



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

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	\$49,600	\$51,350	\$51,150
2	\$56,650	\$58,700	\$58,450
3	\$63,750	\$66,050	\$60,500
4	\$70,800	\$73,350	\$73,050
5	\$76,500	\$79,250	\$78,900
6	\$82,150	\$85,100	\$84,750
7	\$87,800	\$91,000	\$90,600
8	\$93,500	\$96,850	\$96,450

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	CLOSED
Chemung Crossing		you want to live at Chemung Crossing @ 214 S. Main St., Elmira (studio, 1, 3 & 4 bedroom units)	CLOSED
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	CLOSED
Waiting Lists for Schuyler County	Restrictions	Apply if:	I'm applying
Schuyler County Waiting List		you want to live in Schuyler County	CLOSED
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	CLOSED
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)	CLOSED
Seneca Manor		you want to live at Seneca Manor @ 7475-7477 Seneca Rd., Hornell (1, 2 & 3 bedroom units)	CLOSED
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"/>

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)	Relation
							HEAD
Disability	U.S. Citizen	Full-time Student	Race	Hispanic/Latino	Social Security #	Alien Registration #	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. 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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. 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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. 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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <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?
<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 4/14/2026

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.