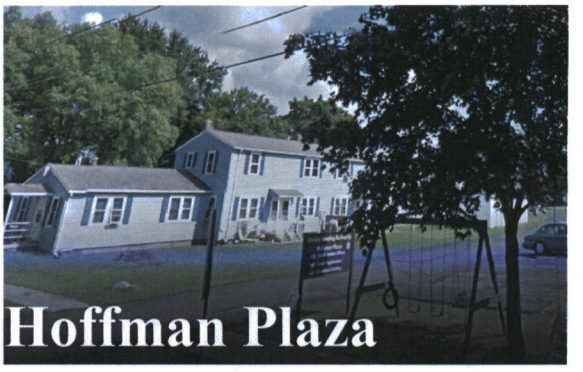
YOUR APPLICATION





ELMIRA HOUSING AUTHORITY

Administration Building

737D Reservoir Street

Elmira, NY 14905

Please call Emily at

607-737-7102

For an interview appointment

Serving Elmira's Housing Needs Since 1942

EQUAL HOUSING OPPORTUNITY

Barrier Free



Dear Applicant,

Thank you for having an interest in an apartment with the Elmira Housing Authority. This packet will assist you in the first step of the process to become a tenant of the Elmira Housing Authority. We hope to make this process as simple as possible, however we are regulated by the Department of Housing and Urban Development and required to obtain necessary verifications to determine eligibility.

After reviewing this packet and collecting all the information listed within, you must call the Applications office at 607-737-7102 to make an appointment for an interview for possible housing. **Applications are accepted by appointment only**, Monday – Friday between the hours of 8:30 AM – 11:30 AM and 1 PM – 3 PM. You should plan on spending about an hour for this interview.

At the time of your appointment, you will need to bring the attached Personal Declaration form, which is to be completed by you, in your handwriting and signed by each member of the household that is 18 years of age or older. Attached you will also find a list of items that you must bring with you to the interview. All information that pertains to you must be brought with you at the time of your appointment. **Should you fail to bring the required information with you, we will be unable to conduct the interview**. Please read and sign the attached forms in the packet. At the time of the interview these forms can be reviewed with you, should you have any questions.

All persons in your household 18 years of age and older are required to attend the interview. Should you have any questions, please call 607-737-7102 and we will assist you. Thank you again for your interest in the Elmira Housing Authority as your next home.

Sincerely,

Emily Perry
Tenant Relations Assistant

Special Note:

Re: Communications assistance for persons with disabilities

Residents and others who desire to contact the Elmira Housing Authority and who are speech or hearing impaired may do so, by using the New York Relay Service, specially trained personnel at this service will relay calls between the individual and the Elmira Housing Authority in a confidential manner. If you have never used this service before, the operator will explain the system to you.

If you use a TDD	Call this number
(Telecommunication Device for the deaf)	1-800-662-1220
If you do not use such a device	1-800-421-1220

ITEMS TO BRING TO THE INTERVIEW

INFORMATION ABOUT YOUR INCOME AND ASSETS

Employment Income: For every member of your family who works, bring the following information:

Name, address and telephone number of the employer
Your four most recent pay stubs
Federal/State Income Tax filed for previous year and W-2 forms/1099's

BENEFIT AND SUPPORT INCOME: If any member of your family received any of the following types of income, bring name, address, and telephone number of the source of income and information about the amount received:

Unemployment Compensation	Social Security	Workers' Compensation
Supplemental Social Security	Pension	Spousal Support
Disability Income	Alimony	Annuities
Child Support	Welfare or other public assistance	
Food Stamp Budget	Regular support from family members or friends	

AMOUNTS IN SAVINGS AND CHECKING ACCOUNTS (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring a current statement for all accounts. Please bring your last 6 months statements for checking accounts. All 1099's received for accounts.

REAL ESTATE YOU OWN: Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property (Bring last year's Schedule E from your income tax forms).

STOCKS, BONDS, TRUSTS, OTHER INVESTMENTS: Bring statements on value of investments and information about income from investments.

LIFE INSURANCE POLICIES: Bring statement from insurance company stating current cash value of policy and any dividends earned on policy.

OTHER INCOME: For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of the income.

ASSETS SOLD OR GIVEN AWAY: If you have sold or given away any assets in the past two years (such as, giving a property or an amount of money to another family member), please bring information about those assets.

INFORMATION ABOUT FAMILY MEMBERS:

Proof of legal identity – Picture ID with signature for all adult family members 18 years of age and older.

Age – Bring an **original** (not a copy) birth certificate for all family members of the household

Social Security cards for all members of the household.

Marriage Certificate and, if applicable, a Divorce Decree, or if no legal papers, a notarized statement that you are separated and the current address of your spouse and statement that he/she will not be part of your household.

Pregnancy statement of due date.

Children – Bring birth certificates, custody agreement, adoption papers, or other proof that the children are members of this household.

Full-time students – If any family member is 18 years of age or older and still attending school full time, bring information about where they go to school. We will also need all information on Grants you receive. (Ex: Pell/Tap/Federal Work Study)

Disability – If any member of your family has a disability, bring information about any income the member received because of his/her disability.

EXPENSES:

Bring information about any of the following expenses you expect to have during the next twelve months.

Medical expenses not covered by insurance (Elderly & Disabled families only).

Medical insurance premiums or amounts deducted from your pay for medical insurance (Elderly & Disabled families only).

Childcare expenses to care for your children while you work or go to school.

Disability assistance expenses to care for a family member with a disability while you work or look for work.

LANDLORD INFORMATION: RENTAL HISTORY NECESSARY

Name, complete address and telephone number for landlords that you rented from for the last three years. Also, the address where you rented.

CRIMINAL BACKGROUND RECORDS:

Information on criminal history in **any states outside of New York State** where household members have resided.

Information on household members who are subject to a lifetime registration requirement under a State sex offender registration program.

VEHICLE INFORMATION:

We must have drivers license, car registration and insurance cards for all vehicles in your household. All information must be current. **ONLY CARS THAT ARE REGISTERED AND INSURED IN YOUR NAME WILL BE ALLOWED TO BE PARKED IN OUR DEVELOPMENT.**

INFORMATION ON PET:

Picture of pet, veterinarians name and address, all shot records, dog license, name and address of person who will take responsibility for pet should you be unable to.

ONLY ONE PET ALLOWED

MAXIMUM ADULT WEIGHT 25 POUNDS

MUST BE SPAYED OR NEUTERED

MUST HAVE BEEN EXAMINED BY A VETERINARIAN IN THE LAST 12MONTHS

$400 NONREFUNDABLE PET FEE REQUIRED

Chemung County Homeless Services

We can help!

If you are Fleeing Domestic Violence

Domestic violence emergency shelter: call the 24/7 Salvation Army Safehouse/ Domestic Violence Hotline at 607-732-1979 (shelter, victim services and safety planning)

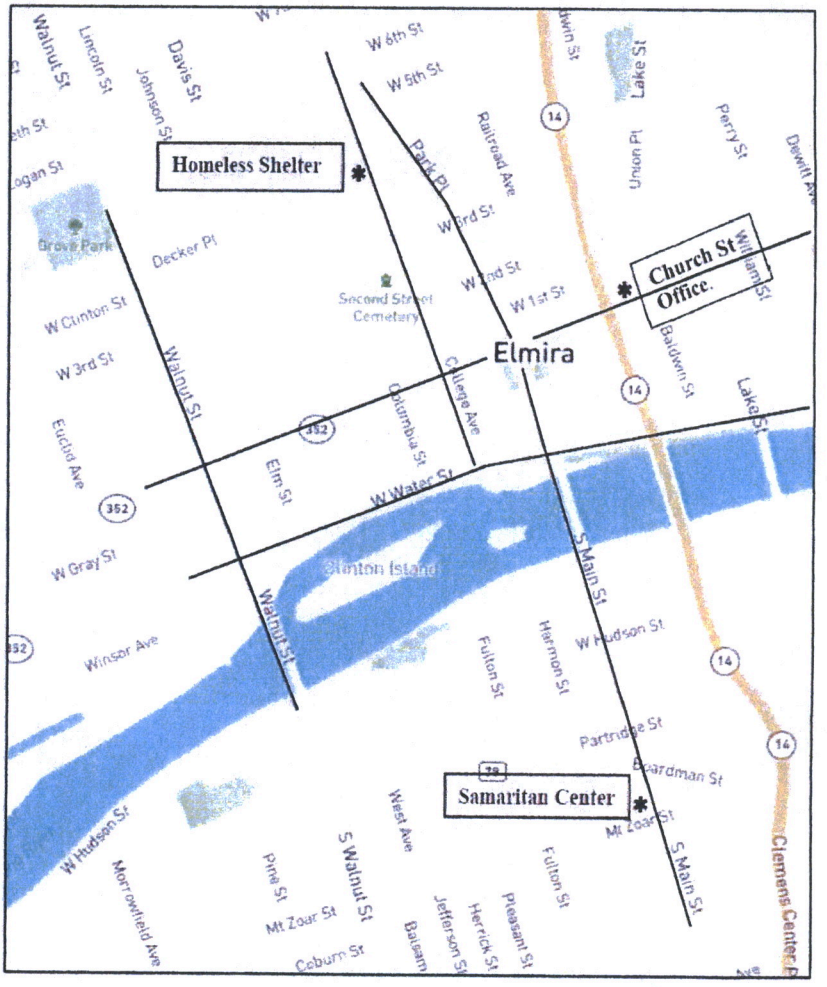
For non-residential domestic violence services and safety planning, call
- the 24/7 Salvation Army Safehouse/ Domestic Violence Hotline at 607-732-1979 or
- the 24/7 Catholic Charities' 1st Step Victim Services hotline at 607-742-9629.

If You Are Homeless

Come to Catholic Charities'
Samaritan Center
380 South Main Street, Elmira
Phone 607-734-4898
Fax 607-734-1213
Hours: M-F, 8:30–4:30, closed 12-1
Summer Hours:
Closes at 4:00 M-F
Closes at 1:00 on Fridays

After hours, weekends or holidays go to Catholic Charities'
Second Place East Homeless Shelter
605 College Ave, Elmira
Phone 607-732-5954

"After hours" start at 4:30 M-F



If You Are At-Risk of Homelessness

Call or come to the Samaritan Center (see above). There are programs to help you prevent homelessness.

Chemung County contacts at Catholic Charities of Chemung/Schuyler

Ellen Topping, (607) 734-9784 ext. 2161, Ellen.Topping@dor.org
Suzi Fritz, (607) 734-4898 ext. 2402, Suzianna.Fritz@dor.org

August 1, 2018

The New York Relay Service is provided by AT&T in cooperation with the local telephone companies in New York State. For more information you can write:

New York Relay Service
300 Clifton Corporate Park
Clifton Park, New York 12065-3819

Application Introduction

To be qualified for admission to the Elmira Housing Authority, an applicant must:

1. Be a family as defined in the Elmira Housing Authority's Admission and Continued Occupancy policy; and
2. Have at least one family member who is either a U.S. citizen or an eligible immigrant; and
3. Have an Annual Income at the time of admission at or below the income limits established by HUD that are posted in the Elmira Housing Authority's Office; and
4. Provide documentation of Social Security numbers for all family members, age 6 or older or certify that they do not have Social Security numbers; and
5. Meet or exceed the Applicant Selection Criteria, including attending orientation class; and
6. Pay any money owed to the Elmira Housing Authority, any other Housing Authority or any Section 8 Program; and
7. Be able and willing to comply with the Elmira Housing Authority's Lease; and
8. Not have any family members engaged in any criminal activity or alcohol abuse that threatens the life, health, safety, or right to peaceful enjoyment of the other residents or staff and not to engage in drug-related criminal activity on or off the Elmira Housing Authority's premises; and
9. Not to have been convicted of manufacturing or producing methamphetamine, also known as "speed" on the premises of assisted housing; and
10. Not to contain a household member subject to lifetime sex offender registration requirements under a State Sex offender registration program; and
11. Not have any family members who were evicted from federally assisted housing for drug related criminal activity for three years following the date of eviction (unless the family can demonstrate that the person who engaged in the drug related activity has been rehabilitated or is no longer a member of the household).

U.S. Department of Housing and Urban Development
Office of Inspector General

May 1988
P-88-2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to $10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you site down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application

When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any such business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/Household Members	• The names of all of the people (adults and children who will actually be living with you, whether or not they are related to you.
Signing the Application	• Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. • When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. • Information you give on your application will be verified by our housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
Recertifications	You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms: • All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members. • Any family/household member who has moved in or out. • All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
Beware of Fraud	You should be aware of the following fraud schemes: • Do not pay any money to file an application. • Do not pay any money to move up on the waiting list. • Do not pay for anything not covered by your lease. • Get a receipt for any money you pay. • Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
Reporting Abuse	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the **HUD Hotline** on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410

THIS DOCUMENT MAY BE REPRODUCED

Elmira Housing Authority

Hoffman Plaza Office
737D Reservoir Street
Elmira, NY 14905

(607) 737-7100

KAREN SHAFER
EXECUTIVE DIRECTOR

HOFFMAN PLAZA
(607) 737-7120
(607) 737-7137 FAX

GEORGE E. BRAGG TOWERS
(607) 737-7130
(607) 734-5679 FAX
FAX (607) 737-7137

EDWARD FLANNERY APTS
(607) 737-7140
(607) 733-5039

TO: All Residents/Applicants of the Elmira Housing Authority

FROM: Karen Shafer, Executive Director

REGARDS: MARIJUANA

DATE: April 14, 2021

Recent media attention has been brought on the usage of Marijuana. Although, the New York State Legislature approved the use of Marijuana for Medical and Recreational use, **Marijuana is still classified as an Illegal Drug under the Controlled Substance Act (CSA).** Based upon Federal Law, admissions of Medical and/or Recreational Marijuana uses are PROHIBITED into Federal Public Housing and Housing Choice Voucher Programs.

The Controlled Substance Act Lists Marijuana as a Schedule I Drug, a substance with a very high potential for abuse and no accepted medical use in the United States. The Quality Housing and Work Responsibility ACT (QHWRA) of 1998 (42 U.S.C. section 13661) requires that Public Housing Authorities administering HUD Rental Assistance Programs establish standards and lease provisions that prohibit admission into the Public Housing and Housing Choice Voucher Programs based on the illegal use of controlled substances, including state legalized Medical and Recreational Marijuana.

Section IX (m) (2) of the Elmira Housing Authority's Residential Lease Agreement states, "Any Tenant, any member of the household, a guest, or another person under Tenant's control, shall not engage in any drug related criminal activity. Any criminal activity in violation of the preceding sentence shall be cause for termination of tenancy, and for eviction from the unit. For purposes of this lease, the term drug related criminal activity means the illegal possession, manufacture, sale, distribution, or use with intent to manufacture, sell distribute, or use, of a controlled substance as defined in Section 102 of the Controlled Substances Act."

Section IX (aa) of the Elmira Housing Authority Residential Lease Agreement states, "the Elmira Housing Authority will not allow smoking in any communal area, any apartment, or within 25 feet of all doors to and from the buildings."

Section XIV (d) (2) of the Elmira Housing Authority Residential Lease Agreement states, "if Tenant defaults and is in violation of the covenants of this lease, the term of this lease shall expire upon expiration of the applicable notice period set forth as a "reasonable time", but not to exceed 15 days, considering the seriousness of the situation, when the health or safety of other tenants, guests, visitors, or Authority employees, agents, and contractors is threatened; Any drug related termination will be 15 days."

Elmira Housing Authority

ELMIRA HOUSING AUTHORITY
ADMINISTRATION OFFICE
ELMIRA, NEW YORK 14905

(607) 737-7100

KAREN E SHAFER
Executive Director

HOFFMAN PLAZA
(607) 737-7120

GEORGE E. BRAGG TOWERS
(607) 737-7130

EDWARD FLANNERY APARTMENTS
(607) 737-7140

NY RELAY SERVICE TDD
(800) 662-1220

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household (18 years and older must sign below certifying the information pertaining to them. Please print.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.

Phone No. _____ **Msg. Phone** _____ **Cell Phone** _____

Adults (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)	Race: White (W) Black/ Afr. Am. (B) American Indian/ Alaska Native (AI/AN) Asian (A) Native Hawaiian/ Other Pacific Island (NHPI)

Children (Name as it appears on SS Card)	Date of Birth	Relationship to Head of Household	School Name	Absent Parents Name	Absent Parents Address

If separated or divorced, list name and address of spouse/ ex-spouse as follows:

_____
Name

_____
Street Address

_____
City, State, Zip

_____
Name

_____
Street Address

_____
City, State, Zip

II Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property, income, stock dividends, income from bank accounts, alimony, and all other sources.

List amounts received below:

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
1							
2							
3							
4							

III. Assets: If yes to any, list below. Do you or any household member own or have interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two (2) years? _____ Do you have any bank accounts? _____ if yes, give bank name, account numbers, and amounts below.
Do you own a car? _____ Model/Year _____ License Plate No. _____
Do You own any other cars? _____ Model/Year _____ License Plate No. _____.

1. Does anyone outside of your household pay any of your bills or give you money? Yes/No **If yes, please state name, address & phone number and reason for contribution.**

2. Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No If yes, please explain.

3. Have you or any member of your household lived in assisted housing? Yes/No If yes, list where and when.

4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? **Failure to disclose ANY/ALL arrests will be reason for refusal of your application!** Yes/No _____ If Yes, please explain.

5. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No _____ If yes, please explain.

_____

_____

_____

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE	DATE
SIGNATURE OF OTHER ADULT	DATE	SIGNATURE OF OTHER ADULT	DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

ACKNOWLEDGMENT:

I (WE) ACKNOWLEDGE RECEIVING IN THE PRE-APPLICATION PACKET, THE HUD FORM 1140-OIG UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ***THINGS YOU SHOULD KNOW*** PRIOR TO MY/OUR APPLICATION INTERVIEW.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SIGNATURE OF SPOUSE	DATE
SIGNATURE OF OTHER ADULT	DATE	SIGNATURE OF OTHER ADULT	DATE

Address History for the past 3 years – Please list most recent first, landlord information is required do not leave blank

Address: _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____ Dates Occupied: _____

Address: _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____ Dates Occupied: _____

Address: _____

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____ Dates Occupied: _____

Have you EVER rented in public housing before? If yes when & where

_____

_____

INCOME EXCLUSIONS

Some amounts of income are prohibited from being included in a family's income for rent determination purposes. These amounts, called exclusions, are not part of annual income. The Elmira Housing Authority is required to report all sources of income and exclusion amounts per HUD regulations.

Listed below you will find a list of income exclusions which we must verify. Please check yes or no if you are receiving this income. Please remember that this income is not counted for rent purposes.

	YES	NO
Income from employment of children (including foster children under the age of 18)	_____	_____
Payments received for the care foster children or foster adults	_____	_____
Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses	_____	_____
Amounts received by the family that are specifically for, or in reimbursement of the cost of medical expenses for any family member	_____	_____
Income of a live-in aide	_____	_____
The full amount of student financial assistance paid directly to the student or to the educational institution	_____	_____
The special pay to a family member serving in the Armed Forces who is exposed to hostile fire	_____	_____
Amounts received under training programs funded by HUD	_____	_____
Amounts received by a person with a disability that are disregarded for a limited time for purposes of SSI eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)	_____	_____
Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program	_____	_____
Amounts received under a resident service stipend	_____	_____
Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program	_____	_____
Temporary, nonrecurring or sporadic income (including gifts)	_____	_____

	YES	NO
Reparation payments paid by a foreign government pursuant to Claims filed under the laws of that government by persons who were persecuted during the Nazi era		
Earnings in excess of $480 for each full-time student 18 years old or older (excluding the head of household and spouse)		
Adoption assistance payments in excess of $480 per adopted child		
Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts		
Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit		
Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;		
Amounts earned by temporary Census employees (terms of employment may not exceed 180 days for the purposes of the exclusion)		
The value of the allotment provided to an individual under the Food Stamp Act of 1977		
Payments to volunteers under the Domestic Volunteer Services Act		
Payments received under the Alaska Native Claims Settlement Act		
Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes		
Payments or allowances under DHH's Low-Income Home Energy Assistance Program		
Payments received under programs funded in whole or in part under the Job Training Partnership Act (effective 7/1/00, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998)		
Income derived from the disposition of funds to the Grand River Band of Ottawa Indians		
The first $2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first $2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands		
Federal scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student Assistance Program		

	YES	NO
Payments received from programs funded under Title V of the Older Americans Act of 1965		
Payments received on or after January 1, 1989 from the Agent Orange Settlement Fund or any fund established pursuant to the settlement in In Re: Agent Orange product liability litigation		
Payments received under the Main Indian Claims Settlement Act of 1980		
Child care arranged or provided under the Child Care and Development Block Grant Act of 1990		
Earned Income Tax Credit refund payment		
Payments by the Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation		
Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990		
Any allowance paid under provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam Veteran		
Any amount of crime victim compensation that the applicant (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act		
Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998		

Amounts specifically excluded by any other Federal Statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the United States Housing Act of 1937. (A notice will be published by HUD in the Federal Register identifying the benefits that qualify for this exclusion).

Signature _____

Date _____

Housing Authority

ASSET CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Assets and sign the certification statement.

Family Member Name			Value of Asset
1) Do you have cash • In a savings account?	☐ Yes	☐ No	
• In a checking account?	☐ Yes	☐ No	
• In a safety deposit box?	☐ Yes	☐ No	
• At home?	☐ Yes	☐ No	
• Anywhere else?	☐ Yes	☐ No	
2) Do you have trust funds available to your household?	☐ Yes	☐ No	
3a) Do you own property? 3b) Do you have any equity in rental property or other capital investments?	☐ Yes ☐ Yes	☐ No ☐ No	
4) Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds?	☐ Yes	☐ No	
5) Do you have any retirement or pension funds?	☐ Yes	☐ No	
6) Will you receive any lump sum receipts?	☐ Yes	☐ No	
7) Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?	☐ Yes	☐ No	
8) Do you have a Life Insurance Policy?	☐ Yes	☐ No	
9) Do you have a prepaid Funeral Account?	☐ Yes	☐ No	
10) Do you have any other Investments?	☐ Yes	☐ No	

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Tenant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

_____ Head of Household's name (please print)

_____ Head of Household's signature

_____ Other Adult member of the Household

HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF ANY VIOLATION OF LAW, OTHER THAN MINOR TRAFFIC INFRACTIONS? YES [ ] NO [ ]

HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF THE ILLEGAL MANUFACTURING OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES [ ] NO [ ]

IF YES, EXPLAIN BELOW:

NAME	CHARGE	DATE	CITY/STATE	DISPOSITION

ARE YOU NOW, OR HAVE YOU EVER BEEN ON PROBATION? YES [ ] NO [ ]

ARE YOU NOW, OR HAVE YOU EVER BEEN ON PAROLE? YES [ ] NO [ ]

IF YES, WHO IS/ WAS YOUR PROBATION OR PAROLE OFFICER:

_____

DATES OF PROBATION OR PAROLE_____

ARE YOU OR ANY MEMBER OF YOUR FAMILY SUBJECT TO LIFETIME REGISTRATION AS A SEX OFFENDER UNDER A STATE REGISTRATION PROGRAM? YES [ ] NO [ ]

IF YES, WHICH STATE_____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF CO/HEAD, OTHER ADULT: _____

DATE:_____

As a condition for occupancy, the Elmira Housing Authority is required to verify for the elderly/disabled medical deductions. This would include the following:

Medical Insurance premiums
Dental Treatments
Transportation directly related to medical treatment
Prescription print outs from drug stores (Totals Only)
Eyeglasses, Hearing Aids, Wheelchair, Walker, Artificial Limbs
Monthly re-payments on accumulated medical bills
Yearly print out from medical institution showing amount paid by tenant

The only medical deductions allowed are those which are **not** covered by insurances or the balance left after insurance has paid.

Please answer the questions listed below to help us to determine your medical deductions.

1. Do you have Medicare insurance? ☐ yes ☐ no
   Are you reimbursed for the Medicare premium? ☐ yes ☐ no
   If yes, who reimburses you? _____
   How much are you reimbursed? _____

2. Do you have Medicaid insurance? ☐ yes ☐ no
   Do you have a monthly spend down? ☐ yes ☐ no
   What is the amount of your monthly spend down? _____
   Do you meet your monthly spend down ☐ yes ☐ no
   Do you submit your prescription or doctor co-pays to be applied towards your spend down?
   ☐ yes ☐ no

3. Do you have AARP Insurance? ☐ yes ☐ no
   Amount of your monthly payment $_____
   Are you reimbursed for your AARP premium? ☐ yes ☐ no
   Who reimburses you ? _____

4. Do you have Blue Cross/Blue Shield Insurance ? ☐ yes ☐ no
   Amount of your monthly payment ? $_____
   Are you reimbursed for your payment ? ☐ yes ☐ no
   Who reimburses you ? _____

5. Do you have EPIC Insurance ? ☐ yes ☐ no
   What is your payment ? $_____ monthly or quarterly
   Is your premium waived ? ☐ yes ☐ no
   Do you have a deductible ? ☐ yes ☐ no
   What is your deductible ? $_____

6. Do you have a prescription card ? ☐ yes ☐ no

If yes, name of prescription card _____

7. Does any of your Health Insurance reimburse you for the cost of prescriptions ?
☐ yes ☐ no
If yes, what Insurance reimburses you and what percentage do they reimburse ?
_____

8. What pharmacy do you use ? _____

In order to be eligible for the medical deduction, you must sign all required medical forms to be sent for third party verification.

Date _____ Signature _____

IMPORTANT PLEASE READ CAREFULLY

IT IS THE ELMIRA HOUSING AUTHORITY'S POLICY THAT A PREFERENCE DOES NOT GUARANTEE ADMISSION. PREFERENCES ARE USED TO ESTABLISH THE ORDER OF PLACEMENT ON THE WAITING LIST. EVERY APPLICANT MUST STILL MEET THE ELMIRA HOUSING AUTHORITY'S SELECTION CRITERIA BEFORE BEING OFFERED A UNIT.

THE FOLLOWING PREFERENCE'S WILL BE USED IN DETERMINING PLACEMENT FOR APPLICANTS THAT HAVE APPLIED TO THE ELMIRA HOUSING AUTHORITY:

A. ALL FAMILIES RESIDING IN A HOMELESS SHELTER (I.E. SECOND PLACE EAST)

B. ALL FAMILIES RESIDING IN TEMPORARY SHELTER RUN BY THE SALVATION ARMY FOR DOMESTIC VIOLENCE

DO YOU MEET THE CRITERIA FOR A PREFERENCE AS STATED ABOVE

YES _____ A_____ B _____

NO _____

IN ORDER FOR A FAMILY TO QUALIFY FOR THE PREFERENCE THE ELMIRA HOUSING AUTHORITY MUST HAVE A SIGNED STATEMENT FROM THE AGENCY THAT IS HOUSING THE FAMILY AS DESCRIBED IN A & B ABOVE. THE STATEMENT SHOULD STATE HOW LONG THE RESIDENT HAS BEEN RESIDING IN TEMPORARY HOUSING AND THE PROJECTED DATE THAT THE APPLICANT HAS TO MOVE OUT OF THE TEMPORARY HOUSING. SHOULD THE STATEMENT NOT BE SUBMITTED TO THE ELMIRA HOUSING AUTHORITY THE APPLICANT WOULD NOT BE ELIGIBLE FOR THE PREFERENCE. SHOULD YOUR SITUATION CHANGE AFTER YOU SUMBIT YOUR APPLICATION AND YOU FEEL YOU QUALIFY FOR A PREFERENCE PLEASE LET US KNOW THIS IMMEDIATELY AS IT COULD CHANGE YOUR PLACE ON THE WAIT LIST.

ALL APPLICANTS WHO DO NOT QUALIFY FOR A PREFERENCE AND ARE OTHERWISE ELIGIBLE WILL BE PLACED ON THE WAIT LIST AND HOUSED BY TIME-DATE STAMPED

_____ _____

Signature Date

Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the ELMIRA Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name_____ File_____

Interview Conducted By_____ Date_____

1. Will you, or any member of your family require any of the following:

❑ A separate bedroom	❑ Unit for Vision-Impaired
❑ A barrier-free apartment	❑ Unit for Hearing-Impaired
❑ One-level unit	❑ Bedroom &Bath on 1st floor
❑ Other modifications to unit	❑ Extra Bedroom

❑ **Live In Attendant**

2. Can you and all family members use the stairs unassisted? Yes ❑ No ❑
   If No, please indicate how the PHA should accommodate your family: _____
   _____
3. Will you or any of your family members need a live-in aide to assist you? Yes ❑ No ❑
   If Yes, please explain _____
4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.
   _____
   _____
5. What is the name of the family member needing the features identified above?
   _____

Whom should we contact to verify your need for a special apartment?

Name_____

Address_____ Phone #_____

_____

Applicant Signature Date

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

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.

Applicant Name:
Mailing Address:
Telephone No: **Cell Phone No:**
Name of Additional Contact Person or Organization:
Address:
Telephone No: **Cell Phone No:**
E-Mail Address (if applicable):
Relationship to Applicant:
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
Commitment of Housing Authority or Owner: 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.
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.
Legal Notification: 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.

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.