

NOTICE TO APPLICANTS

**This Housing Authority has “0”
Tolerance for violence & drug activity
by any family members and/or guests.**

**Our Dwelling Lease is based on “One
Strike - Your Out” to insure that our
communities remain safe & free of
drugs and violence.**

**A Criminal History report is
completed for every applicant.**

Tuckahoe Housing Authority
4 Union Place
Tuckahoe, New York 10707

PHA use Only- Pre-app Pre-claimed: Displacement Upward Mobility
Date of application: _____ Time of Application: _____ App # _____ Tier I Tier II

1. Name of head of household: _____
3. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
Current City, State and Zip _____
Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/Alaskan Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

| | First Name & Last Name if different from Head's | Date of Birth | Sex | Social Security Number | relation to Head | Disabled Person? | Birthplace: Country | Full-time student? |
|---|---|---------------|-----|------------------------|------------------|------------------|---------------------|--------------------|
| H | | | | _____ | Head | | | |
| 2 | | | | _____ | | | | |
| 3 | | | | _____ | | | | |
| 4 | | | | _____ | | | | |
| 5 | | | | _____ | | | | |
| 6 | | | | _____ | | | | |
| 7 | | | | _____ | | | | |
| 8 | | | | _____ | | | | |

14. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address and phone #. _____

15. Is the applicant family displaced by governmental action through no fault of their own? Yes No
If yes, who can verify this? Please give name, address & phone #: _____

16. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this?
Please give name, address, and phone number _____
17. Is any adult family member employed? Yes No If yes, name, address & phone # of employer: _____
18. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give name, address & phone #: _____
19. Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone #: _____
20. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

| Family Member Name | Income Source | Amount \$ | Frequency - Per |
|--------------------|---------------|-----------|--|
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |

21. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____
22. Do you own any real estate? Yes No If yes, what is the address? _____
23. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____
24. Current Landlord's name and phone # _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? Yes No If yes, why? _____
16. Have you ever lived in public housing before? Yes No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the housing authority? Yes No
17. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: _____
18. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: _____
19. Is anyone in your household currently on parole or probation? Yes No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

20. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 22.
21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

 Monthly medical expense: \$ Please give us the name, address & phone # of someone who can verify the expense: _____
22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense and the monthly amount: _____
 _____ Please give us the name, address & phone # of someone who can verify the expense: _____
23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please list the name, address and phone # of your child care provider: _____
 Monthly unreimbursed child care cost: \$ _____
24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? Yes No If yes, please give us the name of the family member and the name and address of someone who can verify this information:
 Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____
25. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
 Automobile: Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the _____ 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:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> 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 _____