



Harison Place CAI Limited Partnership

Plattsburgh Housing Authority, Managing Agent
Citizen Advocates, Inc., Housing Services Provider

(For Office Use Only)

Appointment _____ @ _____
 Hearing _____ @ _____
 Withdrawn _____ for _____
 Eligible _____
 Ineligible _____ for _____

 Date _____ No. _____ Initials _____
 BR Size _____
 Income _____ Allowable _____

NOTE TO APPLICANT: PLEASE PRINT CLEARLY -- This application must be filled out completely. You must answer all questions and do NOT leave any blanks. If anything doesn't apply, please write N/A.

A full application must be submitted in order to determine eligibility. The full application will be reviewed for a determination of eligibility, and the applicant will be notified in writing of the determination.

Applications are due, including all attachments, by September 15th, 2023 in order to be included in a lottery to be held on September 28th, 2023 at 10:00AM at 324 Creighton Road, Malone, NY 12953. Applicants may attend in person or request a Zoom link. Any applications received after September 15, 2023 will be automatically placed on a waiting list and processed in the order received when a vacancy becomes available.

This is an application for housing at:	<input type="checkbox"/> Harison Place 5 Harison Place Malone, NY 12953
Please complete this application and return to:	Plattsburgh Housing Authority 4817 South Catherine Street Plattsburgh, NY 12901 Or Citizen Advocates, Inc. 324 Creighton Road Malone, NY 12953
	Fax: (518) 561-1769; E-mail: office@phaplattsburgh.com This application may be found online at www.phaplattsburgh.com and www.citizenadvocates.net If you have a disability and would like assistance with your application, please contact us at (518) 561 – 0720.
Harison Place has a NO SMOKING and NO PETS policy. Per the Americans with Disabilities Act, service animals are not considered pets.	

APPLICATION FOR HOUSING

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

Applicant Name:		Home Telephone Number: ()	
Address:	Apt. Number:	Cell Phone Number: ()	
City, State, Zip:		Email Address if you want us to communicate with you by email:	

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest. If you have more than six total household members, please add a separate sheet of paper with the same information as below.

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Includes Elementary through Higher)		
						Full Time	Part Time	N/A
1		Head				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1) Do you anticipate any changes in the size of your household *within the next 12 months*? YES NO
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: _____

2) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? If yes, please explain here: _____ YES NO

3) Does any member in your household require a live-in care attendant because of a disability? YES NO

4) Are you currently receiving housing assistance from HUD or a Public Housing Agency? YES NO
 If yes, please state where: _____

5) Are you or is any member of your household currently using marijuana or any other illegal drug? YES NO

6) Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? YES NO

This means that smoking is prohibited in the unit, on unit porches, and in all indoor common areas and outdoor common areas that are within twenty-five (25) feet of the building or any outdoor common area. This includes sidewalks, hallways, elevators, etc.

Empire State Supportive Housing Initiative Set-aside: Please indicate if you qualify for the preference indicated below. Be advised that if you qualify for this preference, you will **not** be included in the lottery.

<input type="checkbox"/>	I am being referred for or applying for ESSHI Permanent Supportive Housing services through Citizen Advocates, Inc.
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UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preference(s) below. Please indicate any necessary special features below.

Unit Size	Special Features Requested
<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Communication Accessible Unit <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Reasonable Accommodation (List Below):
<input type="checkbox"/> 2 Bedroom Unit	
<input type="checkbox"/> 3 Bedroom Unit	

Service Animals:

1) Do you have a Service Animal?

YES

NO

If yes, what kind of Service Animal? How many?

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

HOUSEHOLD HISTORY

The questions below apply to all members of your household, including minors and those temporarily absent from the home.

YES **NO**

- Have you or anyone else named on this application filed for bankruptcy?
Please explain: _____

- Have you or anyone else named on the application been convicted of a drug related **or other** crime?
Please explain: _____

- Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program in any state?
Please explain: _____

- Have you or anyone else named on the application ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally-assisted housing?
Please explain: _____

- Are there any special needs or accommodations the household will require, such as grab bars or a unit for mobility impaired or hearing/vision impaired?
Please explain: _____

STUDENT ELIGIBILITY QUESTIONS

- 7) Are **ALL** members of your household full-time students? YES NO
- 8) Will **ALL** members of your household be full-time students during any 5 months of **this** year?
(Example: a student who goes to school full-time in any parts of January, February, April, October and November) YES NO
- 9) Will **ALL** members of your household be full-time students during any 5 months of **next** year? YES NO
- 10) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? YES NO
If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____
- 11) Does **ANY ADULT** member of your household intend to become a student **within the next 12 months**? YES NO
If yes, who will be enrolling in school? _____ Name of School _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 12) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case ID # or #'s) _____ YES NO
- IF "NO", SKIP TO QUESTION 12**
- a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____
- b.) Name of person(s) paying support / alimony: _____
- Are the **FULL** court-ordered amount(s) being received? YES NO
- If "**NO**", are you making efforts to collect the amounts due? YES NO
- If "**YES**", please explain the efforts you're making here: _____
- 13) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**? YES NO
- (This includes help from children's father or mother for clothes, groceries, etc.)
- IF "NO", SKIP TO NEXT SECTION**
- a.) Payment Amount: \$ _____ per _____
- b.) Name of person(s) paying support / alimony:
- _____ Phone: _____ for child: _____
- _____ Phone: _____ for child: _____

Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="radio"/>	<input type="radio"/>	14) Is any member of the household employed?	
		Job 1) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Job 2) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
		Check if there are any additional jobs in the household <input type="checkbox"/> (attach a separate sheet with contact information)	
<input type="radio"/>	<input type="radio"/>	15) Are any household members self-employed?	
		Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	16) Are any adult members of your household unemployed?	
		Which adult members are unemployed? _____	
<input type="radio"/>	<input type="radio"/>	17) Does any household member receive pay from the military?	
		Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	18) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other	
		Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	19) Does any household member receive severance pay or worker's compensation?	
		Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	20) Is any household member unemployed and receiving Unemployment Benefits payments?	
		Who is receiving unemployment benefits? _____ What State: _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	21) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)	
		Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____	AMT \$ _____ PER _____

INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="radio"/>	<input type="radio"/>	<p>22) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</p> <p>Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement</p> <p>Who receives these benefits? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="radio"/>	<input type="radio"/>	<p>23) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</p> <p>What is the name of the person that pays you? _____</p> <p>What is their address? _____</p> <p>Phone number? _____</p>	<p>AMT \$ _____</p> <p>PER _____</p>
<input type="radio"/>	<input type="radio"/>	<p>24) Is there any other source of income we haven't already asked about above that you receive? An example would be SSP.</p> <p>Please Describe: _____</p>	
<input type="radio"/>	<input type="radio"/>	<p>25) Does your household expect any changes in their income <i>within the next 12 months</i>?</p> <p>Please Describe: _____</p>	
<input type="radio"/>	<input type="radio"/>	<p>26) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility?</p> <p>Which household member is in a long-term facility? _____</p> <p>Which household member are the payments made to? _____</p> <p>What company pays this person? _____</p> <p>Contact Person: _____ Phone: _____</p>	
<input type="radio"/>	<input type="radio"/>	<p>27) Do any adult members of your household have zero income?</p> <p>Which adult members have zero income? _____</p>	

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

28) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

Bank 2) Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

Check if there are additional accounts of the above types belonging to the household. Attach a separate piece of paper listing the bank name, account type and name(s) on all additional accounts.

29) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds
 Whole Life Insurance Other: _____

30) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

31) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____

32) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____

33) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: \$ _____

34) Does any household member have a Trust Account?

Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

35) Does any household member have any Treasury Bills or Government Savings Bonds?

Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

36) Does any household member have cash on hand or safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____

37) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? _____

What is the estimated value of this asset if you were to sell it today? \$ _____

ACCOUNT / ASSET INFORMATION CONTINUED

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

- 38) In the past two years, has any household member given away any asset(s) for less than they were worth?**
(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What was the estimated value of this asset? \$_____

- 39) Does any household member receive money which is direct-deposited and accessed by a debit card?**
(Examples are a Social Security Direct Express card, a payroll Emerald card, a card issued by DSS to access benefits or child support, etc.)

Which household member(s)?_____

DEMOGRAPHIC QUESTIONS (Voluntary)

Race of Head of Household (check all that apply): I prefer not to answer White Black or African American
 American Indian/Alaska Native Asian/Pacific Islander

Ethnicity of Head Household: Hispanic or Latino Non-Hispanic or Latino

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for housing at Harison Place. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, landlord references, ability to pay rent, etc. All background checks are conducted in accordance with New York State Law and New York State Homes and Community Renewal policies.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for housing at the above-mentioned properties.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

HARISON PLACE IS A SMOKE-FREE PROPERTIES

Harison Place CAI Limited Partnership, Owner
c/o Plattsburgh Housing Authority, Managing
Agent
125 Finney Boulevard, P.O. Box 608
Malone, NY 12953

Phone: (518) 483-1251
Fax: (518) 483-2242
NYS TTY/TDD: #711

Harison Place CAI Limited Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Plattsburgh Housing Authority
Occupancy Administrator
4817 South Catherine Street
Plattsburgh, NY 12901
Telephone -Voice: (518) 561-0720
NYS TTY/TDD : #711



