Please Return to:

Belmont Housing Resources for WNY
1195 Main Street
Buffalo, NY 14209
(716) 884-7791

TENANT-BASED RENTAL ASSISTANCE PROGRAM

NIAGARA COUNTY

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 _____ 5. E-mail Address: _____
6. Social Security # _____ - ____ - _____ 7. Date of Birth _____

IF YOU LIVE OR WORK IN NIAGARA COUNTY, PLEASE SUBMIT PROOF WITH THIS APPLICATION TO RECEIVE PRIORITY ON THE WAITING LIST.

7. Are you disabled? 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. What is the total yearly gross income of ALL household members? $_____
10. How many people (including yourself) will be in your household once you receive assistance? _____

    Please list names: _____ _____
    _____ _____
    _____ _____
11. 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
12. Optional (requested for HUD's statistical purposes): Please circle the race of Head of Household
    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

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

EQUAL HOUSING OPPORTUNITY

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.