MARINE DRIVE 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/TOW/N | | 7ID |
| | | | · | | |
| 4. | PHONE NUMBER: (_ | | E-MAIL ADDRESS | | |
| 5. | SOCIAL SECURITY #: _ | | DATE OF BIRTH | 1:/ | <i>J</i> |
| 6. | WHAT IS THE TOTAL Y | EARLY <u>GROSS</u> INCOME OF | ALL HOUSEHOLD MEMBI | ERS? \$ | |
| | | | | | |
| 7. | HOW MANY PEOPLE (| INCLUDE YOURSELF) WILL | BE IN YOUR ASSISTED-HO | USEHOLD? | |
| 8. | | IVED RENTAL ASSISTANCE | | | |
| | | e circle one) IF YES, WHE | | | |
| 9. | | EVICTED FROM PUBLIC H | | (please circle or | ne) |
| | | W | | •• | • |
| 10 | | E IN YOUR HOUSEHOLD E | NGAGED IN CRIMINAL AC | FIVITY WITHIN TH | E PAST |
| | 3 YEARS? YES or | NO (please circle one) | | | |
| | | IS PROHIBIT ANY PERSON RECEIVING FEDERAL HOU | | | |
| | HOUSEHOLD SUBJECT | TO THE SEX OFFENDER LI | | JO ON IS ANTONE | . IIV TOOK |
| | YES or NO (pleas | e circle one) | | | |
| 12 | . PLEASE CIRCLE THE RA 1 – WHITE 2-BLAC | ACE OF HEAD OF HOUSEH | OLD (requested for HUD's N/ALASKAN NATIVE 4- | | • • |
| | _ | | • | · | |
| | | HNICITY 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 | | | | | |
| | | | | | | |
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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

