

#### HOUSING CHOICE VOUCHER PROGRAM

### Dear Applicant:

Enclosed you will find the application you requested for the Housing Choice Voucher Program waiting list. Please make sure to complete all fields/questions along with the attached Supplement to Application. You will not be placed on the waiting list if your application is incomplete. Applicants applying for the Housing Choice Voucher (tenant-based) must provide proof of address; proof of address must be a current utility bill in the head of household's name, or a current rental agreement.

Below are the income guidelines for our program. If you are below the Annual Income Limits for your family size, you may qualify for our assistance.

Household Size	Extremely Low Income (30%)	Very Low Income (50%)
1	17,550	29,250
2	20,440	33,400
3	25,820	37,600
4	31,200	41,750
5	36,580	45,100
6	41,960	48,450
7	47,340	51,800
8	52,720	55,150

If you have any questions regarding your application, please call our office between 8am and 4pm, Monday-Friday. Our phone number is 315-386-1102.

Sincerely,

Housing Choice Voucher Program

Updated 4/11/2024.

ONE COMMERCE LANE • CANTON, NEW YORK 13617 • TELEPHONE (315) 386-1102 • FAX (315) 379-0380 •

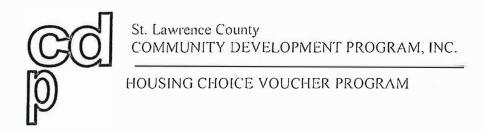












### Housing Choice Voucher Program (Section 8) Information

The Housing Choice Voucher Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

A family that is issued a Tenant Based Housing Choice Voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health, safety, and affordability as determined by the PHA.

#### Section 8 Project Based Voucher Program

The Section 8 Project-Based Voucher (PBV) program is a component of the Statewide Section 8 Housing Choice Voucher (HCV) program and provides long-term project-based rental assistance contracts for very low and extremely low-income households. Unlike tenant-based assistance where the assisted unit is selected by the family, rental assistance is paid only for contracted units in specific housing developments under the PBV program.

In St Lawrence County there are 8 Housing Complexes that offer Project Based Rental Assistance

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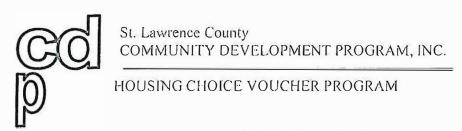
This institution is an equal opportunity provider, and employer.





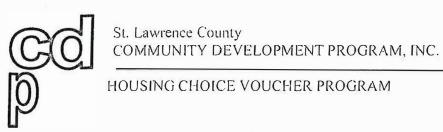






#### **Housing Choice Voucher Program**

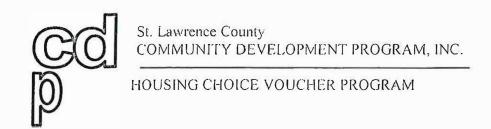
We currently offer rental assistance for Tenant Based Units located in St. Lawrence County, NY applicants that meet the eligibility criteria for our program for Tenant Based assistance. Are you interested in receiving Tenant Based rental assistance from the Housing Choice Voucher Program? \_\_\_Yes \_\_\_\_No Phone: 315-386-1102 Fax: 315-379-0380 **Project Based Voucher Program** The following complexes offer Project Based Rental Assistance in St Lawrence County. If you wish to be added to a waitlist for any of the following complexes please mark yes next to the complex. **Evergreen Park** We currently offer assistance to a select number of rental units at the Evergreen Park located on Racquette Road in Potsdam, NY for applicants that meet the eligibility criteria for our program and Evergreen Park. Are you interested in residing at Evergreen Park with assistance from the Housing Program? \_\_\_\_Yes \_\_\_\_No Phone: 315-265-3680 Fax: 315-265-1256 **Pine Grove Community** We currently offer assistance to a select number of rental units at the Pine Grove Community located on 275 W Barney Street in Gouverneur, NY for applicants that meet the eligibility criteria for our program and Pine Grove Community. Must be 55 years of age or older and meet income guidelines. Are you interested in residing at Pine Grove Community with assistance from the Housing Program? \_\_\_\_Yes \_\_\_\_No Phone: 315-287-1078 Fax: 315-287-7504



## <u>Iroquois Village Apartments</u>

We currently offer assistance to a select number of rental units at the Iroquois Village Apartments located on 19 County Route 45 in Rooseveltown, NY for applicants that meet the eligibility criteria for our program and Iroquois Village Apartments.

Are you interested in residing at Iroquois Village Apartments with assistance from the Housing Program?							
YesNo							
Phone: 518-358-4860	Fax: 518-358-4870						
	<u>Hamilton Gardens</u>						
in Waddington, NY for applicants that meet th	We currently offer assistance to a select number of rental units at the Hamilton Gardens located on 80 Lagrasse Street in Waddington, NY for applicants that meet the eligibility criteria for our program and Hamilton Gardens. Must be 62 years of age or older; 18 or older and disabled.						
Are you interested in residing at Hamilton Gar	dens with assistance from the Housing Program?						
	No						
Phone: 315-388-7730/315-714-3135 ext.541	Fax: 315-388-7739						
	Star Lake Housing						
We currently offer assistance to a select numb Star Lake, NY for applicants that meet the eligi years of age or older; 18 or older <u>and</u> disabled.							
Are you interested in residing at Star Lake Hou	sing with assistance from the Housing Program?						
	YesNo						
Phone: 315-848-2074	Fax: 315-848-7614						
Mayfield Apartments							
We currently offer assistance to a select number of rental units at the Mayfield Apartments located on 22 Mayfield Dr. in Potsdam, NY for applicants that meet the eligibility criteria for our program and Mayfield Apartments. Must be 55 years of age or older and meet income guidelines.							
Are you interested in residing at Mayfield Apart	tments with assistance from the Housing Program?						
	YesNo						
Phone: 315-265-4070	Fax: 315-265-5709						



### **Cambray Terrace**

We currently offer assistance to a select number of rental units at the Cambray Terrace located on 24 Mill Street in Gouverneur, NY for applicants that meet the eligibility criteria for our program and Cambray Terrace. Must be 62 years of age or older; 18 or older and disabled.

of age of older, 18 of older and disabled.	
Are you interested in residing at Cambray T	Terrace with assistance from the Housing Program?
_	YesNo
Phone: 315-287-0527 ext. 102	Fax: 315-287-0580
	Cambray Courts
	mber of rental units at the Cambray Courts located on 68 W Main Street in e eligibility criteria for our program and Cambray Courts. Must be 62 years of
Are you interested in residing at Cambray Co	ourts with assistance from the Housing Program?
_	YesNo
Phone: 315-287-0527	Fax: 315-287-0580
If you believe you have been discriminated a	against you may call the Fair Housing and Equal Opportunity Nation Toll-Free Hot Line (800)-421-8590.
	bmit an application for assistance from the Housing Choice Voucher Program 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
	(800)-367-4448.
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## HOUSING CHOICE VOUCHER PROGRAM



## APPLICANT/PARTICIPANT CERTIFICATION

St Lawrence County (SLCCDP) Section 8 Housing Choice Voucher (HCV) Program

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

Log #	# Head of Household Name Email Address							Date		
Address & Apt	.#				City, State, Z	IP Code		4		
Home Phone		Work Phone			Cell Phone			Other Phone		
Relation: h	EHOLD: List all pead of household, spou	ise, domestic partne	r, co-hea	ad, son	, daughter, foster c					
1. Head of Ho										
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation		
- 120									HEAD	
Disability Yes  No	U.S. Citizen Yes □ No □	Full-time Student Yes  No	Race		Hispanic/Latino Yes □ No □	Social Secu	rily#	Alien Registration	#	
2. Household	Member									
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation		
Disability Yes □ No □	U.S. Cilizen Yes □ No □	Full-time Student Yes  No	Race		Hispanic/Latino Yes □ No □	Social Secu	lily#	Alien Registration #		
3. Household	Member									
Last Name		First Name	N		Date of Birth	Sex (M/F)		Relation		
Disability Yes  No	U.S. Citizen Yes  No	Full-time Sludent Yes  No	Race		Hispanic/Latino Yes □ No □	Social Secur	 ily#	Alien Registration	#	
4. Household	Member	Circl Name		T AAI	Date of Didh		Cox (M/E)	Dolation		
ast 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 Securi	ty#	Alien Registration	#	
. Household I	Member	1			Tra-			Taxa :		
ast Name		First Name		MI	Date of Birth		Sex (M/F)	Relation		
Disability 'es  No	U.S. Citizen Yes □ No □	Full-time Student Yes  No	Race		Hispanic/Latino Yes □ No □	Social Securi	ly#	Alien Registration #		
. Household N	lember									
ast Name	1000	First Name		МІ	Date of Birth		Sex (M/F)	Relation		
isability 'es □ No □	U.S. Cilizen Yes □ No □	Full-time Student Yes  No	Race	-	Hispanic/Latino Yes □ No □	Social Security	#	Alien Registration #		



# HOUSING CHOICE VOUCHER PROGRAM

7. Household I	Member								
Last Name		First Name		М	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 Securi	ly#	Alien Registration #	
8. Household N	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 Securit	y #	Alien Registration #	

Please use the back of this form to provide additional household member information.

## II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Ques	Question (Use back of form if more room is needed – all information must be complete)							
		Has a	Has any household member used a different first or last name(s)?							
		lf								
		YES:	Previous Name(s):							
		Has a	nyone in your household moved out or moved in since your last re-examination?							
		lf .	Moved in:							
		YES:	Moved out:							
		Do yo	u expect anyone to move out or move in during the next 12 months?							
	18	If	Will Move in:							
		YES:	Will Move out:							
		Does a	any adult household member have any children who are temporarily placed out of your home?							
		If YES:	Name of Child(ren):							
		Do you	have temporary custody of or are you a foster parent to any household member 17 years of age or younger?							
		If YES:	Name of Child(ren):							
		Do you	u certify that an approved adult household member has legal custody of every minor under age 18 listed in the household?							
		Do you	Do you certify that all household members listed are currently living in the home?							
		Do you	certify that all individuals residing in the unit are listed as household members?							
		Has an	y household member been convicted of any crime (besides traffic violations)?							
		If	Who and Where:							
		YES:	Details of Crime:							
		Is any I	household member subject to a lifetime sex offender registration?							
		lf .	Who:							
		YES:	State:							
		Does any household member receive any form of housing subsidy (other than Section 8 HCVP)?								
	- 1		Who:							
		If YES:	Type and Amount:							



YES

# St. Lawrence County COMMUNITY DEVELOPMENT PROGRAM, INC.

## HOUSING CHOICE VOUCHER PROGRAM

Question (Use back of form if more room is needed – all information must be complete.)

		Has any	household member lived in	any assisted housing before	e?		
1		If [	Who:				
		YES:	When and Where:				
			household member committeesenting information to receive		ted housing program and/	or been required to repa	ay money for knowingly
		1 "	Who:				
		YES:	When and Where:				
I certify	that my	household	I pays for the following utilitie	es according to the terms of	my lease and these utilitie	es are currently on:	
☐ Hea	iting		☐ Cooking	☐ Electricity Ĭ	☐ Waler	☐ Sewer	
I. INC	OME I	NFORMA	ATION:				
LCCDP ot report	uses HU t all hous	ID's Enterpr ehold incom	lousing Choice Voucher prog ise Income Verification (EIV) S e, you may lose your voucher.	ystem, which provides detaile			
	1		, bimonthly, monthly, yearly				
YES	NO	Does an	yone in the household rec	eive or expect to receive	income from the follow	ing?	
		Wages, s	alaries, overtime or tips from	employment			
Househol	Household Member Name Name and Full Address and f			ne Number or Email Address of Inco Source	ome Income before any Deductions	How Often?	Any change expected?
17							Yes or No
2							Yes or No
3							Yes or No
		Net busin	ess income from self-employ	ment (including babysitting	, doing hair, care-taking, e	tc.)	
lousehold	Member N	Name		e Number or Email Address of Inco Source	nne Income before any Deductions	How Often?	Any change expected?
			101				Yes or No
							Yes or No
		Social Sec	curity (including survivor ben	efits and SSDI)			
ousehold	Member N	lame	Туре	of Benefit	Income before any Deductions	How Often?	Any change expected?
						Monthly	Yes or No
						Monthly	Yes or No
			***			Monthly	Yes or No



## HOUSING CHOICE VOUCHER PROGRAM

YES	NO	Does	s anyone in the household receive or expect to receive income from the following?						
		Supp	emental Security Income (SSI)						
Household Member Name			Type of Benefit	Income before	any Deductions	How Oflen?	Any change expected?		
1			SSI			Monthly	Yes or No		
2			SSI			Monthly	Yes or No		
3			SSI			Monthly	Yes or No		
		Annu	ities, insurance policies, retirement funds, pension or	disability/death ben	efits				
Househ	old Membe	er Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before	any Deductions	How Often?	Any change expected?		
	25						Yes or No		
		Vetera	ans benefits						
Househ	old Member	r Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before	any Deductions	How Often?	Any change expected?		
							Yes or No		
		Unem	ployment benefits						
Househ	Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any	ny change expected?		
						Yes or No			
		Worke	r's compensation and/or severance pay						
Househo	old Member	Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	Anyo	change expected?			
							Yes or No		
		Armed	Forces pay						
Househo	ld Member	Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How	Often?	Any change expected?		
							Yes or No		
		Studen	t financial assistance that is more than tuition - not in	ncluding any type of	loan				
Househo	Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How	Often?	Any change expected?		
							Yes or No		
		Regula	r contributions or gifts received from organizations o	r persons not residir	ng in the unit				
Househol	d Member N	Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any d	nange expected?		
						15	Yes or No		



### HOUSING CHOICE VOUCHER PROGRAM

2						Yes or No
3						Yes or No
YES	NO	Does	anyone in the household receive or expect to re	ceive income from	the following?	
		Welfa	re assistance (SNAP/Food Stamps, TANF)		2	
Househo	old Membe	r Name	Type of Assistance	Income before any Deductions	How Often?	Any change expected?
1						Yes or No
2						Yes or No
3				1		Yes or No
4						Yes or No
		Alimo	ny payments			
Househo	Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
	- 10-0-					Yes or No
		Child	support payments			
	ld Member Payment	Name	Child's Name AND Docket Number and/or Name and Full Address and Phone Number or Email Address of Child Support Provider	Income before any Deductions	How Often?	Any change expected?
1						Yes or No
2	2					Yes or No
		Other I	ncome			
Household	Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1						Yes or No
2						Yes or No

Please use the back to list any additional sources of income not reported on pages 3-5 (SECTION III). You must report all income - source, amount and frequency.

#### IV. Assets

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly.

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



# HOUSING CHOICE VOUCHER PROGRAM

YES	NO	Does a	Does anyone in the household own or jointly own any of the following?								
		Savings	Savings Account								
Househo	ld Member	Name Name and Full Address and Phone Number or Email Address of Bank Cash Value Interest Rate Annual In									
1											
2											
YES	NO	Does a	nyone in the household own or jointly own any of the follow	ving?							
		Checkin	g Account								
Househol	d Member	Name	Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income					
1						12-2					
2											
		Money M	farket Account								
Househol	d Member	Name	Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rale	Annual Income					
		Safety Do	eposit Box or Personal Property/Personal Property Held as Invest	ment (gem or coin col	lections, art, antiqu	e cars, etc. but not items used					
Household	Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income					
		Bonds			· · · · · · · · · · · · · · · · · · ·						
Household	d Member I	Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income					
		401(k) Ac	count								
Household	Member N	Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income					
		IRA Acco	unt, Certificate of Deposit, Keogh Account, Trust Fund, Capital In	vestment							
Household	Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income					
		Life Insur	ance Policy (not term life)		· · · · · · · · · · · · · · · · · · ·						
Household	Member N	lame	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income					



If YES:

Туре:

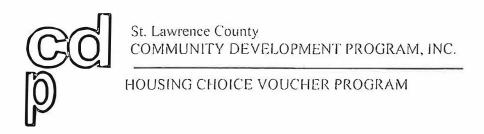
# St. Lawrence County COMMUNITY DEVELOPMENT PROGRAM, INC.

## HOUSING CHOICE VOUCHER PROGRAM

You mi	<b>⊔</b> ust also	report any asse	et dispos	sed of - give	n awav. s	old, etc.					
YES	NO	Question									
		Has any hous	Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc.?								
	1	If Who:									
		YES: Details:									
No.	Assets										
YES	NO	Question	Question								
		I certify that	at no ho	ousehold n	nember	has any asset	ts of any k	ind (either owne	d solely or jointly) at this time.		
		led to a childcare	allowanc	e or disability:	expense	deduction in you i	ncome determ	ination if the expense	allows an adult household member		
YES	NO	Question					-				
		Do you have c	hildcare e	xpenses for a	child/chil	dren under the age	e of thirteen (1	3)?	7.01		
If VEO		old Member Name to Work/Seek Work	Name a	and Full Address	and Phone N Prov	lumber or Email Addres: vider	s of Childcare	Your Weekly Cost	Your Monthly Cost		
If YES:											
YES	NO	Question									
		Do you pay for	a care att	endant or equ	uipment fo	r a household mer	mber with disa	abilities?			
141450		old Member Name lo Work/Seek Work	Name			ne Number or Email Address of Care uipment Provider  Your Weekly Co			Your Monthly Cost		
If YES:											
						l, co-head, spo CATION STAT		mestic partner is	disabled or 62 years of		
YES	NO	Medical Exper	nses Que	estions							
		Are you receiving	ng Medica	are and/or oth	er Medical	Benefits?					
0		Do you have a l Down?	Medicaid S	Spend-	If YES:	Amount:					
		Do you pay for a insurance?	any medic	cal	If YES:	Amount:		How Often?			
		Do you pay for a	Do you pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions.								
		If Payment YES: Amount:				How Often?		Total Outstanding:			
		Do you pay for a	any presci	ription medica	ations on a	regular basis? D	o <u>not i</u> nclude	medication names/typ	oes.		
		If YES: Cost:				How Often Paid?					
		Do you have any other medical expenses?									

Amount:

How Often?



#### VI. CERTIFICATION STATEMENT

#### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and Applicant/Participant Certification form and certify that the information shown is true and correct.

#### Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I understand SLCCDP must approve new additions to the household.

#### Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

#### No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying management office immediately in writing, I will not sublease my assisted residence.

#### Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes, attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

#### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

Signature of Head of Household	 Date
Signature of Spouse (Co- Head)	 Date
Other Adult	 Date
Other Adult	Date
Other Adult	- 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.

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:	0	201-
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 Change in lease terms Change in house rules Other:	Process
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 Communication and Communication and the Applicant for federally assisted housing to be of organization. By accepting the applicant's application, the horequirements of 24 CFR section 5.105, including the prohibit programs on the basis of race, color, religion, national origin, age discrimination under the Age Discrimination Act of 1975	fered the option of providing information using provider agrees to comply with the ions on discrimination in admission to or sex, disability, and familial status under	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the contact information.		
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.

### **NOTICE REQUIRED BY LAW (9 NYCRR 466.16)**



### KNOW YOUR LEGAL RIGHTS AS A RECIPIENT OF HOUSING ASSISTANCE

By law, you are protected from housing discrimination. The New York State Human Rights Law makes it unlawful to discriminate in housing on the basis of your source of income. This includes all forms of housing assistance (like Section 8 vouchers, HUD VASH vouchers, New York City FHEPS and others), as well as all other lawful sources of income including: Federal, state, or local public assistance, social security benefits, child support, alimony, or spousal maintenance, foster care subsidies, or any other form of lawful income.

Housing providers who are covered by the Human Rights Law include landlords, property managers, real estate professionals like brokers, tenants seeking to sublet, and anyone working on their behalf.

Housing providers are not allowed to refuse to rent to you because you receive housing assistance. They are also not allowed to charge you higher rent, or offer you worse terms in a lease, or deny you access to facilities or services that other tenants receive.

Housing providers are not allowed to make any statement or advertisement that indicates housing assistance recipients do not qualify for the housing. For example, a housing provider cannot say they do not accept housing vouchers or that they do not participate in a program such as Section 8.

It is lawful for housing providers to ask about income, and about the source of that income, and require documentation, but only in order to determine a person's ability to pay for the housing accommodation or eligibility for a certain program. A housing provider must accept all lawful sources of income equally. It is unlawful to use any form of screening of applicants that has the intent or result of screening out those receiving housing assistance.

If you believe that you have been discriminated against by a housing provider with regard to your lawful source of income, you can file a complaint with the New York State Division of Human Rights.

# **HOW TO FILE A COMPLAINT**

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. To file a complaint, download a complaint form from <a href="www.dhr.ny.gov">www.dhr.ny.gov</a>. For more information or assistance in filing a complaint, contact one of the Division's offices, or call the Division's toll-free HOTLINE at 1(844)862-8703.

Your complaint will be investigated by the Division, and if the Division finds probable cause to believe discrimination has occurred, your case will be sent to a public hearing, or the case may proceed in state court. There is no fee charged to you for these services. Remedies in successful cases may include a cease-and-desist order, provision of housing that was denied, and monetary compensation for the harm you suffered. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a division regional office. The regional offices are listed on the website.