

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Client #: \_\_\_\_\_ App Date/Time: \_\_\_\_\_  
 Unit Size Required: \_\_\_\_\_ Eligible:  Ineligible:

**PEEKSKILL HOUSING AUTHORITY**

807 Main Street, Peekskill, NY 10566  
 (914) 739-1700 - (914) 739-1787

**APPLICATION FOR PUBLIC HOUSING UNIT**

It is the applicant's responsibility to notify the Peekskill Housing Authority in writing of any changes to the information provided on this application. Failure to update address and contact information may hinder the applicant's ability to be admitted into the program. **Please write legibly**

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Co-Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Primary language of the applicant: Oral \_\_\_\_\_ Written \_\_\_\_\_

**A. HOUSEHOLD COMPOSITION:**

- List everyone, including yourself, foster children/adult, and attendants who are necessary for the care of a family member, who will be living in the public housing unit that you are applying for. If you need more space, continue on back side. You must complete each box for each family member. You (the applicant/head of household) are to be in the 1<sup>st</sup> line. If you require more space, please continue on another sheet and attach to this application.

Ln #	Last Name	First Name	M I	SSN	Relationship to Head of Household	Sex M/F	Birth Date	Age	Place of Birth
1					Applicant/Head of Household				
2					Co-Head				
3									
4									
5									
6									
7									

- Do you anticipate any changes in your household composition during the next 12-months?  Yes  No.  
If Yes, please explain \_\_\_\_\_
- Is any member of your household temporarily away from the residence?  Yes  No. If Yes, please explain \_\_\_\_\_
- Is any member of your household disabled?  Yes  No If Yes, please provide proof of disability along with this application.

**B. PREFERENCE INFORMATION**

Admission to the Peekskill Housing Authority Public Housing Program is **NOT** based on preferences.

**C. ESTIMATED INCOME**

- Based upon all sources of income for all members of your household, what is the estimated annual income for the household? Sources of income include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF/Calworks, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, KinGAP, and earned income tax credit. This includes any regular contributions or donations to the family from organizations or other persons who do not live in the unit or payments made on behalf of the family by an outside organization/person(s).

Name of Household Member	Income Type	Rate :(\$ per day, week, month, year)	Name of Household Member	Income Type	Rate :(\$ per day, week, month, year)
		\$ per			\$ per
		\$ per			\$ per
		\$ per			\$ per

**D. REASONABLE ACCOMMODATIONS**

If you or a member of your household is mobility impaired, you may be assigned to an accessible unit at your request, providing such an apartment is available. There are two types of accessible apartments, fully accessible apartments designed for wheelchair access and one story or "flat" apartments.

Please indicate if your family requires an accessible unit and if so, what type.

- No, I/we do not require an accessible unit
- Yes, I/we require an accessible unit (Please indicate below which type)
  - Fully accessible apartments, those apartments designed for wheelchair access
  - One story or "flat" apartments (all the rooms are on the ground floor)
  - Other. Please specify \_\_\_\_\_

**E. RACE/ETHNICITY**

This following information is for statistical purposes only and will not affect your place on the waiting list. Your voluntary cooperation in providing this information is appreciated. Please indicate the ethnicity of the Head of Household:

- Caucasian
- Hispanic
- Black
- Asian/Pac Islander
- American Indian/Alaskan Native

**APPLICANT CERTIFICATIONS**

I/We certify that the statements made on this Application for Public Housing are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority. I/We authorize employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Public Housing Program. I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible.

**WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

<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:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.	

Check this box if you choose not to provide the contact information.

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**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.