



MIDTOWN APARTMENTS

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 2025

Dear Applicant:

Thank you for your interest in Midtown Apartments, conveniently located in downtown Potsdam, NY. The Village of Potsdam Housing Authority (VPHA) is pleased to offer 65 one-bedroom apartments to senior citizen (age 62 or older) and disabled households through the U.S. Department of Housing and Urban Development (HUD) Section 8 New Construction federal rent assistance program.

Our handicap accessible high-rise apartment building consists of five floors, features elevator and stair access, and offers tenants safe, sanitary, and affordable housing. Each of the 65 apartments consists of a kitchen/living room combination with private bath and bedroom; six units of which are fully ADA compliant.

The rents for Midtown Apartments are income dependent and are approximately 30% of your monthly-adjusted household income. Tenants are responsible for their electric costs, which operates the individual residence heating, cooking, and water heating. Each tenant household is provided with a utility allowance, which is deducted from the established gross monthly rent to allow for tenant payments of such utilities.

Due to our participation in a federal funding program, applicant screening is required to assure that households living in the apartments meet the program criteria. The income guidelines established for admission to our apartment is as follows; applicant's total household incomes must be at or below this threshold for admission:

Number of Persons in Household	1	2
Gross Annual Income Threshold*	\$37,440	\$42,780

*These amounts are subject to change. Please contact the office for the most up-to-date thresholds.

Upon receipt of your completed application, your name will be placed on a waiting list. Tenants are selected from the waiting list on a first-come, first-serve basis using application date and time, and adherence to an extremely low-income preference of 40%. It is important to understand that being added to the waiting list is not approval for housing. It simply means the applicant is eligible to be on a waiting list pending FINAL APPROVAL at a later date.



NO SMOKING
NO VAPING
NO E-CIGARETTES
NO MARIJUANA

Potsdam Housing Authority is an Equal Opportunity Employer

MIDTOWN APARTMENTS

You will be contacted when your name arrives at the top of the waiting list, or next in line for extremely low-income, to see if you are still interested in leasing an apartment.

At that time, you will be asked to submit copies of the following household information.

DO NOT SEND THESE UNTIL THEY ARE REQUESTED FROM YOU

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

Please call our office at (315) 265-3680 if you have any further questions.

Sincerely,

The Village of Potsdam Housing Authority
Management Staff
Potsdam Housing Authority





MIDTOWN APARTMENTS

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



**This application must be completely filled out and signed.
Incomplete applications will not be considered.**

Date:

Applicant Full Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Alt Phone:

Eligibility for Housing:

Have you reached the age of 62? ☐ Yes ☐ No

If not yet 62 years old, are you claiming eligibility due to a handicap or disability? ☐ Yes ☐ No

If you answered no to both of these questions, stop filling out this application and contact the Main Office.

Household Composition:

MBR#	MEMBER FULL NAME	DOB	SSN	RELATIONSHIP	AGE	SEX	DISABLED?
Head				SELF			Y OR N
2							
3							
4							
5							
6							

HOUSING ADMISSION PREFERENCE

Are you being evicted or forced out of your current home for reasons beyond your control such as domestic violence, condemnation, or fire? ☐ YES ☐ NO

Please explain:

If you answered yes to this question, you may be eligible for a higher priority admission. Please inform the office of this situation when you hand in your application.

Please check yes or no to the following questions:

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

If yes, please list: _____

Do you expect any **changes in the household composition** within the next 12 months? ☐ YES ☐ NO

If yes, please explain: _____

Are any members of the household full time students? ☐ YES ☐ NO

If yes, please explain: _____

Do you have full custody of your children? ☐ YES ☐ NO

If no, please explain: _____

Does anyone have **Power of Attorney** for you? ☐ YES ☐ NO

If yes, name of individual who has Power of Attorney: _____

Address: _____ City: _____ State _____ Zip: _____

Phone Number: (_____) _____ (please provide a copy of POA documentation)

Do you own any Real Estate? ☐ YES ☐ NO

If yes, please include address and market value:

Do you wish to be considered for **only** handicapped accessible apartments? ☐ YES ☐ NO

Would you benefit from special design features of an apartment? ☐ YES ☐ NO

If yes, please explain:

CRIMINAL BACKGROUND INFORMATION

Is the applicant or any member of the household subject to State Lifetime Sex Offender Registration in any state? ☐ YES ☐ NO

If yes, please explain: _____

Has the applicant or any member of the household been convicted of a crime? ☐ YES ☐ NO

If yes, please explain: _____

Has the applicant or any member of the household been evicted for disturbing the peace, excessive noise, damaging an apartment, or unsanitary housekeeping? ☐ YES ☐ NO

If yes, please explain: _____

Is the applicant or any member of the household currently using or distributing controlled substances?

☐ YES ☐ NO

If yes, please explain: _____

INCOME INFORMATION

Monthly Income Information: List must include income from **ALL** household members:

Social Security:	\$ _____	Alimony:	\$ _____
SSI:	\$ _____	Child Support:	\$ _____
NYS SSP:	\$ _____	Unemployment:	\$ _____
Pension Benefit:	\$ _____	Grants/Scholarships:	\$ _____
Annuity:	\$ _____	Occupation:	\$ _____
VA Benefits:	\$ _____	Other Income:	\$ _____
Disability:	\$ _____		

**Failure to report ALL income is a violation of the law and grounds for disqualification for public housing.

ASSET INFORMATION

Asset Information: List all assets for **ALL** household members:

Checking:	\$ _____	IRA/401K:	\$ _____
Savings:	\$ _____	CD/Money Market:	\$ _____
PayPal/Venmo:	\$ _____	Stocks/Bonds:	\$ _____
Direct Express Card:	\$ _____	Real Estate:	\$ _____
Employment Card:	\$ _____	Life Insurance:	\$ _____
Cash:	\$ _____	Funeral Expense:	\$ _____
Workers Comp/Settlement:	\$ _____		

**Failure to report ALL assets is a violation of the law and grounds for disqualification for public housing.

MIDTOWN APARTMENTS

Have you disposed of any assets in the last two years? ☐ YES ☐ NO

If yes, please answer the following:

What was the asset? _____

What was the value of the asset? _____

When did you sell it? _____

What was the sale price? _____

SIGNATURES AND CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE RELEASE, TO THE MANAGEMENT OF EVERGREEN PARK APARTMENTS, OF ANY INFORMATION FROM ANY PERSON, CORPORATION, GOVERNMENT AGENCY, LANDLORD, OR CREDIT REPORTING SERVICE. I ALSO AUTHORIZE A RELEASE OF MY ARREST RECORD FROM ANY LAW ENFORCEMENT AGENCY. I ALSO CERTIFY THAT, WHEN ADMITTED, THIS APARTMENT SHALL BE MY PERMANENT RESIDENCE, AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

_____ HEAD OF HOUSEHOLD SIGNATURE	_____ HEAD OF HOUSEHOLD PRINT	_____ DATE
_____ SPOUSE/CO-HEAD SIGNATURE	_____ SPOUSE/CO-HEAD PRINT	_____ DATE
_____ OTHER ADULT SIGNATURE	_____ OTHER ADULT PRINT	_____ DATE

Failure to notify the Midtown Apartments' Admissions Team of a change in address, phone number, family size, or income shall void this application.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
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.