

LACKAWANNA MUNICIPAL HOUSING AUTHORITY
APPLICATION FOR HOUSING

Please complete ALL forms, attach ALL required verification and return to:

Lackawanna Municipal Housing Authority
135 Odell Street
Lackawanna, NY 14218

Refer all questions to: (716) 823-2551 Main Office or (716) 362-2635 Glover Office

To be qualified for admission to Public Housing an applicant must:

- a. Be a family as defined in LMHA'S Admission & Continued Occupancy Policy
- b. Provide proof of citizenship or immigration status
- c. Have an annual income at the time of admission that does not exceed the income limits established by HUD
- d. Meet the screening requirements related to criminal activity and alcohol abuse
- e. Provide documentation of Social Security numbers for ALL family members, age 6 or older, or certify that they do not have a Social Security number

PLEASE NOTE:

***FAILURE TO SIGN & COMPLETE ALL REQUIRED FORMS WILL RESULT IN THE APPLICATION BEING RETURNED TO YOU AND YOUR NAME WILL NOT BE PLACED ON THE WAITING LIST!**

***FAILURE TO SUBMIT REQUIRED PREFERENCE VERIFICATION ALONG WITH THE COMPLETED APPLICATION WILL RESULT IN DENIAL OF PREFERENCE CLAIMED.**

“OFFICIAL DATE OF APPLICATION RECEIVED” WILL BE THE DATE ALL REQUIRED INFORMATION AND VERIFICATION IS RECEIVED!

THE LMHA MAY REQUIRE FURTHER INFORMATION OR VERIFICATION TO DETERMINE ELIGIBILITY.

Accessible Unit is a unit designed to accommodate a wheelchair

When an “accessible” unit becomes vacant, the LMHA will first offer the unit to a current occupant requiring but not currently having such features; and then to an eligible applicant requiring the accessibility features. When offering an “accessible” unit to an applicant who does not require the accessibility features, the LMHA must require the applicant to agree to move to a non-accessible unit when available.

YOU MUST SUBMIT THE FOLLOWING VERIFICATION WITH OUR APPLICATION OR YOUR APPLICATION WILL NOT BE ACCEPTED:

1. Copy of Social Security Card for all family members
2. Copy of Birth Certificate for all family members
3. Copy of verification for all preferences claimed. See Page 5 for accepted verification
4. Criminal background check for all family members if 18 years and older.

NAME OF HEAD OF HOUSEHOLD: _____

STREET **CITY** **STATE** **ZIP CODE**

HOME PHONE # **WORK PHONE #** **CELL PHONE**

SOCIAL SECURITY # **DATE OF BIRTH** **SEX**

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN

ETHNICITY: ___ HISPANIC ___ NON HISPANIC
(USED FOR STATISTICAL REPORTING PURPOSES ONLY)

MARITAL STATUS:
___ MARRIED ___ SINGLE ___ DIVORCED ___ SEPARATED ___ WIDOWED

WILL THERE BE A CO-HEAD OF HOUSEHOLD? _____ IF SO, WHO?
_____. HOW MANY PEOPLE WILL BE LIVING IN THE UNIT? _____

DO YOU HAVE TO GIVE 30 DAYS NOTICE TO YOUR LANDLORD? _____
IF SO, DOES NOTICE HAVE TO BE GIVEN ON THE 1ST OF THE MONTH? _____

HAVE YOU OR ANY FAMILY MEMBERS BEEN KNOWN BY ANY OTHER
NAME? IF SO, WHO? _____

HAVE YOU OR ANY FAMILY MEMBER EVER LIVED IN A LMHA UNIT? _____
IF SO, WHO? _____ WHEN? _____

WHAT ADDRESS DID YOU RESIDE AT? _____

WERE YOU THE H/H? _____ IF NOT, WHO WAS? _____

HAVE YOU OR ANY FAMILY MEMBER EVER LIVE IN ANY PUBLIC HOUSING
UNIT? _____ IF SO, WHEN & WHERE? _____

DO YOU OR ANY FAMILY MEMBER OWE ANY MONEY TO ANY PUBLIC
HOUSING AUTHORITY? _____ IF SO, WHO & HOW MUCH? _____

FAMILY INFORMATION:

BEGINNING WITH YOU, LIST ALL PERSONS WHO WILL BE LIVING IN THE UNIT. EACH BOX MUST BE COMPLETED FOR ALL MEMBERS.

NAME	DOB	SEX	RELATIONSHIP TO H/H	SS #	DISABLED PERSON?
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1

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

2

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

3

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

4

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

5

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

6

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

7

RACE: ___ WHITE ___ AFRICAN AMERICAN ___ INDIAN ___ ASIAN
ETHNICITY: ___ HISPANIC ___ NON HISPANIC

***Add a separate sheet with addition family names if needed**

HOUSEHOLD INCOME INFORMATION:

PLEASE LIST **ALL** SOURCES OF “**GROSS**” INCOMES FOR **ALL** FAMILY MEMBERS. INCLUDE **ALL** EARNINGS AND BENEFITS FROM PUBLIC ASSISTANCE, VA, SS, SSI, SSD, UNEMPLOYMENT, WORKERS COMPENSATION, DISABILITY, PENSION, CHILD SUPPORT & WAGES.

FAMILY MEMBER INCOME SOURCE GROSS AMOUNT FREQUENCY

DOES ANYONE RECEIVE FOOD STAMPS? _____ IF YES, CURRENT BUDGET WILL BE REQUIRED UPON ADMISSION.

DOES ANYONE OUT SIDE OF YOUR HOUSEHOLD CONTRIBUTE ANY GIFTS OR MONIES TO YOUR FAMILY? _____ IF SO, WHO? _____ WHAT? _____

DOES ANYONE PAY ANY OF YOUR BILLS OR DEBTS FOR YOU? ___ IF SO, WHO? _____ HOW MUCH? _____ HOW OFTEN? _____

DO YOU PAY FOR DAYCARE FOR ANY FAMILY MEMBER WHO IS UNDER THE AGE OF 13? _____ IF SO, LIST NAME & MAILING ADDRESS OF PROVIDER _____

AMOUNT PAID \$ _____ PER _____ WEEK _____ BI-WKLY _____ MONTHLY

MEDICAL EXPENSES:

COMPLETE THIS QUESTION ONLY IF HEAD OR SPOUSE IS AT LEAST 62 YEARS OLD OR DISABLED:

DOES THE HOUSEHOLD PAY MEDICAL EXPENSES THAT ARE NOT REIMBURSED THRU ANY AGENCY? _____ SOME EXAMPLES ARE: COPAYS, INSURANCE PREMIUMS, PRESCRIPTION COSTS, HOSPITAL BILLS

WILL THERE BE A PET LIVING IN THE UNIT? _____ IF SO, WHAT KIND? _____

IS ANYONE IN YOUR HOUSEHOLD PREGNANT? IF SO, DUE DATE? _____

IS ANYONE 18 YRS OR OLDER A HIGH SCHOOL STUDENT? ___ WHO? _____

IS ANYONE A FULL TIME COLLEGE STUDENT? IF SO, WHO? _____

ARE THEY EMPLOYED ALSO? _____ WHERE? _____

HAVE YOU OR ANY FAMILY MEMBER EVER BEEN ARRESTED FOR ANY

DRUG-RELATED ACTIVITY? _____ IF YES, DESCRIBE _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED FOR FELONIOUS VIOLENT CRIMINAL ACTIVITY FOR THE USE, ATTEMPTED USE OR THREATENED USE OF PHYSICAL FORCE AGAINST A PERSON OR PROPERTY OF ANOTHER? _____

IF YES, WHO, WHEN, WHERE & DESCRIBE THE CHARGES:

HAVE YOUR OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED AND/OR CONVICTED OF ANY FELONIES? _____

IF YES, WHO, WHEN, WHERE & DESCRIBE THE CHARGES:

ASSET INFORMATION:

DOES ANY ADULT FAMILY MEMBER HAVE A CHECKING ACCOUNT? _____

IF SO, WHO? _____ WHERE? _____

BALANCE \$ _____ INTEREST EARNED PER YEAR \$ _____

ANY SAVINGS ACCOUNTS? _____ IF SO, WHO? _____ WHERE? _____

BALANCE \$ _____ INTEREST EARNED PER YEAR \$ _____

DOES ANYONE HAVE ANY CERTIFICATE OF DEPOSITS, (CD'S) STOCKS, BONDS, MONEY MARKET ACCTS OR MUTUAL FUNDS? IF YES, PLEASE LIST:

TYPE _____ MARKET VALUE _____ INT PER YEAR _____

TYPE _____ MARKET VALUE _____ INT PER YEAR _____

TYPE _____ MARKET VALUE _____ INT PER YEAR _____

ATTACH ADD'L SHEET IF NEEDED

DO YOU OWN ANY REAL ESTATE? _____ IF YES, DESCRIBE _____

HAVE YOU SOLD ANY REAL ESTATE IN THE PAST TWO YEARS? _____

PAST RENTAL HISTORY:

PRESENT LANDLORD'S NAME: _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ CELL PHONE _____ HOW LONG @ THIS ADDRESS _____

REASON FOR LEAVING? _____

HOW MUCH DID YOU PAY FOR RENT? _____ DID YOU PAY UTILITIES? _____

WAS YOUR RENT SUBSIDIZED? _____ IF SO, HOW MUCH? _____

BY WHAT AGENCY? _____

DID YOU HAVE A PET? _____ WHAT KIND _____

WILL THE SAME FAMILY MEMBERS BE LIVING IN THIS UNIT? _____

IF NOT, WHO WILL LEAVE OR BE ADDED? _____

PRIOR LANDLORD'S NAME, PHONE # AND MAILING ADDRESS, IF YOU LIVED IN PRESENT ADDRESS LESS THAN 3 YEARS: _____

ELIGIBILITY & PREFERENCES:

YOUR RESPONSE TO THE FOLLOWING STATEMENTS WILL HELP DETERMINE YOUR ELIGIBILITY FOR RENTAL ASSISTANCE AND IF YOU ARE ENTITLED TO A PREFERENCE WHEN PLACE ON OUR WAITING LIST.

ALL PREFERENCES CLAIMED MUST HAVE VERIFICATION SUBMITTED WITH APPLICATION IN ORDER TO RECEIVE PREFERENCE CREDIT.

Check each line that applies to your current status

YES, I AM A RESIDENT OF LACKAWANNA, NEW YORK
(Submit proof of address)

YES, I AM ELDERLY (HEAD OR SPOUSE 62 YRS OR OLDER) OR DISABLED (HEAD OR SPOUSE IS A PERSON WITH DISABILITIES DEFINED IN SECTION 3 (b) OF THE 1937 HOUSING ACT (42 U.S.C. 1437 a (b)).
(Submit proof of age and or disability income)

YES I AM NEAR ELDERLY (AT LEAST 50 YRS OF AGE BUT LESS THAN 62)
(Submit proof of age)

YES I AM A VETERAN OR VETERAN'S WIDOW
(Submit proof)

YES A HEAD, SPOUSE OR OTHER FAMILY MEMBER WORKS FULL TIME, OVER 35 HOURS PER WEEK. NOTE: ELDERLY OR DISABLED PERSONS AS DEFINED ABOVE WILL ALSO BE GIVEN THIS PREFERENCE
(Submit 2-3 current pay stubs)

ACCEPTABLE PREFERENCE VERIFICATION:

- * WAGE- 2-3 CURRENT PAY STUBS OR PRINTOUT FROM EMPLOYER
- *DISABILITY- SS, SSI, SSD CHECK STUB OR AWARD LETTER
- *VETERAN- VA CHECK STUB OR STATEMENT, MILITARY VERIFICATION
- *RESIDENCY- VALID DRIVER'S LICENSE, CURRENT LEASE OR UTILITY BILL
- *AGE- BIRTH CERTIFICATE, VALID ID/ LICENSE OR OFFICIAL DOCUMENT

FURTHER VERIFICATION OF INCOME, FAMILY COMPOSITION, ASSETS, MEDICAL EXPENSES, DEDUCTIONS AND EXEMPTIONS WILL BE REQUIRED AT TIME OF ADMISSION. VERIFICATION OF WAGE PREFERENCES ARE NOT SUFFICIENT FOR ELIGIBILITY/ ADMISSION PURPOSES AND YOU WILL BE REQUIRED TO SUBMIT MORE EXTENSIVE INCOME VERIFICATION UPON TENANCY.

CREDIT CHECKS MAY BE RUN ON ANY AND ALL APPLICANTS AND LANDLORD REFERENCES WILL BE VERIFIED

NOTICE: ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTIONS BY SUPPLYING FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (ANY ACT OF ASSISTANCE IS SUCH ATTEMPT) IS A CRIME.

I HAVE NO OBJECTION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING ELIGIBILITY AND STATEMENTS MADE AND PROVIDED HEREIN.

X _____ DATE _____

X _____ DATE _____

U.S. CITIZENSHIP NOTIFICATION & CERTIFICATION:

HOUSING MAY BE CONTINGENT UPON THE SUBMISSION AND VERIFICATION OF EVIDENCE OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS PRIOR TO THE TIME HOUSING IS MADE AVAILABLE. BASED ON THE EVIDENCE SUBMITTED AT THAT TIME, ASSISTANCE MAY BE PRORATED, DENIED OR TERMINATED FOLLOWING APPEALS AND INFORMAL HEARING PROCESSES.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT I CAN BE FINED UP TO \$10,000, OR IMPRISONED UP TO FIVE YEARS IF I FURNISH FALSE OR INCOMPLETE INFORMATION.

X _____ DATE _____

X _____ DATE _____

CONSENT FOR RELEASE OF INFORMATION
TO
THE LACKAWANNA MUNICIPAL HOUSING AUTHORITY

I _____ hereby authorize the release of information to the Lackawanna Municipal Housing Authority for any and all information about me, my family and /or my minor children that may be material to a determination of eligibility for housing and may demonstrate my ability to uphold the LMHA lease.

Such information includes but is not limited to, landlord references, reports on income, employment and other financial data; reports on past history of paying bills, taking care of property and housekeeping abilities. Also, to report any events/incidents/activities regarding myself or my family and our ability to respect the rights of other tenants, maintain an apartment and meet the terms of the LMHA lease.

I, the undersigned, do hereby authorize the Lackawanna Municipal Housing Authority and its staff to contact any office/agency, law enforcement and or credit bureau, group or organization to obtain information which is deemed necessary to screen or complete my application and to release any and all such information to the Lackawanna Municipal Housing Authority as verification or validation of candidacy/eligibility.

I have read the above release and I understand that it shall remain in effect until a final determination is made on the eligibility of my application and amount of housing assistance that will be provided upon my admission.

I understand that under New York Public Housing Law all information obtained will be kept confidential and used for the sole purpose of determining eligibility and assistance.

SIGNATURE

DATE

PRESENT ADDRESS: _____

LAST KNOWN ADDRESS, IF LESS THAN 1 YEAR: _____

Housing Authority
Landlord Verification Form

Name of Applicant: _____

Current Address: _____

Name of Landlord: _____

Are you a relative or friend of the applicant? If so, please describe the relationship:

Current Landlord: _____ Previous Landlord: _____ Other: _____

Dates of Applicant's Tenancy: From: _____ To: _____

Does (Did) the Applicant have a lease? ___ Yes ___ No

1. Rent Payment

A. Amount of monthly rent: \$ _____

B. Does (did) applicant pay rent on time? ___ Yes ___ No

C. Has (had) he/she ever paid late? ___ Yes ___ No

D. Have (had) you ever begun/completed eviction for non-payment? ___ Yes ___ No

E. Was a court judgment rendered in your favor for eviction for non-payment? ___Y___N

F. Do you provide any of the utilities for the unit? ___ Yes ___ No

G. Have tenant-paid utilities ever been disconnected? ___ Yes ___ No

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? ___ Yes ___ No

B. Has (had) the applicant damaged the unit? ___ Yes ___ No

Describe: _____

Cost to repair? \$ _____ How often? _____

C. Has (had) the applicant paid for the damage? ___ Yes ___ No

D. Will (did) you keep any security deposit? ___ Yes ___ No

E. Does (did) the applicant have problems with insect/rodent infestation? ___ Yes ___ No

F. Does (did) the applicant's housekeeping contribute to the infestation? ___ Yes ___ No

G. Did the applicant make any alterations to the unit without your permission? ___Y___N

3. General

A. Is (was) the applicant listed on the lease for the unit? Yes No

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No

If yes, Describe: _____

C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? Yes No

If yes, Describe: _____

D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? Yes No

If yes, Describe: _____

E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? Yes No

If yes, Describe: _____

F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? Yes No

If yes, Describe: _____

G. Has (had) the applicant given you any false information? Yes No

If yes, Describe: _____

H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlord's staff? Y N

If yes, Describe: _____

I. Would you rent to this applicant again? Yes No

If not, why? _____

Signature of Landlord: _____ **Date:** _____

Telephone Number of Landlord: _____

Applicant Release

I, _____ hereby authorize the release of the requested information.

Signature _____

Date: _____