Tel: (845) 485-8862

POUGHKEEPSIE
Housing Authority
4 Howard Street
Poughkeepsie, NY 12601

Fax: (845) 485-2630

Section 8

ATTENTION ALL APPLICANTS:

The Poughkeepsie Housing Authority requires all applications be fully completed, signed, dated and returned with ALL the required documentation that pertains to your household as listed below. ANY APPLICATIONS RECEIVED INCOMPLETE WILL BE DISCARDED AND WLL NOT BE PROCESSED.

Required Documentation for New Applicants:

- ☐ Proof of total gross family income from ALL sources (this includes but is not limited to wages, public assistance, alimony/child support, unemployment benefits, social security/SSI, pensions, voluntary contributions)
- ☐ Proof of address, either in form of current rent receipts showing address, or a legible copy of your fully executed current lease.
  (PLEASE NOTE: IF YOU CONTEND TO BE STAYING IN SOMEONE ELSE'S APARTMENT, TWO DOCUMENTS ARE REQUIRED-A NOTARIZED STATEMENT FROM THE PERSON YOU ARE STAYING WITH CONFIRMING THAT YOU RESDE THEIR APARTMENT AND A COPY OF THE FULLY EXECUTED LEASE ON THE APARTMENT. THERE WILL BE NO EXCEPTIONS TO THIS REQUIREMENT.
- ☐ Proof that ALL school age children, in the household, are currently registered in the City of Poughkeepsie School District. Such proof MUST include the child's name, the name of the school the child attends, the name of the legal guardian and the home address on file with the school district.
- ☐ Birth certificates, Social Security cards and Alien Registration cards (if applicable) for all household members
- ☐ Valid Picture ID for all household members 18 years and older

Important Information:

If you do not live or work in the City of Poughkeepsie your application will be treated as low priority, as we service City of Poughkeepsie residents first. If you reside in the Town of Poughkeepsie or any other *neighboring municipality your application will be considered LOW PRIORITY.

Please hand deliver or mail your completed application with all required documentation. We cannot accept faxed applications.

Thank you,
Poughkeepsie Housing Authority

NOTICE FOR THE SPEECH AND HEARING IMPAIRED
NEW YORK RELAY CENTER FACILITATES CALLS BETWEEN TT/TDD USERS AND VOICE CUSTOMERS

TTY USERS HEARNG AND SPEECH IMPAIRED ONLY
TO PLACE A CALL..... (TOLL-FREE) 1-800-662-1220
INQUIRIES ABOUT RELAYS..... (TOLL FREE) 1-800-835-5515
NON-TTY (VOICE)
TO PLACE A CALL... ..... (TOLL-FREE) 1-800-421-1220
INQUIRIES ABOUT RELAYS..... (TOLL-FREE) 1-800-664-6349

Name: _____

Home phone: _____ Cellphone: _____

Home Address: Mailing Address: (if different)

_____ _____

_____ _____

_____ _____

Email address **(required)**: _____

Are you a previous tenant of the the PHA?_____ If yes, when & where?_____

_____

Please complete the following table with the information of everyone expected to reside in your unit:

Name	Relationship	Date of Birth	Age	Sex	Race *	Ethnicity**
	Self					

Race: White (W); Black/African American (B or AM); American Indian/Alaskan Native (AL or AN); Asian (A); Native Hawaiian/ Other Pacific Island (NH or OPI)** ****Ethnicity: Hispanic (H) or Non-Hispanic (NH)*

Employer: _____ Salary (per month): _____

Do you work in the City of Poughkeepsie?_____ Employment Location:_____

Social Security Income (per month): _____ Supplemental Security Income (per month): _____

Public Assistance (per month): _____ Child Support (per month): _____ Pension (per month): _____

Workers Comp (per month): _____ Disability pay: _____Unemployment (per month): _____

Other source of income (per month): _____ Current rent: _____ # of bedrooms: _____

Landlord Name, Phone #, Address: _____

_____

What is your reason for wanting to receive a Section 8 Housing Choice Voucher? _____

_____

_____

Signature _____ Date _____

Disclose/document Social Security numbers for all members of the household six years or older.

Individuals who have applied for legalization under the Immigration Reform and Control Act (IRCA) can document their Social Security numbers by providing a letter from I.N.S.

The names of any individuals without Social Security numbers must be documented below.

THE FOLLOWING PERSON(S) INCLUDED ON MY APPLICATION **DOES NOT HAVE** A SOCIAL SECURITY NUMBER OR CARD:

_____ (Name)	_____ (Name)
_____ (Name)	_____ (Name)
_____ (Name)	_____ (Name)
_____ (Name)	_____ (Name)
_____ (Your Signature)	_____ (Date)

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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.
Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination* Notice:**
Poughkeepsie Housing Authority 4 Howard Street Poughkeepsie, NY 12601	**Signature** **Date** **Printed Name**

Poughkeepsie Housing Authority
Authorization to Release Information

I _____, hereby authorize any credited representative of Poughkeepsie Housing Authority to request and receive information about myself and all other persons listed on my application possessing suitability and need for assisted housing at Poughkeepsie Housing Authority, from any source necessary.

Sources may include, but are not limited to: banks, employers, landlords, law enforcement agencies, credit bureaus, income tax, and other sources.

_____ _____ _____
NAME SOCIAL SECURITY # DATE OF BIRTH

_____
ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

_____ _____
SIGNATURE DATE

HAVE YOU EVER BEEN ARRESTED? [ ]YES [ ]NO
IF YES, WHEN AND WHERE?_____

_____

HAVE YOU EVER BEEN CHARGED FOR **ANY** CRIMINAL ACTIVITY? [ ]YES [ ]NO
IF YES, WHEN AND WHERE?_____

_____

HAVE YOU EVER BEEN CONVICTED FOR **ANY** CRIMINAL ACTIVITY? [ ]YES [ ]NO
IF YES, WHEN AND WHERE?_____

_____

HAVE YOU EVER BEEN CONVICTED OF **A MISDEMEANOR**? [ ]YES [ ]NO
IF YES, WHEN AND WHERE?_____

_____

HAVE YOU EVER BEEN CONVICTED OF **A FELONY**? [ ]YES [ ]NO
IF YES, WHEN AND WHERE?_____

_____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Poughkeepsie Housing Authority 4 Howard Street Poughkeepsie, NY 12601	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:
Mailing Address:
Telephone No: **Cell Phone No:**
Name of Additional Contact Person or Organization:
Address:
Telephone No: **Cell Phone No:**
E-Mail Address (if applicable):
Relationship to Applicant:

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need:

- An accommodation or adjustment in the program's rules, policies, practices, or services, or
- A modification of your unit or its associated premises, then

You have the right to request a reasonable accommodation or modification.

Will my request be automatically approved?

We will try to approve your request if you can show that:

- You have a disability that requires a reasonable accommodation or modification and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out the Reasonable Accommodation Request Form in this application. If you need help filling out this form, if you want to give us your request some other way, we will help you.

What happens after I file a request?

Your request will be reviewed with your application, and you will be contacted by mail when your application is processed. If your request is denied, we will explain the reasons, and you will have the right to a hearing to review the case.

My signature confirms that I have read and understand my rights as indicated above.

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD DATE

The Poughkeepsie Housing Authority will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

REQUEST FOR REASONABLE ACCOMMODATION

HEAD OF HOUSEHOLD _____

ADDRESS _____

WORK PHONE _____ HOME PHONE _____

---

1. The following member of my household has a disability:

NAME _____ RELATIONSHIP _____

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check the applicable request:

- ☐ An accommodation or adjustment in the following program, rule, policy, practice, or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in <u>how</u> I meet the terms of the program's rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary.)

- ☐ A modification in my unit or to another part of the associated housing complex. (Please tell specifically what is needed. Attach a separate sheet if necessary.)

3. I need this reasonable accommodation because:

4. Please provide contact information for your physician/diagnostician below:

PHYSICIAN/DIAGNOSTICIAN'S NAME_____

TITLE_____ ORGANIZATION_____

ADDRESS_____

_____

PHONE NUMBER_____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, _____, give the Poughkeepsie Housing Authority permission to contact the individual(s) identified in Item Number Four of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in Item Number One of this form or by an individual with the authority to sign on that person's behalf.)

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD DATE

Tel: (845) 485-8862

POUGHKEEPSIE
Housing Authority
4 Howard Street
Poughkeepsie, NY 12601

Fax: (845) 485-2630

ATTENTION APPLICANT

In an effort to contact you when your name appears at the top of the waiting list, the following information is required:

- Current mailing address
- Two **working** telephone numbers (you may use telephone numbers of family and friends; with their permission)
- **Valid** email address

I, _____(please print name), in addition to the contact information already listed in my application, am providing the following working telephone numbers and email address for my application:

Current Mailing address: _____

_____

Telephone 1: _____

Telephone 2: _____

Email address: _____

I understand that this information is required for contact when my name appears at the top of the waiting list and, it is my responsibility to inform the Poughkeepsie Housing Authority, **in writing**, if my address, telephone numbers or the email address changes.

I understand that if I do not keep my contact information current, the PHA may not be able to contact me and I may lose my place on the waiting list and will have to reapply if I am still interested in a Section 8 Housing Choice Voucher.

Signed: _____ Date: _____

Applicant (please sign on the above line)

Updated: March 17, 2021 Section 8

Name _____

Work #_____ Home #_____

Home Address: Mailing Address (if different)

_____ _____

_____ _____

_____ _____

Email Address: _____

Are you a previous tenant of the PHA? _____ If yes, where and when? _____

_____

FAMILY COMPOSITION (THOSE EXPECTED TO RESIDE IN APT.)

NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	AGE	SEX	SSN
	SELF				

YEARLY INCOME: $_____

WELFARE ASSISTANCE: $_____

OTHER INCOME: $_____

ASSETS: _____ TYPE: _____ INTEREST ON ASSETS: $_____

EMPLOYER: _____ PHONE #_____

NAME AND ADDRESS OF EMPLOYMENT LOCATION (NOT MAILING ADDRESS): _____

_____

CURRENT HOUSING/LANDLORD'S NAME: _____

ADDRESS: _____

WHAT IS YOUR REASON FOR WANTING TO RECEIVE A SECTION 8 HOUSING CHOICE VOUCHER? _____

_____

_____

ETHNICITY:

- ☐ White, Non-Hispanic Origin
- ☐ White, Hispanic
- ☐ Black, Non-Hispanic Origin
- ☐ Black, Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander

_____ _____

SIGNATURE OF APPLICANT DATE