

PRELIMINARY APPLICATION  
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
RETURN COMPLETED FORM TO:

RIVERHEAD HOUSING DEVELOPMENT CORPORATION  
POST OFFICE BOX 539  
RIVERHEAD, NEW YORK 11901

Received:	Office Use Only							
#	Unit Size	Preference						
_____	_____	T	P1	P2	P3	P4	P5	P6

Ethnicity – Check One \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

Race – Check all that apply \_\_\_ White \_\_\_ Black/African American  
\_\_\_ American Indian/Alaska Native  
\_\_\_ Asian/Pacific Islander

Racial & ethnic data for statistical purposes only

**DEADLINE: POSTMARKED NO LATER THAN: DECEMBER 10, 2018**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town/City \_\_\_\_\_ State & Zip code \_\_\_\_\_  
Legal address, if different (for example, where you reside if you use a PO BOX or other mailing address):  
\_\_\_\_\_

Evidence of your legal address claimed at time of application will be required before assistance can be offered. You will be notified of the types of proof required as well as other documentation necessary which will be verified when you are contacted for an interview.

If your legal and/or mailing address changes after you submit the application you must notify us **in writing**.

**PART I – HEAD OF HOUSEHOLD** (Must match the name at the top of application)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex \_\_\_ Male \_\_\_ Female  
Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Other Telephone Type: Work \_\_\_ Cell \_\_\_ Other Specify \_\_\_\_\_  
Email Address \_\_\_\_\_  
Are you willing to move if offered assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART II – HOUSEHOLD INFORMATION** (List all members who will be living in your household if you qualify for Section 8 assistance) List adults first (over 18 years of age) and then children. Use F or M to indicate sex and Y or N for disabled. If you need additional space, please attach a piece of paper to application with additional names and requested information.

<u>First Name</u>	<u>Last Name</u>	<u>Sex: M/F</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Disabled: Y/N</u>	<u>Relationship</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**PART III – FAMILY INCOME AND ASSETS** – List ALL income from ALL sources for family members over 18 years of age and also include payments made to family members 18 or older on behalf of family members under 18.

<u>First Name</u>	<u>Gross Income</u>	<u>Frequency</u> (weekly, monthly, yearly)	<u>Source</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

List total cash value and total income received for assets owned by ALL family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

**PART IV – ELIGIBILITY AND PREFERENCE INFORMATION – Applicants must first qualify by income level per family size, please see *Income Guidelines on the cover letter*.** Then this additional information will affect the family’s place on the waiting list and will be verified when the applicant is contacted for an interview. This information applies to your current status. If your status changes after the application is accepted, you must update us in writing.

**Check only what applies to your household. Review the income guidelines on the cover letter.** A resident family is one where the head of household either lives or works full-time in Riverhead town. An elderly person is defined as being at least 62 years old. The income guidelines are set by HUD.

<p>_____ A family where the head of the household is an elderly and/or disabled resident of Riverhead town and the total family income is <u>at or below</u> 30% of median income for their family size.</p> <p>_____ A family where the head of household is an elderly and/or disabled resident of Riverhead town and the total family income is <u>more than</u> 30% of median income for their family size,</p> <p>_____ A family where the head of household is <b>neither</b> elderly or disabled but is a resident of Riverhead town and the total family income is <u>at or below 30%</u> of median income for their family size.</p> <p>_____ A family where the head of household is <b>neither</b> elderly or disabled but is a resident of Riverhead town and the total family income is <u>more than 30%</u> of the median income for their family size.</p> <p>_____ All other applicants who qualify by income.</p>
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**PART V – US Citizenship Notification and Certification**

Housing may be contingent upon the submission and verification of evidence of citizenship or other eligible immigration status, prior to the time housing is made available. Based on the documentation submitted at the time, a family’s assistance may be approved, prorated, denied or terminated following required appeals and informal hearing processes.

**I CERTIFY THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT I CAN BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS IF I FURNISH FALSE OR INCOMPLETE INFORMATION.**

X \_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
DATE