

WAITING LIST APPLICATION COVER PAGE
Arbor Housing and Development (AHD) Housing Choice Voucher (HCV) Program

Following is a list of items that you'll need to provide to be added to the waiting list:

1) Waiting List Application

- Please answer every question on all four pages of the application. If you do not answer a question, the application cannot be accepted and will be returned to you.

2) Supplement to Application for Federally Assisted Housing

- Please answer every question on the supplement. If you do not designate a contact person, you must check the box at the top of the supplement.

3) Proof of Current Address

- If you are applying to a county waiting list and it's the county in which you already reside, you are required to provide proof of your current address. The documentation provided as proof must have the name of the head-of-household and/or spouse and address that corresponds with the names and address that is given on the application. Acceptable proof is a current lease, current rent receipt, current utility bill (a utility bill is defined as a bill containing the applicants name and address for any recurring service like fuel or electric), deed, current benefit document from a federal, state or county agency (i.e., SNAP, Public Assistance, Social Security, HEAP). If you do not provide proof of address, your application will be considered incomplete and will be returned to you.
- If you are homeless please provide documentation from a homeless shelter, agency or other source indicating such circumstances. If you do not provide proof of address, your application will be considered incomplete and will be returned to you.
- If you are applying to a project-based (apartment complex) waiting list only, you do not need to provide proof of your current address.
- If you do not live in the county in which you are applying, you do not need to provide proof of your current address.

4) Social Security Cards and Birth Certificates

- 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.

Next Steps:

- Once your complete application is received and if your household meets the income guidelines, you will be added to the waiting list.
- Please keep in mind that there is no emergency assistance and the waiting list may be long.
- When your application reaches the top of the waiting list, you will be notified by mail and scheduled to attend an intake and briefing appointment at AHD located at 26 Bridge St., Corning, NY.
- If you qualify for the program, you will be issued a voucher that gives you 60 days to find housing. Where you live now may qualify or you may choose another unit.
- We inspect the rental unit to make sure it meets Housing Quality Standards.
- Your rent payment will be based on your household gross income.
- If you have a disability that poses a limitation or barrier in your ability to complete this application, you may request a reasonable accommodation.
- 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 HCV 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.
- Completing this application does not obligate you in any way.

Please bring or mail the application to:
Arbor Housing and Development @ 26 Bridge Street Corning, NY 14830

WAITING LIST APPLICATION
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Your household's annual gross income must be at or below the following limits for the County in which you are applying or the County where the apartment complex is located:

Number of People in Household	Household Annual Gross Income for Chemung County	Household Annual Gross Income for Schuyler County	Household Annual Gross Income for Steuben County
1	\$27,300	\$27,600	\$27,600
2	\$31,200	\$31,550	\$31,550
3	\$35,100	\$35,500	\$35,500
4	\$38,950	\$39,400	\$39,400
5	\$42,100	\$42,600	\$42,600
6	\$45,200	\$45,750	\$45,750
7	\$48,300	\$48,900	\$48,900
8	\$51,450	\$52,050	\$52,050

Each waiting list is described below. Please select **ONLY** the waiting list you are eligible for and applying to.

Waiting Lists for Chemung County	Restrictions	Apply if	I'm applying
Chemung County Waiting List		you want to live in Chemung County	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chemung Crossing		you want to live at Chemung Crossing @ 214 S. Main St., Elmira (studio, 1, 3 & 4 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clemens Manor	Head of Household or Spouse must be age 62 or older	you want to live at Clemens Manor @ 201 E. Church St., Elmira (1 & 2 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eastgate Apartments		You want to live at Eastgate Apartments @ 150 Harriet Street, Elmira, NY 14901	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiting Lists for Schuyler County	Restrictions	Apply if:	I'm applying
Schuyler County Waiting List		you want to live in Schuyler County	Yes <input type="checkbox"/> No <input type="checkbox"/>
Watkins Glen School Apartments	Head of Household or Spouse must be age 62 or older	you want to live at Watkins Glen School Apartments @ 906 N. Decatur St., Watkins Glen (1 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiting Lists for Steuben County	Restrictions	Apply if:	I'm applying
Steuben County Waiting List		you want to live in Steuben County	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knoxville Manor Apartments	Head of Household or Spouse must be age 62 or older or handicap/disabled	you want to live at Knoxville Manor Apartments @ 40 W. William St., Corning (1 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lake Street Apartment	All household members must be age 62 or older	you want to live at Lake Street Apartments @ 41 Lake St., Hammondsport (1 & 2 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lamphear Court I		you want to live at Lamphear Court I @ 77 Lamphear Court, Corning (1 & 2 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seneca Manor		you want to live at Seneca Manor @ 7475-7477 Seneca Rd., Hornell (1, 2 & 3 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Village Square Apartments (Preference given to eligible veterans and their surviving spouses)	Head of Household or Spouse must be age 62 or older or handicap/disabled	you want to live at Village Square Apartments @ 250 N. Hamilton St., Painted Post (studio, 1 & 2 bedroom units)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lincoln Gardens	Head of Household or Spouse must be age 62 or older	You want to live at Lincoln Gardens @ 373 Canisteo Street, Hornell, NY 14843	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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"/>	Are you currently homeless or at risk of becoming homeless? <i>Please note: if you are not homeless when you are called to the top of the list, you will be placed back at the bottom of the list.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently in an institution or segregated setting or at serious risk of institutionalization?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Does any disabled household member require a specific accommodation to fully utilize our program?
		If YES: Who and Where:
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
		If YES: Who and Where:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
		If YES: Who and State:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?
		If YES: Who and Where:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member received assistance from another Section 8 or Public Housing Program?
		If YES: Who and name of housing agency:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member ever been terminated from another Section 8 or Public Housing Program?
		If YES: Who and housing agency:
		Date and Reason:

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

III. FAMILY'S ANNUAL INCOME

List all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, SSI, etc.		
Household Member Name	Type of Income	Amount of gross income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Gross Income		\$

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	Type of Asset	Cash Value	Interest Rate	Amount of gross income per year
		\$	%	\$
		\$	%	\$
		\$	%	\$
		\$	%	\$

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. I/we certify that signatures below are original signatures or electronic signatures.

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

Updated 2/16/23

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.

Supplemental and Optional 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.

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.	

Check this box if you choose not to provide the contact information.

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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.