



SYRACUSE HOUSING AUTHORITY
 516 Burt Street
 Syracuse, New York 13202
 315-475-6181

APPLICATION FOR PUBLIC HOUSING

This application cannot be used for Housing Choice Vouchers (Section 8)

PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE

Thank you for your interest in Public Housing. Please fill out, sign, and date the attached application and consent forms. Once completed, dated and signed by all household members over the age of 18, please return the application to the address above.

If any information or signatures are missing, the application will be returned to you for completion. Your name will not be placed on the Wait List until your application is complete.

Your completed application will be reviewed and a preliminary background check will be completed to determine if you are eligible. If your household is determined to be eligible, your name will be placed on the Wait List. You will be contacted by mail to schedule an update appointment as your name nears the top of the Wait List. Your household will then be screened on numerous criteria including, but not limited to, landlord references, housekeeping abilities, income eligibility, and criminal history. If you successfully complete the screening process, you will be offered an apartment when one becomes available.

To check your status on the Wait List at anytime, you may call our Automated System. To access our Automated System: call 315-475-6181, select prompt 4 until the system is accessed, then follow the remaining prompts and enter the Head of Household's Social Security Number.

To be eligible for Public Housing, your gross annual income must be less than:

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low Income	\$23,700	\$27,100	\$30,500	\$33,850	\$36,600	\$39,300	\$42,000	\$44,700
Low Income	\$37,950	\$43,350	\$48,750	\$54,150	\$58,500	\$62,850	\$67,150	\$71,500

The Authority has established certain preference categories and all families meeting one or more of those preferences will be assisted before those applicants who do not meet these preferences. To be considered for a preference, you must provide supporting documentation with your application.

Preference Categories	Examples of Supporting Documentation
Displacement due to Domestic Violence	Court Order of Protection; or Temporary Order of Protection and a Police Report; or Vera House Shelter Verification Letter
Displacement due to lead-based paint risk	Child age 7 or under in household; physician documentation showing lead levels in 2 consecutive visits of 20 or higher
Displacement due to fire through no fault of family	Fire Report
Displacement due to government displacement	A letter from Codes Enforcement stating residence is unfit for human habitation

We will periodically update our Wait List to determine if you remain interested in living in Public Housing. It is your responsibility to respond to these mailings by the deadline date or your name will be withdrawn from the Wait List.

It is also the responsibility of the applicant to notify the Authority of any changes in address, phone number, family size, income, or preference circumstances. Any changes must be reported to this office in writing on a Changes to Public Housing Wait List Application Form or your application may be withdrawn from the Wait List.



SYRACUSE HOUSING AUTHORITY
 516 BURT STREET
 SYRACUSE, NEW YORK 13202
 315-475-6181

PLEASE PRINT AND COMPLETE ALL INFORMATION ON THIS FORM

If any information or signatures are missing, your name will NOT be placed on the Wait List

The Syracuse Housing Authority complies with all applicable federal, state and local laws and provides reasonable accommodations to persons with disabilities upon written request.

A. List each person who will live with you if you are approved to live in Public Housing. The Head of Household must be at least 18 years of age.

Last name, First Name	M.I.	Date of Birth	Age	Sex	Relationship to Self/Head	Social Security #
					SELF/HEAD	

A.1. Does anyone currently live with you who is not listed above? _____ If yes, please explain why this person will not be living with you if you are approved for Public Housing _____

B. Current address and phone number:

House #	Street	Apt #	City	State	Zip Code
Daytime Phone #		Cell Phone #		Other #	
Name of Current Landlord				Landlord's Phone #	
Landlord's Mailing Address					

C. List below all income received by all members of your household. List the amount before any deductions, such as NYS Tax, Social Security, etc. Income includes, but is not limited to, cash on hand, full and part-time employment, pensions, public assistance, child support, Social Security, bank accounts, stocks, bonds, property, money market funds, IRA's, Keogh's, cash value of life insurance policies, annuities and certificate of deposits.

Last Name, First Name	Monthly Income	Type of Income

D. Have you ever applied to live in Public Housing with the Syracuse Housing Authority? _____ If yes, when? _____

- E. Do you currently live in subsidized or Public Housing? _____
- F. Have you previously lived in subsidized or Public Housing? _____ If yes, where? _____
- G. If available, would you prefer a smoke-free building? _____
- H. Race of Head of Household (for statistical purposes): ___ Caucasian ___ African American ___ Asian ___ Native Hawaiian/Pacific Islander ___ American Indian/Alaskan Native ___ Other: _____
- H.1. Ethnicity of Head of Household (for statistical purposes): ___ Hispanic ___ Non-Hispanic
- I. Does anyone listed in your household require to be in an elevator building? _____ If yes, please explain: _____
- J. Does anyone listed in your household require a handicapped accessible apartment? _____ If yes, please indicate what accessibility features are needed: _____
- K. Which housing developments would you like to apply for?
NOTE: *Your name will only be placed on the selected Wait Lists that you are eligible for. If you do not select a property, your application will not be processed, and your name will NOT be placed on the Wait List. Pioneer Homes is our only property with one bedrooms for those under the age of 50.*

Family Units

- ___ Benderson Heights (2, 3, or 4 Bedrooms)
- ___ Central Village (2, 3, 4, or 5 Bedrooms)
- ___ James Geddes (2, 3, or 4 Bedrooms)
- ___ McKinney Manor (3, 4, or 5 Bedrooms)
- ___ Pioneer Homes (1, 2, 3, or 4 Bedrooms)
- ___ Scattered Sites (2, 3, or 4 Bedrooms)

Elderly/Disabled Units

(Must be 50+ years old, or disabled)

- ___ Almus Olver Towers (0, 1, or 2 Bedrooms)
- ___ Fahey Court (0, 1, or 2 Bedrooms)
- ___ James Geddes Elderly (1 or 2 Bedrooms)
- ___ Ross Towers (1 or 2 Bedrooms)
- ___ Toomey Abbott Towers (0, 1, or 2 Bedrooms)
- ___ Vinette Towers (1 or 2 Bedrooms)

- L. Have you been (please select all that apply and provide any supporting documentation):

- ___ Displaced involuntarily due to domestic violence
- ___ Displaced involuntarily due to lead-based paint risk
- ___ Displaced involuntarily due to a fire that was of no fault to the applicant family
- ___ Displaced involuntarily due to government displacement

Preference in the provision of housing will only be given to eligible applicants if they meet one or more of the above preferences *and* have provided the necessary supporting documentation.

Examples of supporting documentation are below:

Preference	Supporting Documentation
Displacement due to Domestic Violence	Court Order of Protection, or Temporary Order of Protection and Police report, or Shelter Verification from Vera House
Displacement due to lead-based paint risk	Child age 7 or under in household; physician documentation showing lead levels in 2 consecutive visits of 20 or higher
Displacement due to fire through no fault of family	Fire Report
Displacement due to government displacement	A letter from Codes Enforcement which states that the residence is unfit for human habitation

LANDLORD INFORMATION/ADDRESS HISTORY FOR THE PAST 5 YEARS

Include history for **everyone** who is listed on your Syracuse Housing Authority application who is 18 years of age or older. If you were not the Head of Household, list who was. Include the Landlord's name and complete address (street, city and zip code). Please attach additional information, if needed. The local Tax Assessor's office may be able to help you obtain the complete address for each Landlord.

CURRENT ADDRESS _____
House # Street Apt. # City State Zip code

LANDLORD'S NAME _____ LANDLORD'S PHONE # _____

LANDLORD'S ADDRESS _____

MONTH AND YEAR YOU RESIDED HERE _____ TO _____

REASON FOR MOVING _____

PREVIOUS ADDRESS _____
House # Street Apt. # City State Zip code

LANDLORD'S NAME _____ LANDLORD'S PHONE # _____

LANDLORD'S ADDRESS _____

MONTH AND YEAR YOU RESIDED HERE _____ TO _____

REASON FOR MOVING _____

PREVIOUS ADDRESS _____
House # Street Apt. # City State Zip code

LANDLORD'S NAME _____ LANDLORD'S PHONE # _____

LANDLORD'S ADDRESS _____

MONTH AND YEAR YOU RESIDED HERE _____ TO _____

REASON FOR MOVING _____

PREVIOUS ADDRESS _____
House # Street Apt. # City State Zip code

LANDLORD'S NAME _____ LANDLORD'S PHONE # _____

LANDLORD'S ADDRESS _____

MONTH AND YEAR YOU RESIDED HERE _____ TO _____

REASON FOR MOVING _____

APPLICANT CERTIFICATION

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements of information are punishable under Federal law.

I understand it is my responsibility to keep all information provided in this application current and accurate. I understand that any changes to information, including but not limited to, current address, phone number, and household composition, must be provided in writing, on a "Changes to Public Housing Wait List Application" Form.

I understand that if you are unable to contact me, my Application for Public Housing will be withdrawn. I understand that if I wish to be considered again, I will have to complete another Application for Public Housing.

I understand that my signature below certifies that I understand and acknowledge all of the above statements.

Head of Household's Signature

Print Name

Date

All household members listed on this application who are over the age of 18 must sign and date the Authorization for Release of Information Form on the next page

**SYRACUSE HOUSING AUTHORITY
516 BURT STREET
SYRACUSE, NY 13202**

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the SYRACUSE HOUSING AUTHORITY any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the release also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Syracuse Housing Authority only in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited, to:

Credit History	Identity and Marital Status
Criminal Activity	Social Security Numbers
Family Composition	Residences and Rental History
Employment, Income, Pensions and Assets	Federal, State, Tribal or Local Benefits

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Banks and Other Financial Institutions	U.S. Social Security Administration
Courts	U.S. Department of Veterans Affairs
Law Enforcement Agencies	Providers of:
Credit Bureaus	Alimony
Employers (Past and Present)	Child Support
Landlords	Credit
School and Colleges	Pension/Annuities
Welfare Agencies	Utilities

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization will be kept on file with the Syracuse Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household's Signature	Print Name Here	Date
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Spouse/Mate's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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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.