

# PRELIMINARY APPLICATION



**Rental Assistance Program**  
**159 Liberty Street**  
**Oswego, NY 13126**  
 Phone: 315-343-3452

<b>OFFICE USE ONLY</b>			
Date Received	Unit	Under	Preference
_____	_____	_____ BR	P1 P2 P3 P4 P5
<b>INELIGIBLE DATE:</b> _____			
Explanation: _____			
<input type="checkbox"/> No Sex Offender Record			EIV <input type="checkbox"/>

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

Legal address if different from mailing address

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Note: If your legal address changes, you must notify this office, in writing, to maintain your waiting list status.

**Evidence of legal address claimed at time of application must accompany this form when returned.** Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

## Part 1: Head of Household

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex \_\_\_\_ Female \_\_\_\_ Male

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Telephone Type  Work  Other Specify: \_\_\_\_\_

E-mail Address \_\_\_\_\_

I would like to receive correspondence via e-mail.

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

Are you a Veteran?  Yes  No

**Ethnicity**  
(Check One Box)

- Hispanic/Latino
- Not Hispanic/Latino

Or

**Race**  
(Check All That Apply)

- White
- Black
- American Indian
- Asian
- Pacific Islander

Racial and ethnic data for statistical purposes only.

## Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than eight members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	HEAD OF HOUSEHOLD
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____ - ____ - ____	____/____/____	____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

# PRELIMINARY APPLICATION

## Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>LIST INCOME SOURCE</u> <u>Include name &amp; address of employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

## Part 4: Priorities and Eligibility

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list.

**Priority 1:** Families with children living in the City of Oswego; or hired to work in the City of Oswego where the head of house and/or spouse/cohead are working – Families living in the City of Oswego where head of house and spouse/cohead, or sole member is 62 or older, or is a person with disabilities – Families living in the City of Oswego where the head of house or spouse/cohead is a military veteran (head of house or spouse/cohead is active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable). – Families living, working or hired to work in the City of Oswego who are victims or threatened victims of domestic violence, dating violence, sexual assault or stalking – Families that are living in a supervised publicly or privately operated homeless shelter within the City of Oswego designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or a family in the City of Oswego that will imminently lose their primary nighttime residence and if all three (3) of the following apply: 1. The family's primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; and 2. No subsequent residence has been identified; and 3. There is a lack of resources or support networks, e.g., family, friends faith-based or other social networks needed to obtain other permanent housing. Non-elderly disabled persons living in the City of Oswego.

**Priority 2:** Families living in the City of Oswego who are elderly families or disabled families where the head of house and/or spouse/cohead are not working.

**Priority 3:** Other families living and working or hired to work in the City of Oswego or families living in the City of Oswego and enrolled at a minimum 6 credits of education (or is enrolled in a vocational training program).

**Priority 4:** Other families living in the City of Oswego not working or hired to work in the City of Oswego.

**Priority 5:** Families *not* living, working or hired to work in the City of Oswego.

<b>Income Limits:</b>	<b>Number in Family</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Effective April 13, 2020:</b>	<b>Income Limit</b>	<b>\$26,550</b>	<b>\$30,350</b>	<b>\$34,150</b>	<b>\$37,900</b>	<b>\$40,950</b>	<b>\$44,000</b>	<b>\$47,000</b>	<b>\$50,050</b>

## Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING** This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			
<input type="checkbox"/> <b>Check this box if you choose not to provide the contact information.</b>			

**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. Form HUD- 92006 (05/09)