



CITY OF HORNELL HOUSING AUTHORITY

87 East Washington Street, Hornell, NY 14843 • 1.607.324.7912

HORNELL COMMUNITY APARTMENTS APPLICATION

Important Information

Please read this carefully before completing the application form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the City of Hornell Housing Authority.

- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Assistance with completing the application is available through the City of Hornell Housing Authority.
- In order to assist those most vulnerable, local preferences are contained within the application and will be verified accordingly with supporting documentation provided by the applicant.
- An original birth certificate or other official record of birth is preferred for verification of age. For elderly members an original document that provides evidence of the receipt of social security retirement benefits is acceptable. If official record of birth cannot be provided, substitute documents that support the reported age of the family member (school records, driver's license if birth year is recorded, local police department issued identification, etc.) are required.
- Use the full legal name of each person listed on the application as it appears on their social security card.



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- The following is acceptable as evidence of the social security number:
 - An original SSN card issued by the Social Security Administration (SSA)
 - An original SSA-issued document, which contains the name and SSN of the individual
 - An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "*What is your telephone number*", and you do not have a telephone, write "none".
- All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and all adults age 18 and over must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask for our assistance.
- Be advised that the City of Hornell Housing Authority will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

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HORNEILL, NEW YORK 14843

KAREN CARNEY
EXECUTIVE DIRECTOR

PHONE: 607-324-7912
FAX: 607-324-7913

APPLICANT CERTIFICATION OF CLAIM TO LOCAL PREFERENCE
COMPLETE CAREFULLY-CHECK ALL PREFERENCES THAT YOU QUALIFY FOR

Print Name _____ Social Security Number _____

I hereby certify that I meet the following Local Preferences for the purpose of determining my rank on the Waiting List. Select all Preferences for which you are eligible. The City of Hornell Housing Authority and related affiliate companies will deny the preference if the client does not qualify. Providing false information will result in withdrawal of application.

Residency Preference: _____ I claim this preference.

Applicant households with a permanent physical residence within the City of Hornell. Eligibility for Local Residency Preference must be demonstrated by having a permanent physical residence within the City of Hornell. Physical residence shall be defined as a domicile with a mailing address, other than a post office box, for which the applicant can produce one or more of the following: a lease or a purchase agreement, utility bills showing the claimed residence address, or two pieces of first class mail addressed to a member of the applicant household at the claimed address. Residency must be on a permanent, non-temporary basis.

Income Preference: _____ I claim this preference.

Applicant household income below 50% of Area Median Income. Applicant household income will be verified using the methods described in the appropriate program manual. In cases where the application consists of a blended occupancy/program environment, the methods used will be the most stringent of the programs involved to ensure compliance with program requirements.

Elderly/Near Elderly/Disabled Preference: _____ I claim this preference.

Age and Disability status will be verified using the methods described in the appropriate program manual.

Family Preference: _____ I claim this preference.

Family as defined by HUD includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status, a single person, who may be an elderly person, disabled person, near-elderly person, or any other single person; or a group of persons residing together. Such group includes, but is not limited to a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family), an elderly family, a near-elderly family, a disabled family, a displaced family, or the remaining member of a tenant family. The PHA also defines a family as two or more individuals who are not related by blood, marriage, adoption, or other operation of law but who either can demonstrate that they have lived together previously or certify that each individual's income and other resources will be available to meet the needs of the family. Each family must identify the individuals to be included in the family at the time of application, and must notify the PHA if the family's composition changes. The term family and household have different meanings. Household is a broader term that includes additional people who, with the PHA's permission, live in the unit, such as live-in aides, foster children, and foster adults. Households do not necessarily receive the family preference.



Veteran Preference:

_____ I claim this preference.

Veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State. Those in the military and their families shall also be given the Veteran preference.

Working Preference:

_____ I claim this preference.

Working families, where the head, spouse, co-head, or sole member is employed at least 20 hours per week. Families where the head and spouse, or sole member is a person age 55 or older, or is a person with disabilities, will also be given the benefit of the working preference.

If preferences change, a new Certification to Local Preference form is available at the Office for updating your file. Documentation will be required to support preferences.

I understand that before I am offered assistance under the program, all claims to preferences will be verified by the City of Hornell Housing Authority and related affiliate companies. Applicants who claim a preference for which they are not qualified will have their application withdrawn.

Signature of Applicant _____

Date _____



Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identify Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/section8/programstheft.htm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____

Date _____

Optional and Supplemental 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.

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

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)	
<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	
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.	

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.

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87 EAST WASHINGTON STREET
HORNELL, NEW YORK 14843

KAREN CARNEY
EXECUTIVE DIRECTOR

PHONE: 607-324-7912
FAX: 607-324-7913

LANDLORD'S REFERENCE STATEMENT

Please fill in below, Name and Address of
FORMER Landlord (NOT the Landlord you
have now and NOT a relative or friend).

Address of Property that you rented:

X _____
Name
X _____
Street
X _____
City, State, Zip Code

X _____
X _____
X _____
X _____
Date Applicant's Signature

ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE. RETURN FORM TO OUR OFFICE.

Dear Landlord: This above named person has applied for an apartment operated by the Hornell Housing Authority. The information requested herein is required for the determination of eligibility for housing by this Authority. Please be advised that the applicant has authorized verification of all statements made on his/her application and is requesting release of this information as indicated by his/her signature. We enclose a self-addressed stamped envelope for your convenience. Thank you.

Tenant Relations/Assistant

DATES OF LENGTH OF RESIDENCY: From: _____ to _____

LEASE OBLIGATION: (was lease broken
Without consulting landlord/landlady?) _____

OCCUPANCY OBLIGATION: _____
(Excess number of persons beyond original occupants?) _____

WERE THERE COMPLAINTS ABOUT THEIR
LANGUAGE OR BEHAVIOR? _____

HOW DID THEY GET ALONG WITH NEIGHBORS? _____

PERFORMANCE IN MEETING RENT PAYMENTS? _____

APARTMENT CONDITION UPON DEPARTURE: _____

Damages, Rent Arrears, Court Action? _____

OTHER COMMENTS: _____

Landlord/Landlady/Management

Signature

Date

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any 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 not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____	Unit Number: _____
_____	Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Signature _____	(Date) _____	Signature _____	(Date) _____
Signature _____	(Date) _____	Signature _____	(Date) _____



OFFICE OF THE SHERIFF
STEUBEN COUNTY
BATH, NEW YORK 14810

MEMO

To Whom It May Concern:

In order to process criminal arrest background checks with our office, your agency must comply with the following guidelines:

- 1. Release authorization signed by the individual*
- 2. This signature will be required to be notarized*
- 3. A copy of the individual's driver's license or other form of photo identification to be included.*

Our requests seem to be increasing and there is a need to reduce the liability factor as much as possible.

Thank you for your cooperation in this matter.

LAW ENFORCEMENT IS EVERYBODY'S BUSINESS

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KAREN CARNEY
EXECUTIVE DIRECTOR

PHONE: 607-324-7912
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GENERAL CONSENT TO RELEASE INFORMATION

NAME _____

STREET ADDRESS _____

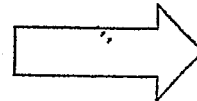
CITY, STATE, ZIP CODE _____

HEREBY REQUESTS: AREA CITY, COUNTY AND STATE POLICE AGENCIES
to release the following information to the City of Hornell
Housing Authority. x ANY CRIMINAL ACTIVITIES

HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S)
OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE
CURRENTLY USING?

YES ☐ NO ☐

IF YES, PLEASE EXPLAIN
ON BACK OF THIS FORM.



DATE: _____

Signature _____

Phone Number _____

Social Security No. _____

Birth Date _____

Signature _____

Phone Number _____

Social Security No. _____

Birth Date _____

Signature _____

Phone Number _____

Social Security No. _____

Birth Date _____

EACH PERSON
OVER
THE AGE OF 18
WHO WILL BE
LIVING IN THE
HOUSEHOLD
MUST SIGN
THIS RELEASE



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Yes No <input type="checkbox"/> <input type="checkbox"/>		
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Answer the following questions about all members of the household:

- Has any person, as an adult, who will live in the home previously lived in a State other than this State?
☐ Yes ☐ No
If yes, which family member(s)? _____ State lived? _____
_____ State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed?
☐ Yes ☐ No If yes, who? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? ☐ Yes ☐ No If yes, who? _____
- Is anyone who will be living in the home expecting a child?
☐ Yes ☐ No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home?
☐ Yes ☐ No If yes, who? _____
- Has anyone who will be living in the home ever used another social security number other than the one listed on this application? ☐ Yes ☐ No If yes, who? _____
- Has anyone who will be living in the home ever used another name, other than the one they are using now (for example: a maiden name)?
☐ Yes ☐ No If yes, what was the name? _____
- Is there anyone who will be living in the home who is attending college (part or full-time)?
☐ Yes ☐ No If yes, who? _____
- Does anyone in your household require any type of accommodations to fully utilize our programs and services? ☐ Yes ☐ No If yes, who? _____
What do they require? _____
- Do you own any pets? ☐ Yes ☐ No If yes, describe _____



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PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current and most recent address and the names and telephone numbers of your current and most recent landlord.

Current landlord _____ Phone: _____
Address _____ City/state/zip _____ How long? _____
Previous landlord _____ Phone: _____
Address _____ City/state/zip _____ How long? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

1. Has any household member ever been arrested for any crime? ☐ Yes ☐ No
If yes, who? _____ How many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2. Has any household member ever been convicted of any crime? ☐ Yes ☐ No
If yes, who? _____ How many times? _____ What crime(s)? _____

3. Is any household member a subject to lifetime sex offender registration? ☐ Yes ☐ No
If yes, who? _____ In what State(s)? _____
4. Is any household member currently using illegal drugs? ☐ Yes ☐ No If yes, who? _____
5. Has any household member received rental assistance in public housing or HCV? ☐ Yes ☐ No
If yes, when? Year(s) _____ Housing Agency Name _____
Under what name? _____ Who was Head of Household? _____
6. Has any household member ever been evicted from any type of housing? ☐ Yes ☐ No
If yes, explain when, where and for what reason(s). _____



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PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? ☐ Yes ☐ No
If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, over-time, tips, bonuses, fees or commissions from an employer? ... ☐ Yes ☐ No
- Money from self employment? ☐ Yes ☐ No
- Compensation for personal services? ☐ Yes ☐ No
- Income from the operation of a business or profession? ☐ Yes ☐ No
- Interest, dividends or other income from real or personal property? ☐ Yes ☐ No
- Payments from Social Security? ☐ Yes ☐ No
- Payments from Supplemental Security Income (SSI)? ☐ Yes ☐ No
- Payments from annuities? ☐ Yes ☐ No
- Payments from life insurance policies? ☐ Yes ☐ No
- Payments from retirement funds? ☐ Yes ☐ No
- Payments from pensions? ☐ Yes ☐ No
- Payments from disability benefits (through employer or insurance agency)? ☐ Yes ☐ No
- Payments from death benefits? ☐ Yes ☐ No
- Lump sum payments for the delayed start of periodic payments? ☐ Yes ☐ No
- Unemployment compensation? ☐ Yes ☐ No
- Disability compensation? ☐ Yes ☐ No
- Worker's compensation? ☐ Yes ☐ No
- Severance pay? ☐ Yes ☐ No
- Welfare, Public Assistance, TANF payments? ☐ Yes ☐ No
- Food Stamps, SNAP? ☐ Yes ☐ No
- Alimony payments, spousal support, maintenance? ☐ Yes ☐ No
- Child support payments? ☐ Yes ☐ No



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If Yes, what is the name of the absent parent? _____

Regular contributions of cash or gifts from anyone? ☐ Yes ☐ No

Regular or special military pay? ☐ Yes ☐ No

Financial assistance to attend school ☐ Yes ☐ No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source (name of company, agency, person)	Street address, city, state, zip of income source	Amount \$	Frequency – (Circle one)
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly

Family Member Name	Income Source (name of company, agency, person)	Street address, city, state, zip of income source	Amount \$	Frequency – (Circle one)
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly

What is the total approximate annual income of all household members? \$ _____

4. Complete for all SELF EMPLOYMENT INCOME, or check: NONE ()

Who receives income?	Monthly gross income from	Business expenses:
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	business:	Type	Amount	Frequency
Type of business:		_____	\$ _____	_____
		_____	\$ _____	_____
		_____	\$ _____	_____
Address of business:		_____	\$ _____	_____

5. Complete for all contributions (example: cash, toiletries, groceries, clothing) received, or check: NONE ()

Who receives contribution?	How often received:	Amount received, or value of goods:
Type of income:	Type of contribution (example: cash, toiletries, groceries, clothing):	
Payer Name:	Payer's address:	Payer's phone #

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

Savings account? ☐ Yes ☐ No

Checking account? ☐ Yes ☐ No

Certificate of deposit? ☐ Yes ☐ No

Money market account? ☐ Yes ☐ No

Family Member Name	Bank Name	Balance in Account	Interest rate
Example: John Smith	XYZ Bank	\$500.00	0.9%
		\$	
		\$	



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2. Do you or any family member own or have access to any of the following?

Stocks? ☐ Yes ☐ No Bonds? ☐ Yes ☐ No
Real property (land)? ☐ Yes ☐ No Trust funds? ☐ Yes ☐ No
Pensions, Retirement funds? ☐ Yes ☐ No Individual retirement accounts? ☐ Yes ☐ No
Inheritances? ☐ Yes ☐ No Life insurance policies? ☐ Yes ☐ No
Burial fund? ☐ Yes ☐ No Other type of capital investment? ☐ Yes ☐ No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Value of Asset	Annual Income from Asset
		\$	\$
		\$	\$

3. Have you or has any family member disposed on an asset in the last two years? ☐ Yes ☐ No If yes, what was the asset? _____

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have child care expenses for a child age 12 or younger? ☐ Yes ☐ No
If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	
				\$
				\$
				\$
				\$

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? ☐ Yes ☐ No
If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? ☐ Yes ☐ No If yes, complete the following:

Care Attendant	Amount
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PART G: CURRENT INFORMATION ABOUT HOUSEHOLD

1. Current Street Address: _____
2. Current City, State, Zip Code: _____
3. Current Telephone Number(s): _____
4. Current email address: _____

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the City of Hornell Housing Authority of any changes in my income and family members in writing within ten (10) business days of such change, and that I cannot permit any person to live in my unit without prior approval from the City of Hornell Housing Authority and my landlord. I understand that I can have guests but that I cannot have a guest for more than a total of two consecutive weeks. I certify that the house/apartment will be my principle residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I understand that I must supply all information needed to determine my eligibility and that I must attend pre-scheduled appointments and sign needed forms. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

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

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

Signature of Other Adult

Date

MARITAL STATUS AFFIDAVIT

Use this form for any applicant or resident who is divorced, separated, widowed, or estranged from their spouse

Applicant/Tenant: _____ **Unit #:** _____

I hereby certify that I am ☐ divorced; ☐ separated; ☐ widowed; ☐ estranged; ☐ single
from my spouse whose name is: _____

Date of divorce/separation/etc. _____

Check this box and initial:

☐ My spouse is NOT a member of this household and WILL NOT be living in the apartment

Check A or B:

A. ☐ I am NOT and will NOT be receiving any form of spousal contributions to my household.

B. ☐ I AM or DO anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$_____ per month will be
received during the next 12 month period. I will immediately notify the office of any
change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and can provide copies of legal documents to verify divorce, separation,
etc. ☐ YES ☐ NO If NO please state why: _____

The following legal actions have been made to attempt to collect payments owed to me:

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date