

**GRATWICK MANOR PROJECT-BASED RENTAL ASSISTANCE PROGRAM  
WAITING LIST APPLICATION**

1. HEAD OF HOUSEHOLD: \_\_\_\_\_  
  FIRST  MIDDLE  LAST

2. STREET ADDRESS: \_\_\_\_\_  
  NUMBER & STREET  CITY/TOWN  STATE      ZIP

3. MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)                NUMBER & STREET  CITY/TOWN  STATE      ZIP

4. PHONE NUMBER: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ E-MAIL ADDRESS\_\_\_\_\_

5. SOCIAL SECURITY #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. WHAT IS THE TOTAL YEARLY **GROSS** INCOME OF **ALL** HOUSEHOLD MEMBERS? \$\_\_\_\_\_

7. HOW MANY PEOPLE (INCLUDE YOURSELF) WILL BE IN YOUR ASSISTED-HOUSEHOLD? \_\_\_\_\_

8. HAVE YOU EVER RECEIVED RENTAL ASSISTANCE OR LIVED IN PUBLIC HOUSING?  
YES OR NO (please circle one) IF YES, WHEN? \_\_\_\_\_  
AND WHERE? \_\_\_\_\_

9. HAVE YOU EVER BEEN EVICTED FROM PUBLIC HOUSING? YES or NO (please circle one)  
IF YES, WHEN? \_\_\_\_\_ WHY? \_\_\_\_\_

10. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD ENGAGED IN CRIMINAL ACTIVITY WITHIN THE PAST  
3 YEARS? YES or NO (please circle one)

11. FEDERAL REGULATIONS PROHIBIT ANY PERSON SUBJECT TO THE LIFETIME SEX OFFENDER  
REGISTRATION FROM RECEIVING FEDERAL HOUSING ASSISTANCE. ARE YOU OR IS ANYONE IN YOUR  
HOUSEHOLD SUBJECT TO THE SEX OFFENDER LIFETIME REGISTRATION?  
YES or NO (please circle one)

12. PLEASE CIRCLE THE RACE OF HEAD OF HOUSEHOLD (requested for HUD's statistical purposes only)  
1 – WHITE 2-BLACK 3-AMERICAN INDIAN/ALASKAN NATIVE 4- ASIAN/PACIFIC ISLANDER

PLEASE CIRCLE THE ETHNICITY OF HEAD OF (requested for HUD's statistical purposes only)  
1 - HISPANIC 2-NON-HISPANIC

**(TURN OVER)**

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

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

