

APPLICATION

Mail only one (1) application per family by regular mail
(DO NOT SENT BY REGISTERED OR CERTIFIED MAIL)

MAIL TO: AVERY VILLAGE
 1100 VILLAGE DRIVE
 E. PATCHOGUE, NY 11772

Each application received will be recorded. Since so many families/elderly need housing, this development will not be able to accommodate all who are eligible. As families are reached, they will be called in for an interview.

NO PAYMENTS OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

Name _____ Age _____

Street Address _____ Apt.No. _____

City _____ Town _____ State _____ Zip _____

Home phone number _____

If you are not at home please list a phone number of family or friend _____

Social Security Number _____

Do you presently own a home? _____ Rent an apartment? _____

Live with Family? _____ Other _____

FUNCTIONAL STATUS

Are you or any member of your family who lives with you disabled? YES or NO

If "YES" enter name _____

If Disabled or Handicapped, Does your (or any member or your family's) disability/handicap require special accessibility features? YES or NO

If "YES" enter features desired _____

CITIZENSHIP

Are you a citizen or national of the United States? YES or NO

If "YES" no further information is required. Sign and date below

Signature

Date

If you are a non-citizen with eligible immigration status please check the appropriate statement below:

I am a non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 9 (a) (20) and 1101 (a) (15), respectively [immigrants]. This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status. YES _____ NO _____

I am a non-citizen who entered the united States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United State since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by an Attorney General under section 249 of the INA (8 U.S.C. 1259) YES _____ NO _____

I am a non-citizen who is lawfully present in the United States pursuant to an admission under section 207 or the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153) (a) (7) who entered the United States before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182) (D) (5) [parole status]. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1153) (h) [threat to life or freedom]. YES _____ NO _____

I am a non-citizen lawfully admitted for temporary or permanent residence under section 254A of the INA (8 U.S.C. 1225a) [amnesty granted under INA 245A]. YES _____ NO _____

INCOME

List all full and/or part-time employment for all household members who are applying for this apartment. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

OTHER SOURCES OF INCOME

Welfare, Social Security, SSI, pension disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants.

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

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. This information must be completed. It will not affect the processing of this application.

RACIAL GROUP IDENTIFICATION (USED FOR STATISTICAL PURPOSES ONLY)

Please check one group which identifies the *HEAD OF HOUSEHOLD*.

White (non Hispanic) _____ Black (non Hispanic) _____ Hispanic _____

American Indian or Alaskan Native _____ Asian or Pacific Islander _____

CURRENT ASSETS

Checking Accounts Bank _____ A/C # _____ \$ _____

Bank _____ A/C# _____ \$ _____

Passbook Savings Bank _____ A/C# _____ \$ _____

Bank _____ A/C# _____ \$ _____

Savings Certificates Bank _____ A/C# _____ \$ _____

Bank _____ A/C# _____ \$ _____

Stocks and Bonds (Value) \$ _____

Investments (Value) \$ _____

Do you own Real Estate? YES or NO

If "YES" what is the value \$ _____

Other Assets:

Type _____ Value \$ _____

Type _____ Value \$ _____

Assets recently disposed of : Has any family member disposed of any assets for less than flat market value during the past two years? YES or NO

If "YES" provide with following information:

Asset	Market Value at time of Disposition	Date of Disposition	Amount Received
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Are there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?

YES or NO

If "YES" please give Amount \$ _____

MEDICAL EXPENSES

This allowance is permitted only for households whose HEAD or SPOUSE are age 62 or older, handicapped or disabled.

Consider only medical expenses that will not be paid by an outside source (Insurance, Medicare, grants by a state agency or charitable organization).

What are the medical expenses anticipated to be paid by your household in the coming 12 month period?
\$ _____

HANDICAP EXPENSES

This allowance applies only if a family member is Handicapped or Disabled.

Consider only handicap expenses that will not be paid or reimbursed by an outside source (Insurance, Medicare, grants by a state agency or charitable organization) and not paid to a family member living in the household.

What are the handicap expenses anticipated to be paid by the household in the coming 12 month period?
\$ _____

Will this expense enable an adult member of the household to work? YES or NO

CHILD CARE EXPENSES

This allowance applies only to amounts paid for the care of children (include foster children) **UNDER THE AGE OF 13.**

Do you pay for babysitting while you or your family work or attend vocational or academic courses? YES or NO

If "YES" list babysitters:

Name _____ Address _____

Number _____

Cost of babysitting: per week \$ _____ per month \$ _____ per year \$ _____

PROGRAM INFORMATION

How did you hear about this development

Sign Posted on Building _____ Newspaper _____ Local Organization or Church _____

Friend or Family _____ Assisted Housing List _____ Brochure/Pamphlet _____

Other _____ (Fair Housing Counseling Center, Office of the Handicapped, etc...)

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLCIATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: WILLFUL, FALSE STATEMENT OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

Signature _____

Date _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS SUBMITTED BY THE FAMILY WILL BE MOVED TO THE BOTTOM OF THE LIST.

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.

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.