

Please Return to:
Belmont Housing
Resources for WNY
33 Spruce St
North Tonawanda, NY
14120

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

CITY OF NORTH TONAWANDA PHA

INITIAL APPLICATION (Please print clearly)

DO NOT WRITE
IN THIS SPACE

DATE STAMP
AREA

1. Head of Household _____
First Middle Last

2. Street Address _____
Number & Street City / Town State Zip

3. Mailing Address _____
(If Different from Above) Number & Street City / Town State Zip

4. Phone Number(s) (____)____-____ (____)____-____ 5. E-mail Address: _____

6. Social Security # _____ - ____ - _____ Date of Birth ____/____/____

IF YOU LIVE OR WORK IN THE CITY OF NORTH TONAWANDA, PLEASE SUBMIT PROOF WITH THIS APPLICATION TO RECEIVE PRIORITY ON THE WAITING LIST.

7. Are you (or a spouse) receiving SSI, SSD or VA benefits due to a disability?..... Yes No

8. Do you need any special assistance in order to communicate with Belmont's staff? Yes No
(eg; sign language interpreter, materials w/ large print, info on audiocassette, explanation of written materials, etc.)

If Yes, please explain: _____

9. Is there a friend, relative or caseworker we can contact if we are unable to reach you? Yes No
at the time of your selection?

If Yes, please provide Name: _____ Phone#: _____

Address: _____

10. What is the total annual gross income of ALL household members? \$ _____

11. How many people (including yourself) will be in your household once you receive assistance? _____

Please list names: _____

12. Have you ever received rental assistance or lived in public housing (BMHA)?..... Yes No

If Yes, when? _____ Where? _____

13. Have you ever been evicted from public housing?..... Yes No

If Yes, when? _____ Why? _____

14. Have you or anyone in your household engaged in criminal activity within the past 3 years? Yes No

15. Federal regulations prohibit us from assisting any person subject to lifetime sex offender registration.
Are you or anyone in your household subject to lifetime registration due to a sex offense? Yes No

16. Please circle the race of Head of Household (requested for HUD's statistical purposes)
1 - White 2 - Black 3 - American Indian / Alaskan Native 4 - Asian / Pacific Islander

Please circle the ethnicity of Head of Household (requested for HUD's statistical purposes)
1 - Hispanic 2 - Non-Hispanic

NOTE: According to federal regulations, Section 8 rental assistance may only be provided to U.S. citizens and non-citizens with specific types of eligible immigration status. **You need NOT provide verification of your citizenship at this time.** However, you will be required to provide verification of your citizenship or eligible immigration status **when your name reaches the top of the waiting list and processing begins to determine your eligibility.**

CERTIFICATION

Under the penalty of perjury, I certify that I am the head of household and that all of the information on this application is true and accurate to the best of my knowledge and that the income for all household members has been reported. I understand that my failure to do so can result in being fined up to \$10,000, or imprisoned up to five years, or that assistance may be denied. I understand that it is my responsibility to notify Belmont Housing Resources for WNY of any change of address and that if Belmont Housing Resources for WNY cannot contact me because I moved without having notifying them, my name may be removed from the waiting list necessitating my reapplication.

Signature of Head of Household / Applicant

____/____/____
Date

Belmont Housing Resources for WNY does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, handicap, or the presence of children in admission to or access to the programs we administer or in the treatment of applicants and participants.

Belmont Housing Resources for WNY is dedicated to providing affordable housing opportunities

