

NIAGARA FALLS HOUSING AUTHORITY

ADMINISTRATION OFFICE
744 TENTH STREET
NIAGARA FALLS, NEW YORK 14301
Telephone # (716) 285-6961
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TDD # 1-800-545-1833 EXT. 405

***“NFHA is an Equal Opportunity/Affirmative Action
Employer and Housing Agency”***

PRELIMINARY APPLICATION FOR HOUSING

Applicants Name: _____
Last First MI Age

Spouse: _____
Maiden First MI Age

Present Address: _____
No. Street City State Zip

Telephone: () _____

Have you ever lived within any Niagara Falls Housing Authority Developments? {Circle} Yes No

If yes, what development? _____ Date Moved Out _____

If you qualify as an elderly person/family, you will automatically be placed on the elderly waiting list. Would you like to be placed on the family list also? Yes _____ No _____

LIST ALL PERSONS WHO WILL RESIDE IN YOUR HOUSEHOLD

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Sex</i>	<i>Social Security # or Alien Reg. #</i>	<i>Place of Birth</i>

Please Turn Application Over !

HOUSING CONDITIONS

A. Present Housing Conditions and Needs:

1. Without housing? {Circle} Yes No
 (a) Reason _____
 (b) Present living arrangements _____
2. About to be without housing? {Circle} Yes No
 (a) Reason _____
 (b) Type, notice and effective date _____
3. Living under substandard housing conditions? {Circle} Yes No
 (If "Yes" check conditions present)

Check (all that applies)

 (a) Dwelling structure unsafe _____
 (b) No portable running water in dwelling unit _____
 (c) No usable flush toilet in dwelling unit _____
 (d) No installed usable tub or shower in dwelling unit _____
 (e) No operating sink or proper stove connection in kitchen _____
 (f) Inadequate or no electric wiring system in dwelling unit _____
 (g) Inadequate or unsafe heating facilities for dwelling unit _____
 (h) Overcrowded: No. BR _____; Number persons _____
 (i) Single family unit occupied by 2 or more families _____
 (j) Other conditions and factors of housing needs (Specify): _____
4. Monthly Amount Now Paid For Rent and Utilities \$ _____

DISPLACED

Displaced by Urban Renewal or Low-Rent Project or Other Public Actions:

1. Disaster _____ 2. Government Action _____ 3. Owner Action _____ 4. Inaccessibility of Unit _____
5. Displaced by HUD disposition of Multi-Family Project _____ 6. Victim of Domestic Violence _____ From _____
7. Victim of an anticipated Hate Crime Reprisal _____

This question is to be administered to every applicant for public housing at the Niagara Falls Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

1. Does any member of your family have a condition that requires: {Check all that apply}
 ___ Separate Bedrooms ___ Unit for Vision-Impaired ___ Barrier free Apartment ___ Unit for Hearing-Impaired
 ___ One-level Unit ___ Bed/Bathroom 1st floor ___ Physical modifications to a typical apartment
2. Are all family members able to go up and down stairs unassisted? Yes No
 (If "no," please explain, include the name of family member(s) in need of assistance)

3. Will any family member(s) require a live-in aide? Yes No
 (If "yes," please explain, include the name of family member(s) in need of assistance)

INCOME

Family Member Name	Source of Income	\$ Amount	Frequency - Per {Circle}		
			Week	Month	Year

Note: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer **WILL NOT AFFECT** (either positively or negatively) your selection for the program. Is the head of your household {Check one that applies}

- () White () Hispanic () Non-Hispanic () Black () American Indian () Alaskan Native
 () Asian () Pacific Islander

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made above.

WARNING: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the U.S. As to any matter within its Jurisdiction.

Signature of Applicant

Date