

APPLICATION

Mail only one (1) application per family by regular mail
(DO NOT SEND BY REGISTERED OR CERTIFIED MAIL)

MAIL TO: HAMPTON BAYS APARTMENTS
57 Springville Road Apt #34A
PO BOX 799
Hampton Bays NY 11946

Each application received will be recorded. Since so many families/elderly need housing, this development will not be able to accommodate all who are eligible. As families are reached, they will be called in for an interview.

NO PAYMENTS OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

Name _____ Age _____

Street Address _____ Apt.No. _____

City _____ Town _____ State _____ Zip _____

Home phone number _____ Email _____

If you are not at home please list a phone number of family or friend _____

Social Security Number _____ Date of Birth _____

Do you presently own a home? _____ Rent an apartment? _____

Live with Family? _____ Other _____

List all states that you have resided in: _____

FUNCTIONAL STATUS

Are you or any member of your family who lives with you disabled? YES or NO

If "YES" enter name _____

If Disabled or Handicapped, Does your (or any member or your family's) disability/handicap require special accessibility features? YES or NO

If "YES" enter features desired _____

(example: First Floor unit, handicap accessible.... Etc)

INCOME

List all full and/or part-time employment for all household members who are applying for this apartment. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

OTHER SOURCES OF INCOME

Welfare, Social Security, SSI, pension disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants.

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

RACIAL GROUP IDENTIFICATION (USED FOR STATISTICAL PURPOSES ONLY)

Please check one group which identifies the *HEAD OF HOUSEHOLD*.

White (non Hispanic) _____ Black (non Hispanic) _____ Hispanic _____

American Indian or Alaskan Native _____ Asian or Pacific Islander _____

PROJECT BASED OR TENANT BASED SUBSIDY

Do you live in Public Housing, State Housing or Federal Housing and receive the benefit of a monthly assistance payment? YES _____ NO _____

If "YES" please enter:

Name of Project: _____

Address: _____

Project Manager Name: _____

Telephone Number: _____

Have you been subsidized through a housing subsidy program in the past? YES _____ NO _____

If "YES" please enter:

Name of Project: _____

Address: _____

Project Manager Name: _____

Telephone Number: _____

FAMILY COMPOSITION

How many persons are in your household? _____

How many bedrooms do you have? _____

List all persons who will live with you in this Federally subsidized development (list yourself as "HEAD")

	RELATIONSHIP	SEX	CHECK IF	SOCIAL			
NAME	TO HEAD	D.O.B.	AGE	M/F	IN SCHOOL	SOCIAL SECURITY #	OCCUPATION
1.	HEAD						
2.							
3.							
4.							

CITIZENSHIP

Are you a citizen or national of the United States? YES or NO

If "YES" no further information is required. Sign and date below

Signature

Date

If you are a non-citizen with eligible immigration status please check the appropriate statement below:

I am a non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 9 (a) (20) and 1101 (a) (15), respectively [immigrants]. This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status. YES _____ NO _____

I am a non-citizen who entered the united States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United State since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by an Attorney General under section 249 of the INA (8 U.S.C. 1259) YES _____ NO _____

I am a non-citizen who is lawfully present in the United States pursuant to an admission under section 207 or the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153) (a) (7) who entered the United States before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182) (D) (5) [parole status]. YES _____ NO _____

I am a non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1153) (h) [threat to life or freedom]. YES _____ NO _____

I am a non-citizen lawfully admitted for temporary or permanent residence under section 254A of the INA (8 U.S.C. 12255a) [amnesty granted under INA 245A]. YES _____ NO _____

CURRENT ASSETS

Checking Accounts Bank _____ A/C # _____ \$ _____

Bank _____ A/C# _____ \$ _____

Passbook Savings Bank _____ A/C# _____ \$ _____

Bank _____ A/C# _____ \$ _____

Savings Certificates Bank _____ A/C# _____ \$ _____

Bank _____ A/C# _____ \$ _____

Stocks and Bonds (Value) \$ _____

Investments (Value) \$ _____

Do you own Real Estate? YES or NO

If "YES" what is the value \$ _____

Other Assets:

Type _____ Value \$ _____

Type _____ Value \$ _____

Assets recently disposed of : Has any family member disposed of any assets for less than flat market value during the past two years? YES or NO

If "YES" provide with following information:

Asset	Market Value at time of Disposition	Date of Disposition	Amount Received
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Are there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?

YES or NO

If "YES" please give Amount \$ _____

MEDICAL EXPENSES

This allowance is permitted only for households whose HEAD or SPOUSE are age 62 or older, handicapped or disabled.

Consider only medical expenses that will not be paid by an outside source (Insurance, Medicare, grants by a state agency or charitable organization).

What are the medical expenses anticipated to be paid by your household in the coming 12 month period?
\$ _____

HANDICAP EXPENSES

This allowance applies only if a family member is Handicapped or Disabled.

Consider only handicap expenses that will not be paid or reimbursed by an outside source (Insurance, Medicare, grants by a state agency or charitable organization) and not paid to a family member living in the household.

What are the handicap expenses anticipated to be paid by the household in the coming 12 month period?
\$ _____

Will this expense enable an adult member of the household to work? YES or NO

PROGRAM INFORMATION

How did you hear about this development

Sign Posted on Building _____ Newspaper _____ Local Organization or Church _____

Friend or Family _____ Assisted Housing List _____ Brochure/Pamphlet _____

Other _____ (Fair Housing Counseling Center, Office of the Handicapped, etc...)

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: WILLFUL, FALSE STATEMENT OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

Signature _____

Date _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS SUBMITTED BY THE FAMILY WILL BE MOVED TO THE BOTTOM OF THE LIST.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0249
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator’s Relationship to Victim: _____

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: _____

Location of Incident(s):

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.