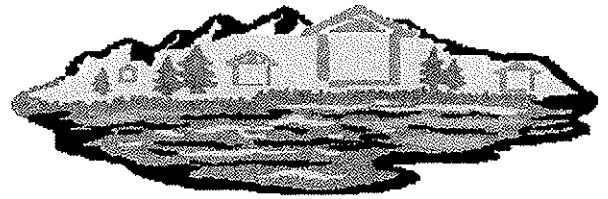


HARRIETSTOWN HOUSING AUTHORITY

14 KIWASSA ROAD STE 1
SARANAC LAKE, NEW YORK 12983-2373

LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
SECTION 8 RENTAL ASSISTANCE



DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harrietstownha.org

Please complete the enclosed application and return the application with the following information:

- 1) Copy of your birth certificate as proof of your date and place of birth.
- 2) A copy of your Social Security Card.
- 3) A copy of the letter from Social Security indicating the amount of your monthly benefit (SSI, SSD and/or SS).
- 4) A current copy of all your banking accounts (bonds, certificates of deposit, savings accounts, checking accounts etc.). Past twelve months may be required and will be requested upon review of your application.
- 5) A printout from your pharmacy for all medications for the past twelve months and receipts for all medical expenses you paid that were not reimbursed by an insurance company (includes Doctor visits, hearing aids, eye glasses, etc.).
- 6) A copy of any health insurance premiums for medical expense reimbursement or payment (Blue Cross/Blue Shield, AARP, EPIC, etc.).

Upon receipt of the above information, your application will be processed and reviewed for eligibility. You will be notified of the status of your application as soon as possible in writing. Please note failure to provide all necessary information could delay the processing of your application.

EFFECTIVE JANUARY 1, 2010 NO SMOKING INT HE COMPLEX
HARRIETSTOWN HOUSING AUTHORITY
 14 KIWASSA ROAD STE 1
 SARANAC LAKE, NEW YORK 12983-2373



**LAKE FLOWER APARTMENTS
 ALGONQUIN APARTMENTS
 SECTION 8 RENTAL ASSISTANCE**

DAVID ALDRICH, EXECUTIVE DIRECTOR
 daldrich@harrietstownha.org

Last	First	MI	Sex M F	SSN	DOB	Age
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Public Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you require any modifications or accommodations in order to fully utilize the unit of the program and its services? <input type="checkbox"/> Yes If Yes explain below <input type="checkbox"/> No		

How did you find out about HHA? Advertisement Friend/Agency Known on own

Current Street Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Home Tele ()	Business Tele ()	Fax ()		

What was your street address before you moved to where you live now?

Street Address	Street	City	State	Zip
----------------	--------	------	-------	-----

If we are unable to reach you, whom could we contact locally?

Name	Telephone #
Address	Relation

Household members: List the legal names of all household members below. Start with the head of household, then spouse, or co-head, then minor (oldest to youngest), and then any other adults.

No	Legal Name	Sex M/F	Relation to head	Social Security Number	Date of Birth	Age	School Name Occupation
1							
2							
3							
4							
5							
6							

Income Information: Provide a complete explanation of "Income" to applicant **PLEASE STATE EMPLOYER'S NAME**

Fam Mem	Source of Income	Rate/Frequency	Type of Income	
				\$
				\$
				\$
				\$
Did you file a Federal Income tax return for the most recent year?			Yes	No
Does anyone outside of your household pay any of your bills or expenses? If Yes Explain:			Yes	No

Asset Information:

Fam Mem	Asset Description	Current/Disposed	Market Value	Cash Value	Int Rate	Annual Income
				\$		\$
				\$		\$
				\$		\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Indiv	Balance Current	6-mon. avg
				\$	\$
				\$	\$
				\$	\$

Handicapped Assistance Expenses

Fam Mem	Expense Description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Do you claim any of the following preferences?

<input type="checkbox"/> Involuntary Displaced <ul style="list-style-type: none"> <input type="radio"/> By natural disaster <input type="radio"/> By government action <input type="radio"/> Unit inaccessibility <input type="radio"/> By physical violence <input type="radio"/> Hate crimes <input type="radio"/> Owner action <input type="radio"/> To avoid reprisal 	<input type="checkbox"/> Living in Substandard Housing <ul style="list-style-type: none"> <input type="radio"/> Homeless family <input type="radio"/> Dilapidated home <input type="radio"/> No plumbing <input type="radio"/> No toilet <input type="radio"/> No tub/shower <input type="radio"/> No electricity <input type="radio"/> No heat <input type="radio"/> No kitchen 	<input type="checkbox"/> Rent burden over 50% of income
		<input type="checkbox"/> Disability (Claim of disability is regarding eligibility only)

Explain request for above preference:

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone live with you now who is not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lived in assisted housing before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When? _____ Where _____	
Under what name? _____ Who was head of Household? _____	
Have you ever used a name other than the one you are using now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What name? _____	
Have you ever used a social security number other than the one you listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is it? _____	
Has anyone in your household been engaged in the use, sale, manufacture or distribution of control substance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who? _____ If Yes: _____	
When? _____ What? _____	
Have you ever been arrested or convicted of a crime? Explain if yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt.	Cable	Credit Card
Gas	Auto Ins.	Insurance	Loan
Water	Child Care	Rentals	Other

Do you have any other regular monthly payments besides those above? Yes No

Specify: _____

Public Housing Screening

Have you ever been evicted?	When?	Why?
By Whom? _____	_____	_____

List the complete address and telephone number for landlord references of applicant for past three years. *Failure to provide landlord references will result in your application being rejected.*

Address	Landlord	From	To	Telephone

Pets

Do you have a pet?	Yes	No
If Yes: What kind?	Size	Weight

If you intend to bring your pet with you, you must obtain a pet application and submit it with your application for an apartment. There will be a \$25 pet application fee upon acceptance of an apartment. In addition there will be a \$200 pet security deposit.

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	Tag#	State

Authorization, Representations and Certifications

I do hereby authorize Harrietstown Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime.

HA Representative _____ Date _____

Signature of Head of Household _____ Date _____

Signature of spouse or other adult _____ Date _____

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ALGONQUIN APARTMENTS
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DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harriestownha.org

FEDERAL PRIVACY ACT NOTICE

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency/Indian housing authority, including all social security numbers, you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

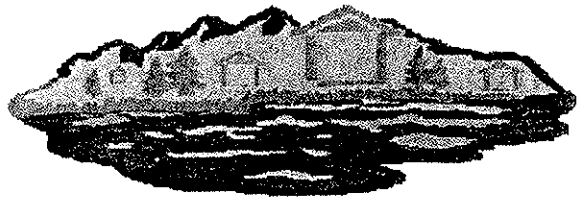
I read the Federal Privacy Act Notice on: _____
DATE

SIGNATURE OF HEAD OF HOUSEHOLD OR SPOUSE

HARRIETSTOWN HOUSING AUTHORITY

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LAKE FLOWER APARTMENTS
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SECTION 8 RENTAL ASSISTANCE



DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harriestownha.org


Date: _____

LANDLORD REFERENCE

To Whom It May Concern:

We are in receipt of an application for housing from the following individual(s):

Your name was listed on the application as either a personal reference or a prior landlord for the above named individual(s). We would appreciate a reference with respect to the tenancy or personal knowledge you have of this applicant. The applicant has signed a release form below giving permission for you to provide us with this information. Please complete the attached form and return it to the Harriestown Housing Authority in the stamped addressed envelope enclosed for your convenience.

Sincerely,

Debbie Zerrahn
Housing Assistant

- 1) Rent paying habits:
 Amount applicant paid you for rent: _____
 Was applicant current with the rent? _____
 Has applicant ever been late paying rent? _____. If yes how many times: _____
 Have you ever started eviction proceedings for non-payment of rent: _____
 Does the applicant owe you money? _____
- 2) Caring for the unit:
 Does (did) the applicant keep their unit clean? _____
 Has the applicant done damage to the unit or common areas? _____ If yes, explain:

 Did the applicant pay for the damages? _____
- 3) General:
 How long did the applicant rent from you? _____
 Did the applicant interfere with their neighbor's peaceful enjoy of their apartment? _____
 Would you rent to this applicant again? _____

Any other problems with tenant: _____
Comments: _____

Signature: _____ Title: _____ Date: _____

I hereby give permission for the release of this information.

Applicant's name: _____ Date: _____

Applicant's Signature: _____

Signature of Spouse or other Adult: _____

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DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harriestownha.org

I, _____, acknowledge that I

have been informed that the Harriestown Housing Authority is a

NO SMOKING COMPLEX effective January 1, 2010.

There will be **NO SMOKING** in any apartment in the Algonquin
Apartment Complex.

Signature Head of Household

Date

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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

HARRIETSTOWN HOUSING AUTHORITY
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LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
SECTION 8 RENTAL ASSISTANCE

DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harrietstownha.org

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigator and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description for a more detailed description of your privacy rights.

PURPOSE:

This form enables the US Department of Housing And Urban Development (HUD) and the above named Public Housing Agency, to secure your signature and signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Wage Information Collection Agency (SWICA). To obtain references from previous landlords. To obtain criminal activity (drug, alcohol and crime) records pertaining to anyone in the household 18 years of age or older in accordance with the Housing Opportunity Program Extension Act of 1996 signed into law on March 28, 1996. This information will be used to determine eligibility for Public Housing and Section 8 Choice Voucher Assistance Program within the Harrietstown Housing Authority Programs.

COMPUTER MATCHING NOTICE & CONSENT:

I understand that the Harrietstown Housing Authority, Indian Housing Authority or HUD may conduct computer matching programs with other government agencies including but not limited to Federal, State, Tribal or local agencies.

The governmental agencies may include:

US Office of Personnel Management	US Social Security Administration
State Welfare and Food Stamp Agencies	US Department of Defense
State Employment Security Agencies	US Postal Service

Other sources that may be contacted

Law Enforcement Agencies, Past/Present Landlord, Past/Present Employers
Banking or financial Institution
Previous Landlords

EMPLOYMENT AND CRIMINAL INFORMATION

I authorize the above named Housing Authority and HUD to obtain information on waged, criminal records, unemployment compensation and grants received from Social Services.

Print Name

Date of Birth

Signature

Social Security Number

Date

******I understand that this form is valid until end of tenancy with Harrietstown Housing Authority******

NOTARY

Date

HARRIETSTOWN HOUSING AUTHORITY

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LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
SECTION 8 RENTAL ASSISTANCE



DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harrietstownha.org

Date: _____

Dear Sir/Madam:

Enclosed is a copy of the "Authorization for the Release of Information" form signed by _____, who is an applicant for Federal Public Housing Assistance with the Harrietstown Housing Authority.

The Harrietstown Housing Authority is requesting any information you have on the above individual that involves domestic violence, arrest and/or convictions pertaining to drug or alcohol crimes. This information will be used in determining eligibility as per HUD Regulations. Would you kindly note any comments you may have in the space provided below and return same to us as soon as possible in order that this office may expedite processing the individual's application for housing assistance. Thank you for your assistance in this matter.

We have enclosed a self-addressed stamped envelope for your convenience in returning your response to us or you may fax your response to us at 518-891-3630.

If you have any questions please contact us at 518-891-3050.

Sincerely,

David K. Aldrich
Executive Director

Comments:

HARRIETSTOWN HOUSING AUTHORITY
14 KIWASSA ROAD
SARANAC LAKE, NEW YORK 12983

LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
SECTION 8 RENTAL ASSISTANCE



DAVID ALDRICH, EXECUTIVE DIRECTOR
daldrich@harriestownha.org

Dear Participant / Applicant:

As of June 19, 1995, the Federal Government will be requiring that the office obtain from participants and potential participants evidence of citizenship or eligible immigration status. Rental assistance will not be provided for any person who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Naturalization service (INS) document. The INS will be assisting this office in verifying current eligible immigrant status.

Attached are declaration forms that must be completed for each member of your household and returned to this office. For each minor under 18 years of age, the form must be completed and signed by the adult in the unit who is responsible for the child. If a member of the household cannot complete the declaration, please contact the office at 891-3050 for further assistance.

Acceptable INS documents are:

- Form I-551, Alien registration Receipt Card (for permanent resident aliens)
- Form I-94, Arrival Departure Record
- Form I-688, temporary Resident Card
- Form I-688B, Employment Authorization Card
- A receipt issued by the INS showing an application for issuance of replacement of one of the above forms.

Should you have any questions regarding this new requirement for your family's situation, please contact this office at 14 Kiwassa Road, Saranac Lake, NY 12983

Sincerely,

Debbie Zerrahn
Housing Assistant

DECLARATION OF CITIZENSHIP

COMPLETE ONLY “ONE” OF THE FOLOWING THREE SECTIONS

I, _____, am certifying that I am, in fact, a citizen of the United States.

(Your Name)

SIGNATURE

.....

I, _____, am certifying that I have eligible IMMIGRATION status.

(Your Name)

I offer the following evidence to support this certification.

SIGNATURE

.....

I, _____, am providing authorization to the Harrietstown Housing

(Your Name)

Authority to obtain verification from the US Immigration regarding my eligible immigration status.

SIGNATURE

.....

Warning – Title 1 & US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000; imprisoned up to 5 years; and/or prohibited from receiving future assistance.

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I, _____, acknowledge that I

have been informed that the Harriestown Housing Authority is a
NO SMOKING COMPLEX effective January 1, 2010.

There will be **NO SMOKING** in any apartment in the Algonquin
Apartment Complex.

Signature Head of Household

Date