CAROLL COLPOYS APARTMENTS PROJECT-BASED RENTAL ASSISTANCE PROGRAM WAITING LIST APPLICATION

1.	HEAD OF HOUSEHOL	_D:		
		FIRST	MIDDLE	LAST
2.	STREET ADDRESS: _	·		
		NUMBER & STREET	CITY/TOWN	STATE ZIP
3.	MAILING ADDRESS: _	NUMBER & STREET	CITY/TOWN	STATE ZIP
1				
5.	SOCIAL SECURITY #: _	<u></u>	DATE OF BIRTH	1:/
6.	WHAT IS THE TOTAL Y	EARLY <u>GROSS</u> INCOME OF	ALL HOUSEHOLD MEMBE	ERS? \$
_	LIOW MANNY DEODLE	UNCLUBE VOLIBORIES VAILL	DE IN VOLID ACCISTED LIO	1165110103
/.	HOW MANY PEOPLE ((INCLUDE YOURSELF) WILL	BE IN YOUR ASSISTED-HO	OSEHOLD!
8.	HAVE YOU EVER RECE	EIVED RENTAL ASSISTANCE	OR LIVED IN PUBLIC HOU	SING?
		e circle one)		
9		I EVICTED FROM PUBLIC H		(nlease circle one)
٠.		W		"
10.	. HAVE YOU OR ANYON	IE IN YOUR HOUSEHOLD EI	NGAGED IN CRIMINAL AC	FIVITY WITHIN THE PAST
	3 YEARS? YES or	NO (please circle one)		
11.		NS PROHIBIT ANY PERSON		SEX OFFENDER OU OR IS ANYONE IN YOUR
		TO THE SEX OFFENDER LIF		JO OR IS ANYONE IN YOUR
	YES or NO (pleas	se circle one)		
12.	. PLEASE CIRCLE THE R 1 – WHITE 2-BLAC	ACE OF HEAD OF HOUSEH		statistical purposes only) ASIAN/PACIFIC ISLANDER
			,	·
	PLEASE CIRCLE THE ET 1 - HISPANIC	THNICITY OF HEAD OF (red 2-NON-HISPANIC	quested for HUD's statistic	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

