## AUSTIN MANOR PROJECT-BASED RENTAL ASSISTANCE PROGRAM WAITING LIST APPLICATION

1.	HEAD OF HOUSEHOI	LD:		
		FIRST	MIDDLE	LAST
2	STREET ADDRESS:	`		
۷.	STREET ADDRESS		CITY/TOWN	STATE ZIP
2	MAILING ADDRESS:			
<i>J</i> .	(IF DIFFERENT FROM ABOVE)	NUMBER & STREET	CITY/TOWN	STATE ZIP
4.	PHONE NUMBER: (		E-MAIL ADDRESS	
5.	SOCIAL SECURITY #:		DATE OF BIRTI	H:
6.	WHAT IS THE TOTAL Y	YEARLY <u><b>GROSS</b></u> INCOME OF	ALL HOUSEHOLD MEMB	ERS? \$
7.	HOW MANY PEOPLE (	(INCLUDE YOURSELF) WILL	BE IN YOUR ASSISTED-HC	OUSEHOLD?
8.	YES OR NO (pleas	EIVED RENTAL ASSISTANCE e circle one) IF YES, WHE	:N?	
9.		N EVICTED FROM PUBLIC HO		" ,
10		NE IN YOUR HOUSEHOLD EN NO (please circle one)	NGAGED IN CRIMINAL AC	TIVITY WITHIN THE PAST
	REGISTRATION FROM	T TO THE SEX OFFENDER LIF	SING ASSISTANCE. ARE Y	E SEX OFFENDER OU OR IS ANYONE IN YOUR
12	. PLEASE CIRCLE THE R 1 – WHITE 2-BLAC	CK 3-AMERICAN INDIA	• •	s statistical purposes only) - ASIAN/PACIFIC ISLANDER
	PLEASE CIRCLE THE E	THNICITY OF HEAD OF (red 2-NON-HISPANIC	quested for HUD's statisti	cal purposes only)

(TURN OVER)

## **Household Members (please list all household members)**

<u>Name</u>	Relationship	<u>Sex</u>	<u>Veteran</u>	<u>Date of</u> <u>Birth</u>	<u>Disabled</u>	Social Security Number
	Head of					
	Household					

## **CERTIFICATION**

UNDER THE PENALTY OF PERJURY, I CERTIFY THAT I AM THE HEAD OF HOUSEHOLD AND THAT ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT THE INCOME FOR ALL HOUSEHOLD MEMBERS HAS BEEN REPORTED. I UNDERSTAND THAT MY FAILURE TO DO SO CAN RESULT IN BEING FINED UP TO \$10,000, OR IMPRISONED UP TO FIVE YEARS, OR THAT ASSISTANCE MAY BE DENIED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY BELMONT HOUSING RESOURCES FOR WNY OF ANY CHANGE OF ADDRESS AND THAT IF BELMONT HOUSING RESOURCES FOR WNY CANNOT CONTACT ME BECAUSE I MOVED WITHOUT HAVING NOTIFIED THEM, MY NAME MAY BE REMOVED FROM THE WAITING LIST NECESSITATING MY REAPPLICATION.

BELMONT HOUSING RESOURCES FOR WNY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY, HANDICAP, OR THE PRESENCE OF CHILDREN, IN ADMISSION TO OR ACCESS TO THE PROGRAMS WE ADMINISTER OR IN THE TREATMENT OF APPLICANTS AND PARTICIPANTS.

NOTE: according to federal regulations, Section 8 rental assistance may only be provided to U.S. citizens and non-citizens with specific types of eligible immigration status. You need NOT provide verification of your citizenship at this time. However, you will be required to provide verification of your citizenship or eligible immigration status when your name reaches the top of the waitlist list and processing begins to determine your eligibility.

	/ /	
SIGNATURE OF HEAD OF HOUSEHOLD/APPLICANT	DATE	

PLEASE RETURN COMPLETED APPLICATION TO: BELMONT HOUSING RESOURCES FOR WNY 2393 MAIN ST.
BUFFALO, NY 14214

BELMONT HOUSING RESOURCES FOR WNY IS DEDICATED TO PROVIDING AFFORDABLE HOUSING OPPORTUNITIES

