



St. Lawrence County
COMMUNITY DEVELOPMENT PROGRAM, INC.

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 •

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Housing Choice Voucher (Tenant-Based)

The Section 8 Housing Choice Voucher (HCV) program provides long-term rental assistance for eligible low and extremely low-income households. The Tenant-Based Voucher (TBV) offers mobility to eligible households because they may search for suitable housing anywhere in St. Lawrence County.

Applicants must submit proof of address; proof of address must be either a current utility bill in the head of the household's name or a current rental agreement.

Are you interested in the Housing Choice Voucher (Tenant-Based)?

Yes _____ No _____

Phone: (315) 386-1102

Fax: (315) 379-0380

Project-Based Voucher

The Section 8 Project Based Voucher (PBV) program is a component of the Section 8 Housing Choice Voucher (HCV) program and provides long-term rental assistance for eligible low and extremely low-income households. Rental assistance is paid only for contracted units in specific housing developments under the PBV program. You must choose at least one of the following. **You must also apply directly to the development as well.

Cambray Courts

We currently offer assistance for a select number of units at Cambray Courts, located at 68 West Main Street, Gouverneur, NY 13642. All household members must be 62 years of age or older, or 18 years of age or older and disabled; must meet income guidelines.

Are you interested in residing at Cambray Courts?

Yes _____ No _____

Phone: (315) 287-0527

Fax: (315) 287-0580

Cambray Terrace

We currently offer assistance for a select number of units at Cambray Terrace, located at 24 Mill Street, Gouverneur, NY 13642. All household members must be 62 years of age or older, or 18 years of age or older and disabled; must meet income guidelines.

Are you interested in residing at Cambray Terrace?

Yes _____ No _____

Phone: (315) 287-0527

Fax: (315) 287-0580

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Evergreen Park

We currently offer assistance for a select number of rental units at Evergreen Park, located at 100 Racquette Road, Potsdam, NY 13676. All household members must meet income guidelines.

Are you interested in residing at Evergreen Park with assistance from our program?

Yes _____ No _____

Phone: (315) 265-3680

Fax: (315) 265-1256

Hamilton Gardens

We currently offer assistance for a select number of units at Hamilton Gardens, located at 80 Lagrass Street, Waddington, NY 13694. All household members must be 62 years of age or older, or 18 years of age or older and disabled; must meet income guidelines.

Are you interested in residing at Hamilton Gardens?

Yes _____ No _____

Phone: (315) 388-7730 or (315) 714-3135

Fax: (315) 388-7739

Iroquois Village

We currently offer assistance for a select number of units at Iroquois Village, located at 19 County Route 45, Rooseveltown, NY 13683. All household members must meet income guidelines.

Are you interested in residing at Iroquois Village?

Yes _____ No _____

Phone: (518) 358-4860

Fax: (518) 358-4870

Mayfield Apartments

We currently offer assistance for a select number of units at Mayfield Apartments, located at 22 Mayfield Drive, Potsdam, NY 13676. All household members must be 62 years of age or older and meet income guidelines.

Are you interested in residing at Mayfield Apartments?

Yes _____ No _____

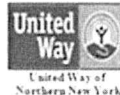
Phone: (315) 265-4070

Fax: (315) 265-5709

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Pine Grove Apartments

We currently offer assistance for a select number of units at Pine Grove Apartments, located at 275 West Barney Street, Gouverneur, NY 13642. All household members must be 55 years of age or older and meet income guidelines.

Are you interested in residing at Pine Grove Apartments?

Yes _____ No _____

Phone: (315) 287-1078

Fax: (315) 287-7504

Star Lake Housing

We currently offer assistance for a select number of units at the Star Lake Housing, located at 10 Mohawk Drive, Star Lake, NY 13690. All household members must be 62 years of age or older, or 18 years of age or older and disabled; must meet income guidelines.

Are you interested in residing at Star Lake Housing?

Yes _____ No _____

Phone: (315) 848-2074

Fax: (315) 848-7614

If you believe you have been discriminated against, you can call a Fair Housing and Equal Opportunity intake specialist at (800) 669-9777 or TTY: (800) 877-8339. You can also file a complaint online at www.hud.gov/fairhousing/fileacomplaint.

No one may charge an application fee to submit an application for assistance from the Housing Choice Voucher Program and/or as a condition 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 or online at www.ig.ny.gov/inspector-general-complaints.

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**APPLICANT/PARTICIPANT CERTIFICATION
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 household members must sign this document, certifying that the information provided is accurate and current.

Log #	Head of Household Name	Email Address	Date
Address & Apt. #		City, State, ZIP Code	
Home Phone	Work Phone	Cell Phone	Other Phone

I. HOUSEHOLD: List all people who will live in the home.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
					HEAD	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

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6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
7. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
8. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

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

II. ADDITIONAL HOUSEHOLD INFORMATION

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

YES	NO	Question (Use back of form if more room is needed – all information must be complete.)	
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member lived in any assisted housing before?	
		If YES:	Who: When and Where:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member committed fraud in a federally-assisted housing program and/or been required to repay money for knowingly misrepresenting information to receive housing assistance?	
		If YES:	Who: When and Where:

I certify that my household pays for the following utilities according to the terms of my lease and these utilities are currently on:				
<input type="checkbox"/> Heating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Electricity	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer

III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. *Note: SLCCDP uses HUD's Enterprise Income Verification (EIV) System, which provides detailed income information for Housing Choice Voucher household members. If you do not report all household income, you may lose your voucher. All income must be reported.*

How often: weekly, biweekly, bimonthly, monthly, yearly

YES	NO	Does anyone in the household receive or expect to receive income from the following?				
<input type="checkbox"/>	<input type="checkbox"/>	Wages, salaries, overtime or tips from employment				
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
3						Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Net business income from self-employment (including babysitting, doing hair, care-taking, etc.)				
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
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (including survivor benefits and SSDI)				
Household Member Name		Type of Benefit		Income before any Deductions	How Often?	Any change expected?
1					Monthly	Yes or No
2					Monthly	Yes or No
3					Monthly	Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
Household Member Name		Type of Benefit	Income before any Deductions	How Often?	Any change expected?
1		SSI		Monthly	Yes or No
2		SSI		Monthly	Yes or No
3		SSI		Monthly	Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Annuities, insurance policies, retirement funds, pension or disability/death benefits			
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
<input type="checkbox"/>	<input type="checkbox"/>	Veterans benefits			
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
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits			
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
<input type="checkbox"/>	<input type="checkbox"/>	Worker's compensation and/or severance pay			
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
<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces pay			
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
<input type="checkbox"/>	<input type="checkbox"/>	Student financial assistance that is more than tuition – not including any type of loan			
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
<input type="checkbox"/>	<input type="checkbox"/>	Regular contributions or gifts received from organizations or persons not residing in the unit			
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
3					Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Welfare assistance (SNAP/Food Stamps, TANF)			
Household Member Name		Type of Assistance	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No
4					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Alimony payments			
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
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments			
Household Member Name receiving Payment		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					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Other Income _____			
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.

YES	NO	Does anyone in the household own or jointly own any of the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account			
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1					
2					

YES	NO	Does anyone in the household own or jointly own any of the following?		
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account		
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate
1				
2				
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Account		
Household Member Name		Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate
<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box or Personal Property/Personal Property Held as Investment (gem or coin collections, art, antique cars, etc. but not items used daily)		
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate
<input type="checkbox"/>	<input type="checkbox"/>	Bonds		
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate
<input type="checkbox"/>	<input type="checkbox"/>	401(k) Account		
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate
<input type="checkbox"/>	<input type="checkbox"/>	IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment		
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Policy (not term life)		
Household Member Name		Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate

You must also report any asset disposed of – given away, sold, etc.

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	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.?
	If YES:	Who: _____
		Details: _____

No Assets

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	I certify that no household member has any assets of any kind (either owned solely or jointly) at this time.

V. EXPENSES

You may be entitled to a childcare allowance or disability expense deduction in you income determination if the expense allows an adult household member to work or seek work.

YES	NO	Question		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have childcare expenses for a child/children under the age of thirteen (13)?		
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Childcare Provider	Your Weekly Cost	Your Monthly Cost
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for a care attendant or equipment for a household member with disabilities?		
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Care Attendant/Equipment Provider	Your Weekly Cost	Your Monthly Cost

Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. IF NOT, skip to section VI. CERTIFICATION STATEMENT

YES	NO	Medical Expenses Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving Medicare and/or other Medical Benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Medicaid Spend-Down? If YES: Amount:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any medical insurance? If YES: Amount: How Often?
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions.
	If YES:	Payment Amount: How Often? Total Outstanding:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types.
	If YES:	Cost: How Often Paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical expenses?
	If YES:	Type: 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:	
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.	

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)



ST. LAWRENCE COUNTY CDP
HOUSING CHOICE VOUCHER PROGRAM

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 www.dhr.ny.gov. 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.