



4817 South Catherine Street  
 Suite 101  
 Plattsburgh NY 12901  
 Phone: 518-561-0720  
 Fax: 518-561-1769  
[www.phaplattsburgh.com](http://www.phaplattsburgh.com)

For Office Use Only

03/11

Appointment \_\_\_\_\_ @ \_\_\_\_\_  
 Hearing \_\_\_\_\_ @ \_\_\_\_\_  
 Withdrawn \_\_\_\_\_ For \_\_\_\_\_  
 Eligible \_\_\_\_\_  
 Ineligible \_\_\_\_\_ For \_\_\_\_\_  
 Date \_\_\_\_\_ No. \_\_\_\_\_ BR Size \_\_\_\_\_  
 Income \_\_\_\_\_ Allowable \_\_\_\_\_

**PRELIMINARY APPLICATION**

All Questions Must Be Answered In **Ink** (Please Print)  
 Information Regarding This Application Will Be Released To Applicant(s) Only

\_\_\_\_\_  
 Last Name First Middle

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 Mailing Address

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Ethnicity (Select One Only): Race (Select One Only):  
 Hispanic or Latino  American Indian or Alaskan Native  Asian  
 Not Hispanic or Latino  Native Hawaiian or Pacific Islander  White  
 Black or African American

If we are unable to reach you, please list someone we can contact locally:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**You are required to notify the Plattsburgh Housing Authority in writing within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name may be removed from the waiting list and you will be required to reapply.**

List LEGAL NAMES of all permanent household members below. Begin with head of household, co-applicant, minors (eldest to youngest), and any other adults.

<u>Legal Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
	Self			
_____				
_____				
_____				
_____				
_____				

Do you anticipate any change in family size within the next 12 months (including pregnancy)? Yes \_\_\_ No \_\_\_  
 If yes, please explain. \_\_\_\_\_

Has anyone listed on this application ever used any other name(s) such as maiden name, or social security number(s) other than the one they are currently using? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

**Studio Apartments**

A studio apartment is a small apartment consisting of a galley kitchen, bathroom, and a combined living/sleeping area. If you are the only person applying for housing, would you be interested in renting a studio apartment? Yes \_\_\_\_ No \_\_\_\_

**Income Information**

<u>Family Member</u>	<u>Source of Income</u>	<u>Gross Amount (Weekly/Monthly)</u>

Did you file an income tax return last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does anyone pay your bills or expenses for you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Asset Information (Include Real Estate)**

<u>Family Member</u>	<u>Asset Description</u>	<u>Value</u>	<u>Interest Rate</u>

<b>Banking Information</b>	<u>Account No.</u>	<u>Account Type</u>	<u>Balance</u>

**Preferences**

Do you live in Clinton County? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you work or are you being hired to work in Clinton County? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you 62 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicants claiming Clinton County residency **must** provide proof of residency. Verification may be demonstrated by any of the following: driver’s license, voter registration card, utility bill, pay stub, wage verification from employer, statement from employer indicating place and starting date of employment. Birth certificates must be submitted for the “over age 62” preference as well as verification for disability.

**Pets** (please see the pet policy for allowable pets)

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_  
Size: \_\_\_\_\_ Weight: \_\_\_\_\_

**Program Integrity Information**

Has anyone listed on this application ever been a resident of any housing authority (including Plattsburgh Housing Authority)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, under what name? \_\_\_\_\_  
Address \_\_\_\_\_  
Name/Address of Housing Authority \_\_\_\_\_

Has anyone listed on this application ever been a participant in a rental assistance program (including Plattsburgh Housing Authority HCV Program)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, under what name? \_\_\_\_\_ Address \_\_\_\_\_  
Date \_\_\_\_\_  
Name/Address of agency administering rental assistance program. \_\_\_\_\_

Has anyone listed on this application **ever** been involved in any criminal activity (including arrests, convictions, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list all criminal activity below.

<u>Name</u>	<u>Date</u>	<u>City, County, State</u>	<u>Charge</u>

Has anyone listed on this application ever been engaged in the use, sale, manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Who? \_\_\_\_\_ When? \_\_\_\_\_ What? \_\_\_\_\_

Has anyone listed on this application ever been evicted from a housing unit due to drug-related or violent criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Where was the housing unit? \_\_\_\_\_

Dates \_\_\_\_\_

Does anyone listed on this application owe any money to a public housing agency? Yes \_\_\_\_ No \_\_\_\_

**Work History**

List the last place of employment for all adult household members.

<u>Family Member</u>	<u>From (Year)</u>	<u>To (Year)</u>	<u>Employer</u>

**Military History**

Are you or have you served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you currently dependent on someone in the military to pay your rent? Yes \_\_\_\_\_ No \_\_\_\_\_

**Public Housing Suitability Screening**

Have you ever rented from a landlord? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom \_\_\_\_\_

When \_\_\_\_\_ Why \_\_\_\_\_

List the addresses where you have lived in the past five years, along with the landlord and address of each landlord (include your current address).

<u>Address (Yours)</u>	<u>Landlord Name/Address</u>	<u>From</u>	<u>To</u>

## SECTION 504 REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing with the Plattsburgh Housing Authority. It is used to determine whether an applicant's family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

1) Do you require any modifications or accommodations in order to fully utilize the unit? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

2) Does anyone listed on this application have a condition that requires the following:

_____ Separate Bedroom	_____ Unit for Vision Impaired
_____ Barrier-Free Apartment	_____ Unit for Hearing Impaired
_____ One-Level Unit	_____ Bedroom/Bathroom on First Floor
_____ Physical Modifications to a Typical Apartment	

3) Is everyone listed on this application able to climb stairs without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

4) Does anyone listed on this application require a live-in aide? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

5) Whom can the Plattsburgh Housing Authority contact to verify your need for the features you have identified above?

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

As of June 19, 1995, the federal government requires that the Plattsburgh Housing Authority obtain evidence of citizenship or eligible immigration status from all housing program participants. Rental assistance will not be provided for any person(s) who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Naturalization Service (INS) document. The INS will be assisting this office in verifying current eligible immigration status.

For **each minor under 18 years of age**, the form must be completed and signed by the **adult of the housing unit who is responsible for the child**. If a member of your household cannot complete the declaration, please contact our office for further assistance.

Are all members of the household United States citizens? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, who is not a citizen? \_\_\_\_\_

**DECLARATION OF CITIZENSHIP**

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name)

\_\_\_\_\_  
(Signature)

x x

I, \_\_\_\_\_, am certifying that I have eligible immigration status. I offer the following evidence to support this certification: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I have eligible immigration status. I offer the following evidence to support this certification: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

x x

I, \_\_\_\_\_, am providing authorization to the Plattsburgh Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am providing authorization to the Plattsburgh Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.

\_\_\_\_\_  
(Signature)

**AUTHORIZATIONS, REPRESENTATIONS & CERTIFICATIONS**

I/We understand that this is not a contract and does not bind either party. I/We hereby certify that the information given to the Plattsburgh Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

**Notice:** Any attempt to obtain public housing, rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Penal Law Sections 175.00 et. seq. and 210.00 et. seq.

I/We certify that the information given to the Plattsburgh Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated which includes, but is not limited to, documenting my income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests, and/or convictions. I/We understand all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**Notice: You are required to notify the Plattsburgh Housing Authority, in writing, within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name may be removed from the waiting list and you will be required to reapply.**

I/We hereby authorize the release to Plattsburgh Housing Authority of information requested with respect to determining my/our eligibility for assistance. This includes, but is not limited to, documenting my/our income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests and/or convictions. I/We understand that all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility.

Signed \_\_\_\_\_  
Head of Household

Signed \_\_\_\_\_  
Co-Head of Household

Date \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Date \_\_\_\_\_

Date \_\_\_\_\_



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

Public Housing (24 CFR 960)

Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)

Section 8 Moderate Rehabilitation (24 CFR 882)

Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p> <p><b>Plattsburgh Housing Authority</b>  <b>4817 South Catherine St.</b>  <b>Suite 101</b>  <b>Plattsburgh, NY 12901</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the</b>  <b><i>Debts Owed to PHAs &amp; Termination Notice:</i></b></p>	
	<p><b>Signature</b></p> <p><b>Printed Name</b></p>	<p><b>Date</b></p>



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
  - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



## Reasonable Accommodation for Applicants with Disabilities

The Plattsburgh Housing Authority (PHA) is a public agency that provides low rent housing to eligible families, elderly families and single persons. The PHA does not discriminate against applicants on the basis of race, religion, sex, national origin, disability or handicap. In addition, the PHA provides "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A "reasonable accommodation" is some modification or change the PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the PHA's programs. Examples of reasonable accommodations include:

- Installing strobe light smoke detectors in an apartment for a family with a hearing-impaired member.
- Permitting a family to have a support animal necessary to assist a family member with a disability in a PHA family development where animals are not usually permitted.
- Making large type documents or having a reader available for a vision-impaired applicant during the application process.
- Having a sign language interpreter available for a hearing-impaired applicant during the interview.
- Permitting an outside agency to assist an applicant with a disability to meet the PHA's applicant screening criteria.
- Making alterations to a PHA unit to be used by a family member with a wheelchair.

An applicant family that has a member with a disability must still meet essential obligations of tenancy. They must be able to pay rent, care for their apartment, report required information to the Housing Authority, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Jennifer Lamberton-Becthol at 561-0720 Ext 224.

# NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING SECTION 214 HOUSING ASSISTANCE

**The Law:** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final “Noncitizens Rule” entitled Restrictions on Assistance to Noncitizens, which was published in the Federal Register, on Monday, March 20, 1995 (60 FR 14816-4861).

**When The Law Becomes Effective:** The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

**What The Law Means To You:** The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

**Type of Programs This Law Applies To:** The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

**What Persons Are Covered By This Law:** Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

**What Evidence Will Be Required?** Each family member, regardless of age, is required to submit the following evidence:

**For Citizens or Nationals:** A signed declaration of U.S. citizenship (whether by birth or naturalization.)

**For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995:** A signed declaration of eligible immigration status and proof of age.

**For All Other Noncitizens:** The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below; and 3) a signed verification consent form.

**For All Other Noncitizens, What Immigration Status is Eligible?** Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

**Immigration Status Under §101 (a)(15) or 101 (a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101 (a)(20) of the INA, as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

**Permanent Residence Under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, Asylum, or Conditional Entry Status Under §207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) 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 [conditional entry status].

**Parole Status Under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

**Threat to Life or Freedom Under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General’s withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty Under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

**What INS Documents are Acceptable?** The original of one of the following documents is acceptable evidence of immigration status, subject to verification with INS:

- 1) Form I-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum"
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

**Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HA must immediately make copies from the original document(s) and return the original documents to the family member.**

**When Must Evidence of Eligible Immigration Status Be Submitted?** Evidence of eligible immigration status must be submitted at the times specified below, subject any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

**Applicants.** For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

**Families already receiving assistance on June 19, 1995.** For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

**New occupants of assisted units.** For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

**Changing participation in a HUD program.** Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family has submitted the evidence to the HA for a covered program.

**One-time evidence requirement for continuous occupancy.** For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

**What Happens if One or More Family Members Does Not Qualify?** Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the HA informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.
- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events;

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and
  - a) The family does not pursue INS appeal or HA informal hearing rights; or
  - b) INS appeal and HA informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

**What Rights of Appeal Are Available?** Three distinct forms of appeal process are available to both applicants and tenants:

**1) Appeal to INS.** The following instructions apply to right of appeal to the INS:

**a) Submission of request for appeal.** When the HA receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the HA's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.

**b) Documentation to be submitted as part of the appeal to INS.** The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top corner in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.

**c) Results of INS Appeal.**

- (i) The INS will issue the results of the appeal to the family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30 day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15, or 18.

(ii) When the HA receives a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.

**d)** No delay, denial, or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of INS appeal assistance may not be delayed, denied or terminated on the basis of immigration status.

## **2) Informal hearing with HA.**

**a)** When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family must request that the HA provide an informal hearing. This request must be made either within 14 days of the date the HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

**b)** Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.

**c)** Informal hearing procedures.

(i) For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.

(ii) For applicants, the procedures for the informal hearing before the HA are as follows:

(A) Hearing before an impartial individual. The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA), other than a person who made or approved the decision under review, and other than a person who is subordinate of the person who made or approved the decision;

(B) Examination of evidence. The applicant shall be provided the opportunity to examine and copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

(C) Presentation of evidence and arguments in support of eligible immigration status. The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to the admissibility under the rules of evidence applicable to judicial proceedings;

(D) Controverting evidence of the project owner. The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;

(E) Representation. The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;

(F) Interpretive services. The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;

(G) The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and

(H) Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.

**3) Judicial relief.** A decision against a family member under the INS appeal process or the HA's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.



## **Plattsburgh Housing Authority**

### **Violence Against Women Re-Authorization Act of 2005 (VAWA)**

The Violence Against Women Re-Authorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contact provisions and requirements for the public housing program:

Every contract for contributions shall provide that . . . the public housing agency shall not deny admission to the project to any applicant on the basis that the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any federal, state, or local law that provides greater protection than this section for victims of domestic violence, dating violence or stalking.

#### **PHA Confidentiality Requirements**

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

#### **Contacts**

PHA Police Officer  
Ted K. Center  
8 Tyrell Avenue  
Plattsburgh NY 12901  
518-562-3411

STOP Domestic Violence  
22 U.S. Oval  
Plattsburgh NY 12901  
518-563-6904 or 1-888-563-6904 (outside Plattsburgh area)

National Teen Dating Abuse Helpline  
[www.loveisrespect.org](http://www.loveisrespect.org)  
1-866-331-9474

National Domestic Violence Hot Line  
1-800-799-SAFE(7233) or 1-800-787-3244 (TTY)