

Andrew J. Spano
County Executive

Department of Planning

Gerard E., Mulligan, AICP
Commissioner

PRELIMINARY TENANT APPLICATION

**RETURN ONLY ONE (1) APPLICATION FORM PER FAMILY TO:
WESTCHESTER COUNTY PLANNING DEPARTMENT
SECTION 8 PROGRAM - 112 EAST POST ROAD - FIRST FLOOR
WHITE PLAINS, NEW YORK 10601**

1. TO BE FILLED OUT BY APPLICANT:

Name _____
Street Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone # () _____ Work Phone # () _____
Mailing address (if different from above) _____

If you are presently living in a motel, hotel, WestHELP, WESTHAB, emergency housing, shelter, hospital domicile or another homeless facility, **PLEASE LIST YOUR LAST PERMANENT RESIDENCE BELOW.**

Address _____ Apt. # _____
City _____ State _____ Zip Code _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

<u>FULL NAME</u>	<u>RELATION- SHIP</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SEX</u>	<u>ATTENDING SCHOOL</u>
a. _____	H.O.H	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
b. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
c. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
d. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
e. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			

f. Do you expect any change (s) in your family size? _____NO _____YES
If "YES", EXPLAIN: _____

2a. **The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority Families. This information must be completed, or the application will be returned to you, thereby delaying the processing of your application.**

1. **RACIAL GROUP IDENTIFICATION:** (used for statistical purposes only). (Please check as many as apply from this group for the head of household only.)

_____ White _____ Native Hawaiian/Other Pacific Islander
_____ Black _____ American Indian/Native Alaskan
_____ Asian

2. **ETHNICITY:** (check **only one** from this group)

_____ Hispanic _____ Non-Hispanic

2b. Have you ever participated in the Section 8 Program before? _____NO _____YES
If "YES", please explain: _____

2c. **OPTIONAL (NOT REQUIRED TO ANSWER)**

Are you disabled or handicapped? Claim of disability is regarding eligibility only. _____NO _____YES

2d. **If disabled:** Do you require any modification or accommodations in order to fully utilize the unit or the program and its services? _____NO _____YES
Explain: _____

3. **PREFERENCES:**

Are you presently living in substandard housing? _____NO _____YES
Substandard housing is defined as dilapidated, inoperable plumbing, (unusable toilet, shower, bathtub) no heat or electric, should but does not have a kitchen, or an agency has declared it unfit for habitation.

Are you homeless? _____NO _____YES
Homeless is defined as lacking a fixed, regular and adequate night-time residence, and having a primary night-time residence that is: a shelter; institution that provides temporary residence; or a public or private place not designed for sleeping.

Have you been involuntarily displaced due to a fire, natural disaster, hate crimes, witness protection program, domestic violence, unit inaccessibility, government or landlord action? _____NO _____YES

Are you paying more than 50% of your gross monthly income for rent? _____NO _____YES

What is your Monthly Rent \$ _____

Check Utilities paid by you now: _____ Heat \$ _____ /month
 _____ Electricity \$ _____ /month
 _____ Gas \$ _____ /month
 _____ Water \$ _____ /month
 _____ Other \$ _____ /month

4. INCOME:

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER'S NAME/ADDRESS</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	

5. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)

6. **ASSETS:****Checking Accounts:**

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Certificates of Deposit (CD's):

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Credit Union Shares:

Credit Union Name _____ Amt. _____
 Address _____

Stocks/Bonds (Value) \$ _____
 Savings Bonds (Value) \$ _____

Other _____ Amt. _____
 (includes IRA's, mutual funds, etc.)

Do you **NOW** own real estate: _____ NO _____ YES If "yes", what is the value _____

Have you **EVER** owned real estate? _____ NO _____ YES If "yes", when?

7. If you were offered a Project Based Voucher, would you accept? With this type of voucher you must reside in a particular building and cannot move for the minimum of one year. _____ NO _____ YES

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

NO ONE MAY CHARGE ANY 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 STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.

 Signature

 Date