATION: LIST ALL INCOME FOR ALL MEMBERS OF THE HOUSEHOLD**

MEMBER NAME	EMPLOYER NAME AND LOCATION	PUBLIC ASSISTANCE (Y/N)	SOCIAL SECURITY (Y/N)	PENSION (Y/N)	OTHER (Y/N)	MONTHLY AMOUNT

**ASSET INFORMATION: LIST ALL ASSETS FOR ALL MEMBERS OF THE HOUSEHOLD**

MEMBER NAME	TYPE OF ASSET (CHECKING, SAVINGS, DIRECT EXPRESS)	BANK/FINANCIAL INSTITUTION	TOTAL CASH VALUE

**HOUSEHOLD COMPOSITION**

I/We certify that information presented on this form is true and complete to the best of my/our knowledge and belief. I/we acknowledge that I/we have been informed that this information is being obtained to verify the household's ongoing eligibility and compliance with the HUD Section 8 Program as regulated by US Department of Housing and Urban Development. **Tenant(s) certifies that all information in this certification is true and correct and understands that false statements or information are punishable by law and will lead to cancellation of this certification.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

All adult household members, ages 18 and up, must sign.

Please check YES or NO for every item listed below and indicate MONTHLY amount under the appropriate member # that corresponds with their name on page 1 of this form, under **Household Composition**.

Do ANY HOUSEHOLD MEMBERS HAVE:			HEAD	MBR #2	MBR #3	MBR #4	MBR #5
Wages, Salary, Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Income from a Business or Profession	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
NYS OTDA SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
AFDC or Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Retirement Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Annuities Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Disability or Death Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Regularly Recurring Monetary Gifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Other: (please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Direct Express Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Employment Bank Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Certificate of Deposit (CD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Money Market Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Stocks and Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
IRA/Keogh Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Company Retirement Account (401K)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Life Insurance Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Pension Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Trust Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
If yes, is it irrevocable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Funeral Expense Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
If yes, is it irrevocable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Cash (on hand or in storage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
House/Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Rental Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Inheritance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Lottery or Other Winning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Insurance Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Worker's Comp Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security Disability Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Unemployment Compensation Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
VA Disability Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Capital Gain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$

Yes  No Do you expect any change in your income during the next year? (i.e. job change, layoff, medical leave, military leave, etc.) Explain:

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**Under \$5,000 Asset Affidavit**

For households whose combined net assets do not exceed \$5,000.  
 Complete only one form per household; include assets of children.

Complete all that apply for 1 through 4:

1. Assets include:

Source	Cash Value*	Interest Rate	Source	Cash Value*	Interest Rate
Checking Account (Avg 6 Months)	\$	%	Savings Account	\$	%
Cash on Hand or in Storage	\$	%	Safety Deposit Box	\$	%
Certificate of Deposit (CD)	\$	%	Money Market Fund	\$	%
Stock	\$	%	Bond	\$	%
IRA Account	\$	%	401K Account	\$	%
Keogh Account	\$	%	Trust Fund	\$	%
Equity Real Estate	\$	%	Land Contract	\$	%
Life Insurance Policy (Excluding Term)	\$	%	Other Retirement /Pension Fund	\$	%
Personal Property Held as Investment**	\$	%			
Other (Detail)				\$	%

**Please Note:** Certain funds (e.g. Retirement, Pension, Trust) may not be (fully) accessible to you; please include only those amounts which are.

\* Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Yes  No Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred.)
3.  Yes  No I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  Yes  No I/we do not currently have any assets. **Do not** check this box if you have ANY assets listed above.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date
Signature of Applicant/Resident	Printed Name of Applicant/Resident	Date

### Applicant Certification

My/our signature(s) below serves as written permission for Village of Potsdam Housing Authority to obtain a consumer report (credit history), and previous landlord references. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that all asset and income information must be verified and approved. All information received is confidential. After the application process is approved, a security deposit must be made, and a lease agreement signed. If accepted, I/we certify this apartment will be my/our sole residence. This application creates no obligation for the landlord or applicant. The undersigned makes the foregoing representation knowing that if any of such proves false, Village of Potsdam Housing Authority may cancel and annul any lease given in reliance upon such information.

**Signature of Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Spouse/Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline Line at 1 (800) 424-8590.

The following information is requested by the Federal Government to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants based on visual observation/surname.

**Race of Head of Household:** (check one)

White    Black    American Indian/Alaskan Native    Asian/Pacific Islander

**Ethnicity of Head of Household:** (check one)

Hispanic/Latino    Non-Hispanic



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**PAGE 1 OF 2**

_____ Applicant Head of Household Full Name	_____ Evergreen Park Apartments Name of Development
_____ Current Address of Head of Household	_____ 100 Racquette Rd Development Address
_____ City, State, Zip	_____ Potsdam, NY 13676 City, State, Zip

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Village of Potsdam Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- Section 221 BMIR
- Rent Supplement
- Section 236
- DHCR
- LIHTC Program
- Rent Assistance Payments (RAP)
- Section 8 Housing Assistance Payments Programs
- HFA

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development (RD) in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Residences and Rental Activity
- Credit and Criminal Activity
- Employment, Income, and Assets
- Medical or Child Care Expenses
- Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for continued participation in a housing assistance program.

**GROUPS OF INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but is not limited to:

- Previous Landlords
- Public Housing Agencies
- Welfare Agencies
- Post Offices
- Banks and Financial Institutions
- Social Security Administration
- Support and Alimony Providers
- Utility Companies
- Past and Present Employers
- Veterans Administration
- Retirement Systems
- State Unemployment Agencies
- Schools and Colleges
- Credit Providers and Credit Bureaus
- Medical and Child Care Providers
- Realtors and Insurance Agencies

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**PAGE 2 OF 2**

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer-matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

_____	_____	_____
Head of Household Signature	Print Full Name	Date
_____	_____	_____
Co-Head Signature	Print Full Name	Date
_____	_____	_____
Other Adult Signature	Print Full Name	Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

\* Section 8 Housing Assistance Payments Programs

- Loan Management Set-Aside
- New Construction and Substantial Rehabilitation
- Property Disposition Set-Aside
- Existing "Certificate" Housing
- Housing Vouchers
- 515/8 Farmers Home Administration
- (Projects HUD formerly owned and Moderate Rehabilitation sold with project-based Section 8 Contracts)

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

**Declaration of Citizenship Status (Section 214)**

**Instructions to family member completing this form** - print or type first name, middle initial(s) and last name where needed. Please place an "X" or "V" in the appropriate boxes and include immigration status code for all household members claiming immigration status. Sign and date where required.

**Notice to Applicants and Tenants:**

In order to be eligible to reside in Evergreen Park Apartments, you, as an applicant or current resident of Evergreen Park Apartments, must be lawfully within the U.S. Please read the declaration statements carefully, check that which applies to you, and sign and return the document to Village of Potsdam Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**I, \_\_\_\_\_, certify, under penalty of perjury that to the best of my knowledge, the following members of my household, including myself, am lawfully within the United States.**

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

List all household members including you, check the appropriate box below the correct statement for each and sign each line as needed. All adult household members are required to sign the form themselves; children under the age of 18 will require the signature of a parent and/or guardian.

HOUSEHOLD MEMBER NAME	I am a citizen by birth, a naturalized citizen or a national of the U.S.	I have eligible immigration status as listed in the next column	Eligible immigration status code (list the code number of one of the definitions below)	SIGNATURE OF MEMBER OR IF UNDER 18 PARENT OR GUARDIAN SIGNATURE

Eligible immigration status codes (please list the code in column 5 above for anyone under the age of 62 and are claiming eligible immigration status):

1. Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) a; or
2. Permanent residence under §249 of INA b; or
3. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA c; or
4. Parole status under §212(d)(5) of the INA d; or
5. Threat to life or freedom under §243(h) of the INA e; or
6. Amnesty under §245 of the INA f.

**WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.**

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

- a. **Immigration status under §101(a)(15) or §101(a)(20) of the Immigration and Nationality Act (INA).** A noncitizens lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 USC 1101 (a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 and 210A of the INA (8 USC 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- b. **Permanent residence under §249 of INA.** A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 USC 1259) [*amnesty granted under INA 249*].
- c. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA.** A noncitizen who is lawfully present in the US pursuant to an admission under §207 of the INA (8 USC 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 USC 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (8 USC 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- d. **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of INA (8 USC 1182(d)(5)) [*parole status*].
- e. **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the US as a result of the Attorney General’s withholding deportation under §243(h) of the INA (8 USC 1253(h)) [*threat to life or freedom*].
- f. **Amnesty under §245A of the INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 USC 1255a) [*amnesty granted under INA 245A*].

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**For Staff Use Only**

Instructions to VPHA Staff: Following verification of status by persons declaring eligible immigration status, you must enter INS/SAVE verification number and date that is was obtained for everyone. A staff signature is not required.

Mbr #	INS/SAVE Primary Verification #	Date	Mbr #	INS/SAVE Primary Verification #	Date
1			6		
2			7		
3			8		
4			9		
5			10		

**Student Status Affidavit**

To be completed by each adult household member 18 years old and up  
Household Name: \_\_\_\_\_

**To be completed by applicant/resident**

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You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

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Please read carefully and complete all statements that apply:

1.  I am currently a full-time student. I understand that my student status is subject to third party verification in conjunction with my application.  
SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
2.  I am currently a part-time student. I understand that my student status is subject to third party verification in conjunction with my application.  
SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
  
3.  I anticipate becoming a  
 full-time student  
 part-time student  
within the next twelve (12) months and agree to notify Village of Potsdam Housing Authority Office of any changes in my student status.
  
4.  I am neither a full-time nor part-time student.

**Applicant/Tenant Certification**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.

**Criminal Background Review Certification**

To be completed by each adult household member 18 years old and up

Household Name: \_\_\_\_\_

**Mandatory Prohibitions**

1. Has any household member been evicted from federally assisted housing for drug-related criminal activity during the past three years?  Yes  No
2. Is any household member currently engaged in illegal use of a drug?  Yes  No
3. Is there any reasonable cause to believe that a household member's illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents?  Yes  No
4. If answer to question #1-4 is yes, household is prohibited from participation, unless:
  - a. Evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the PHA; or
  - b. Circumstances leading to eviction no longer exist (criminal household member deceased, imprisoned or no longer in household).

**Permissive Prohibitions**

1. Has any member of the household been involved in drug-related criminal activity?  Yes  No
2. Has any member of the household been involved in violent criminal activity?  Yes  No
3. Has any member of the household been involved in other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity, the owner, property management staff, or persons performing a contract administration function or responsibility of behalf of the PHA (including PHA employee or PHA contractor, subcontractor or agent)?  Yes  No

The following is a list consisting of **ALL** activity that is contained in my criminal history, including traffic violations, misdemeanors, etc. Please include dates, charges, dispositions, etc. of incidents:

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**Applicant/Tenant Certification**

I certify that the information given on this form to the Village of Potsdam Housing Authority is true and correct. I further understand that failure to provide accurate and complete information is a violation of the family obligations and will subject me to corrective action taken by Village of Potsdam Housing Authority, including but not limited to, termination of residency and/or legal action.

\_\_\_\_\_  
Signature of Applicant/Tenant                      Printed Name of Applicant/Tenant                      Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.