NIAGARA FALLS HOUSING AUTHORITY

ADMINISTRATION OFFICE
744 TENTH STREET
NIAGARA FALLS, NEW YORK 14301
Telephone # (716) 285-6961
Fax # (716) 286-9028 OR (716) 285-3407
TDD # 1-800-545-1833 EXT. 405

"NFHA is an Equal Opportunity/Affirmative Action Employer and Housing Agency"

Application Date/Time Stamped

Application No._____

Fed. Pref. _____

Unit Size Required _____

Sr. Citizen Application _____

Family Application_____

Handicapped Unit Application_____

Disposition of Application_____

****NFHA USE ONLY****

PRELIMINARY APPLICATION FOR HOUSING

Applicants Name:_____
Last *First* *MI* *Age*

Spouse:_____
Maiden *First* *MI* *Age*

Present Address_____
No. *Street* *City* *State* *Zip*

Telephone( )_____ **CELL** _____

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

Name	*Relationship*	*Date of Birth*	*Age*	*Sex*	*Social Security # or Alien Reg. #*	*City & State of Birth*
	SELF					

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 adaptions 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
			Week Month Year
			Week Month Year
			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 contact 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 tide 18 or 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***