

**PROJECT BASED RENTAL ASSISTANCE APPLICATION  
VILLAGE SQUARE APARTMENTS**

*Village Square Apartments is located at 250 N Hamilton Street in Painted Post, NY. These are studio, one bedroom and two bedroom units. The units are designated for the elderly (age 62 or over) and handicap/disabled (under age 62).*

- Complete and return the application including the Supplement to Application for Federally Assisted Housing and Questionnaire. An incomplete application will be returned.
- If your application is complete and you meet the income guidelines below, you will be added to the Village Square waiting list. Please keep in mind that there is no emergency assistance and the waiting list may be long.
- When you near the top of the waiting list, you will be notified by mail. A meeting will be scheduled with you to discuss how the program works. If you still qualify for the program, you will be notified of your approval. You must also be approved by the complex owner. We inspect the rental unit to make sure it meets Housing Quality Standards. Your rent payment will be based on your household gross income.

**You may qualify if your total household income is below the following limits:**

Number of People in Household	Household Annual Gross Income	Number of People in Household	Household Annual Gross Income
1	\$20,850	5	\$32,150
2	\$23,800	6	\$34,550
3	\$26,800	7	\$36,900
4	\$29,750	8	\$39,300

Completing this application does not obligate you in any way. Applications will be taken on a first-come, first-served basis. Please complete the entire application, Supplement to Application for Federally Assisted Housing and Questionnaire.

**Although not required at this time it is recommended that photocopies of Social Security Cards and Birth Certificates for each member of the household are sent in with the application. Each name on the application must match that person's social security card. This includes last name, first name and middle initial. These documents will be required prior to your household receiving rental assistance.**

Please bring or mail the application to address listed or submit electronically using the Submit button:

**Arbor Housing and Development  
26 Bridge Street  
Corning, NY 14830**

If you have any changes to your address, income, or family members you must send the changes to us in writing. If you do not report these changes in writing you could be removed from the waiting list.

No one may charge an applicant a fee to submit an application for Rental Assistance and/or as a condition for receiving assistance if you are determined eligible. If anyone attempts to do so please contact the New York State Inspector General's office at 1-800-367-4448.

Applicant Last Name:		First Name:			Middle Initial:
Residential Address:					
City:	State:	Zip Code:	Telephone Number:		
Mailing Address if different from above:					

Fill out the chart below for each person who you anticipate will be living in your household. Put the head of household on the first line.

The racial and ethnic data section is necessary to comply with federal reporting requirements. This is for the purpose of statistical reporting only.

Race:           **W**= White       **B**=Black       **N**=American Indian/Alaskan Native       **P**=Native Hawaiian/Pacific Islander       **A**=Asian  
 Ethnicity:      **H**=Hispanic      **N**=Non Hispanic

Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth	Handicapp /Disabled Yes or No	Sex Male or Female	Race W, B, N, P, or A	Ethnicity H or N	Social Security Number	Gross Annual Income
			Head of Household							

I certify that the information provided on this application is true and accurate.

Signature of Head of Household: \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**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.

## **Knoxville Manor, Lake Street Apartments, Seneca Manor, Village Square, and Watkins Glen School Apartments Questionnaire**

A number of the project based voucher units at Knoxville Manor, Lake Street Apartments, Seneca Manor, Village Square, and Watkins Glen School Apartments are equipped with special accessibility features for persons with disabilities. To determine whether an applicant is qualified for a unit with special accessibility features, we ask that you answer the following question:

Do you or any household member require any of the following (check all that apply):

\_\_\_\_\_ a unit for a hearing-impaired person

\_\_\_\_\_ a unit for vision-impaired person

\_\_\_\_\_ a unit that is wheel chair accessible

\_\_\_\_\_ none of the above

Print Applicants Name (head of household): \_\_\_\_\_

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