

Attached please find a Section 8 Preliminary application. Please complete all information on the application and Contact Information Sheet and return to our office at your earliest convenience. Any missing information could result in a delay in processing your application. Below, please find information regarding the program. Keep this sheet for your information and reference. If you have questions, please contact our office at 585-237-2600. Thank you.

THE SECTION 8 HOUSING ASSISTANCE PROGRAM is a rental assistance program which provides affordable housing for low income households. The cost of the basic utilities is included in the level of assistance to be paid on your behalf. Lot rents for owners of mobile home may be eligible for Section 8 payments.

**YOU MAY QUALIFY IF:**

Your Annual gross income from all sources does not exceed the income guidelines, See current guidelines below.

**HOW PROGRAM WORKS:**

1. **APPLICATION:** You complete the Preliminary Application and are placed on the waiting list.
2. **ENROLLMENT:** You attend an enrollment interview where your eligibility is determined, and you receive information on how the program works and how to obtain housing suited to your needs.
3. **CERTIFICATION:** If you are eligible, you will receive a Voucher to verify your participation in the program
4. **HOUSING SELECTION:** You find a place within 60 days that meets housing standards and rent limits.
5. **NEGOTIATION:** You come to an agreement with the landlord on lease terms.
6. **AGENCY REVIEW:** The agency does an inspection on the dwelling prior to participation in the program.
7. **PAYMENTS:** The agency will pay directly to your landlord a portion of the rent each month. You pay the rest.
8. **SECURITY DEPOSITS:** The agency cannot pay security deposits.

**NOTICE:** No one may charge an applicant a fee to submit an application for Section 8 assistance and/or as a condition for receiving assistance if you are determined eligible. If anyone attempts to do so, please call the New York Inspector General's office at 1-800-367-4448.

**2019 SECTION 8 (HUD) INCOME GUIDELINES**

# in Household	Income	
	Monthly	Annual
1	\$ 2,000	\$ 24,000
2	\$ 2,283	\$ 27,400
3	\$ 2,571	\$ 30,850
4	\$ 2,854	\$ 34,250
5	\$ 3,083	\$ 37,000
6	\$ 3,313	\$ 39,750
7	\$ 3,542	\$ 42,500
8	\$ 3,771	\$ 45,250

04/24/2019 - per NYS update

## WAITING LIST APPLICATION

### Wyoming County Community Action, Inc. (WCCA) Housing Choice Voucher (HCV) Program

**This form must be completed by the Head of Household. Use the legal name for each household member.**

Date	Head of Household Name	Email Address					
Home Phone		Work Phone		Cell Phone		Other Phone	
Address (Please list last known address if you are currently homeless)				Apt. #	City	State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?					
If No:	Mailing Address			Apt. #	City	State	ZIP Code

**\*\*\*YOU MUST include proof of residency if you live in Wyoming County along with your application\*\*\***

**I. HOUSEHOLD: List all people who will live in the home.**

Please note that information about disability status and age may be used to determine selection from the waiting list. Enter information about all family members who will live in the home, including any unborn children.

**Relation:** head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

**Race:** Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
							<b>HEAD</b>
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
2. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
3. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
4. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
5. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
6. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

**Please provide any additional household member information on a separate sheet of paper.**



**II. ADDITIONAL HOUSEHOLD INFORMATION**

YES	NO	Question	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Are you currently homeless?</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any household member a U.S. military veteran?</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any household member subject to lifetime sex offender registration?</b>	
		If YES:	Who and Where:
			Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Has any household member been convicted of any crime (besides traffic violations)?</b>	
		If YES:	Who:
			State:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?</b>	
		If YES:	Who and Where:
			Details of Crime:

**III. FAMILY'S ANNUAL INCOME**

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
<b>Total Family Income</b>		\$

*Please provide any additional income information on a separate sheet of paper.*

**IV. FAMILY'S ASSETS**

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

*Please provide any additional asset information on a separate sheet of paper.*

**V. CERTIFICATION STATEMENT**

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

**Criminal and Administrative Actions for False Information**

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-Head

\_\_\_\_\_  
Date

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

