NORTONA REDEVELOPMENT PROJECT-BASED RENTAL ASSISTANCE PROGRAM WAITING LIST APPLICATION

1.	HEAD OF HOUSEHO	DLD:			
		FIRST	MIDDLE	LAST	
2.	STREET ADDRESS:				
		NUMBER & STREET	CITY/TOWN	STATE	ZIP
3.	MAILING ADDRESS:	AULANDED & CTDEET			
	(IF DIFFERENT FROM ABOVE)	NUMBER & STREET	CITY/TOWN	STATE	ZIP
4.	PHONE NUMBER:	()	E-MAIL ADDRESS		
5.	SOCIAL SECURITY #:	<u> </u>	DATE OF BIRTI	H:/	_/
6.		OR OLDER, WOULD YOU LIKE FFICIENCY APARTMENTS (ze			
7.	WHAT IS THE TOTAL	YEARLY GROSS INCOME OF	ALL HOUSEHOLD MEMB	ERS? \$	
8.	HOW MANY PEOPLE	(INCLUDE YOURSELF) WILL E	BE IN YOUR ASSISTED-HO	OUSEHOLD?	
9.	YES OR NO (plea	SEIVED RENTAL ASSISTANCE (se circle one) IF YES, WHEI	N?		
10.		N EVICTED FROM PUBLIC HO		••	•
l1.		NE IN YOUR HOUSEHOLD EN NO (please circle one)	IGAGED IN CRIMINAL AC	TIVITY WITHIN T	HE PAST
L2.	REGISTRATION FROM	ONS PROHIBIT ANY PERSON S M RECEIVING FEDERAL HOUS CT TO THE SEX OFFENDER LIF ase circle one)	SING ASSISTANCE. ARE Y		
L3.	PLEASE CIRCLE THE 1 – WHITE 2-BLA	RACE OF HEAD OF HOUSEHO CK 3-AMERICAN INDIAI	OLD (requested for HUD's N/ALASKAN NATIVE 4-	•	• •
	PLEASE CIRCLE THE E	ETHNICITY OF HEAD OF (req 2-NON-HISPANIC	uested for HUD's statisti	cal purposes on	ly)

Household Members (please list all household members)

<u>Name</u>	Relationship	Sex	<u>Veteran</u>	<u>Date of</u> <u>Birth</u>	<u>Disabled</u>	Social Security Number
	Head of					
	Household					

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 NOTIFIED THEM, MY NAME MAY BE REMOVED FROM THE WAITING LIST NECESSITATING MY REAPPLICATION.

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.

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 waitlist list
and pro	cessing begins to determine your eligibility.

	/ /	
SIGNATURE OF HEAD OF HOUSEHOLD/APPLICANT	DATE	

PLEASE RETURN COMPLETED APPLICATION TO: BELMONT HOUSING RESOURCES FOR WNY 33 SPRUCE STREET

NORTH TONWANDA, NY 14120

BELMONT HOUSING RESOURCES FOR WNY IS DEDICATED TO PROVIDING AFFORDABLE HOUSING OPPORTUNITIES

