

# NIAGARA FALLS HOUSING AUTHORITY

ADMINISTRATION OFFICE  
 744 TENTH STREET  
 NIAGARA FALLS, NEW YORK 14301  
 Telephone # (716) 285-6961  
 Fax # (716) 371-2827 OR (716) 371-2985  
 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\*\***

INSTRUCTIONS: Please type or print in ink the information requested on this form. If you need more space, please attach separate sheets of paper. Please answer carefully and completely since this information will be used to determine eligibility. Upon reasonable request, an accommodation will be provided to applicants to assist with completion of the application.

**Please note effective July 2017 all of the NFHA properties are smoke-free**

Head of Household	Sex	Social Sec. No.	Date of Birth	Place of birth	Age
First Last MI	M/F/O		/ / MM/DD/YY		

Mailing Address:	Physical Address:	Phone Number:
Street:	Street:	
City/Town	City/Town	
State/Zip	State/Zip	

HOUSEHOLD COMPOSITION: List all persons who will be living in the household when you receive rental assistance:

MBR#	Legal Name	Sex M/F/O	Relationship	SSN	Date of Birth	Age	Place of Birth
1			Self				
2							
3							
4							
5							
6							

Signature of Head of Household \_\_\_\_\_ Signature of Spouse/or Cohead of Household \_\_\_\_\_ Date \_\_\_\_\_

Race:  White  Black  American Indian/Alaska Native  Asian or Pacific Islander  
 Ethnicity:  Hispanic or Latino  Non-Hispanic or Latino

Do you own a pet  Yes or No  if yes, Kind of Pet: \_\_\_\_\_ Name of Pet? \_\_\_\_\_

Pet Description: \_\_\_\_\_ Age of Pet: \_\_\_\_\_ Pet Weight \_\_\_\_\_

PREFERENCES Applies to the Public Housing Program only.

In compliance with HUD Notice PIH 88-16 date 05/12/88 and HUD Notice 88-23 dated 05/19/88, regarding "Implementation of Mandatory Preference Rule" I herein request a housing preference for the following reason. I am:

- Homeless
- Involuntarily Displaced
- Living in Substandard Housing
- Paying more than 50% of my income for rent

I understand that in claiming a preference, I must first meet the eligibility requirements for public housing and second; I must provide documented proof for the preference I am claiming.

**I do not want to claim any preference as stated above.**

PRESENT HOUSING STATUS:

How long have you lived at your present address? \_\_\_\_\_

Do you: own your own home? \_\_\_\_\_ Rent \_\_\_\_\_ Live with others? \_\_\_\_\_

If you live with others, who: \_\_\_\_\_

LANDLORD REFERENCES: List complete landlord references for the past five years. Start with your current landlord and list chronologically. (Each adult on application needs to list landlord references.)

LANDLORD'S NAME	LANDLORD'S MAILING ADDRESS	LANDLORD'S PHONE NUMBER	RENTAL ADDRESS	DATES YOU LIVED THERE FROM:	TO:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/or Cohead of Household

\_\_\_\_\_  
Date

**INCOME INFORMATION:**

**INCOME:** List all income sources from all family members. These sources include Social Security, SSI, Pensions or Annuity, Military Reserves, Welfare, General Assistance, VRRP Grant, Child Support, Workmen's Compensation, Unemployment, Alimony and any other source of earned or unearned income.

Employment Information: List all full and/or part-time employment for all adult members of the household (include self-employment) Give complete name and address of employer.

NAME	SOURCE NAME & ADDRESS	TYPE	AMOUNT PER MONTH/ WEEK
		Wages & Earnings	
		Tanf/Welfare	
		Pension & Retirement	
		SSI/SSD	
		Social Security	
		Child Support	
		Unemployment benefits	
		Worker's Compensation	
		Alimony	
		Regular Contributions or Gifts	
		Self Employed	
		Cyclical work Seasonal	
		Other	

**ASSETS:** List all bank accounts (saving and checking), stocks, bonds, CDs, credit union shares, IRA, Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc. Include complete names, addresses and account numbers.

NAME	NAME AND ADDRESS (BANK, CREDIT UNION ETC.)	ACCT#	BALANCE/VALUE

**REAL ESTATE:** Complete the following for any real estate (land and/or building) which you currently own.

APPRAISED WHO HOLD THE

NAME COMPLETE ADDRESS OF REAL ESTATE VALUE MORTGAGE BAL MORTGAGE

NAME	COMPLETE ADDRESS OF REAL ESTATE	VALUE	MORTGAGE BAL	MORTGAGE

**ASSETS:** During the past two (2) years, has any member of your household disposed of, transferred or otherwise given away any assets for less than what they were worth? If yes, please specify below.

DESCRIPTION OF ASSET CASH VALUE\* AMOUNT RECEIVED DATE DISPOSED OF

DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	
	\$	\$	

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/or Cohead of Household

\_\_\_\_\_  
Signature of another Adult Household Member

\_\_\_\_\_  
Date

## Qualifying Questionnaire

Please answer all of the following questions.

1. Have you ever been evicted from Public housing?  Yes or No  if yes, Explain when and why?  
\_\_\_\_\_

2. Have you ever been a client or tenant of Niagara Falls Housing Authority or any other subsidized housing before?  Yes  No

If yes, which federal housing program did you participated in for example Section 8 or Tax Credit etc., when and where?  
\_\_\_\_\_

3. Do you owe any money to a public housing authority or private landlord as a result of prior participation in a federal housing program?  
 Yes  No If yes, provide name of housing provider and amount owed \_\_\_\_\_

4. Do you have any past due utility bills?  Yes  No if yes, please list name of agency owe to and list amount owed:  
\_\_\_\_\_

5. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No if yes, please answer the following question  
If no, please skip down to question # 7. Name of a person with a disability? \_\_\_\_\_

6. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  Yes  No  
If yes, please describe the type of expenses (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses: Expense: \_\_\_\_\_

Monthly Medical expenses: \$ \_\_\_\_\_ please give us the name, address and phone # of someone who can verify the medical expenses:  
\_\_\_\_\_

7. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No  
If yes, please describe the nature of expenses and the monthly amount: \_\_\_\_\_  
Please give us the name, address and phone # of someone who can verify the medical expenses: \_\_\_\_\_

8. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  
 Yes  No If yes, please list the name, address and phone # of your childcare provider: \_\_\_\_\_  
Monthly un-reimbursed childcare cost: \$ \_\_\_\_\_

9. Is any member of the household age 18 or older other than the family head and spouse a full-time student?  Yes  No  
If yes, please give us the name of the family member, address and phone # of someone who can verify this information:  
\_\_\_\_\_

10. Are any members of the household currently enrolled in an institution of higher education?  Yes  No

11. Have you or any of your household members served in the military?  Yes or No   
if yes, then who did? Please give name, address and phone number: \_\_\_\_\_

12. Does a declared Natural Disasters, flood, hurricane, and earthquake etc. displace the applicant family?  Yes  No  
If yes, who can verify this? Please give name, address and phone number: \_\_\_\_\_

13. Is the applicant family displaced by governmental action through no fault of their own?  
 Yes  No if yes, who can verify this? Please give name, address and phone number: \_\_\_\_\_

14. Is the applicant family displaced by domestic violence?  Yes  No  
If yes, who can verify this? Please give name, address and phone number: \_\_\_\_\_

15. Is any adult family member employed?  Yes  No if yes, who can verify this? Please give name, address and phone number:  
\_\_\_\_\_

16. Is any adult family member enrolled in a job-training program, including one required under the Welfare program?  
 Yes  No if yes, who can verify this? Please give name, address and phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/or Co-head of Household

\_\_\_\_\_  
Date

**AUTHORIZATION FOR CRIMINAL RECORDS CHECK/ WRITTEN CONSENT TO THE RELEASE OF INFORMATION:**

I do hereby acknowledge and agree to allow Niagara Falls Housing Authority to check for any criminal record of convictions that may be maintained by the Niagara Falls, New York Criminal Information Center or the National Sex Offender Registry. I understand that the results of that check will be made available to the Niagara Falls Housing Authority for use in reviewing my credentials for housing. I further understand that I have the right to appeal the results of the criminal record check to the Niagara Falls New York Criminal Information Center, Department of Public Safety 1925 Main Street, Niagara Falls, NY 14305

**Please provide the following information for all of the other household members over the age of eighteen:**

Name	Place of Birth (City, State & Country)	Maiden or Alias Names	DOB	SSN # Last four
				XXX-XX-
				XXX-XX-
				XXX-XX-
				XXX-XX-
				XXX-XX-

**APPLICANT CERTIFICATION PLEASE READ CAREFULLY AND SIGN. UNSIGNED APPLICATIONS WILL BE RETURNED.**

I/We certify that the information given on household composition, income and net family assets, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable by Federal Law with fines up to \$10,000 or imprisonment for up to five (5) years.

I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy and/or retroactive rent increases. My (our) signature(s) below constitutes my (our) EXPRESS WRITTEN CONSENT authorizing the Niagara Falls Housing Authority to conduct a background check, including verification of information contained herein.

I/We hereby expressly consent to the release of information by current or prior Landlords, Public Housing Authorities, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Housing Authority processing this Application and performing the background check.

I/We also agree that if I/we are admitted to housing, the Niagara Falls Housing Authority may conduct an interim background check using sources named above, if deemed necessary. WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters with its jurisdiction.

Any attempt to obtain public housing, any rent subsidy or rent by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such an attempt, is a crime. I have read and fully understand the above statements.

\_\_\_\_\_  
Signature of Spouse/or Co-head of Household

\_\_\_\_\_  
Signature of another Adult Household Member

\_\_\_\_\_  
Date

**Optional and Supplemental 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:
(1) Name of Additional Contact Person or Organization:	Relationship to Applicant:
Address:	
Telephone No:	Cell Phone:
(1) Name of Additional Contact Person or Organization:	Relationship to Applicant:
Address:	
Telephone No:	Cell Phone:
<p><b>Legal Notification:</b> 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.</p>	

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse/or Co-head of Household

\_\_\_\_\_  
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. Form HUD- 92006 (05/09)

**NIAGARA FALLS HOUSING AUTHORITY DECLARATION OF CITIZENSHIP APPLIES TO ALL FAMILY MEMBERS**

Each person who will benefit under the Public Housing Assistance Programs must either be a citizen or national of the United States, or be a noncitizen that has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Department of Homeland Security. One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box. All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	DOB MM/DD/YY	I am a citizen or national of the U.S. Y/N	I am a non-citizen with eligible immigration status Y/N	Signature of Adult Listed to Left OR Signature of Minor's Guardian

**WARNING:** Title 18 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 of agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rent for the assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**Signed: x** \_\_\_\_\_

\_\_\_\_\_  
Signature of another Adult Household Member

Print Name: x \_\_\_\_\_ Print Name: x \_\_\_\_\_

\_\_\_\_\_  
Date





**NIAGARA FALLS HOUSING AUTHORITY**  
**CRIME CERTIFICATION**

Criminal and Sex Offender Background Information

Federal law requires us to get drug and criminal background and sex offender information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer these questions and consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. The Niagara Falls Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity?  Yes  No

If yes, when? \_\_\_\_\_

2. Do you currently use illegal drugs, marijuana (**Including medical marijuana**), or abuse alcohol?  Yes  No

If yes for **medical marijuana**, please explain type or form of marijuana usage: \_\_\_\_\_

If yes for alcohol abuse or illegal drug use, please provide the rehabilitation center name and dates attended, if applica

3. Are you currently subject to a lifetime registration requirement under any state sex offender registration program?  
 Yes  No

If yes, please explain \_\_\_\_\_

4. Have you been arrested or convicted for any drug-related crime?  Yes  No

If yes, when and where? \_\_\_\_\_

5. Have you been convicted of a felony?  Yes  No

If yes, when? \_\_\_\_\_

6. Have you been arrested or convicted for any crime involving fraud or dishonesty?  Yes  No

If yes, when? \_\_\_\_\_

7. Have you been convicted for any crime involving violence?  Yes  No

If yes, when? \_\_\_\_\_

8. Are you currently charged with any of the above criminal activities?  Yes  No

If yes, please explain when and where? \_\_\_\_\_  
\_\_\_\_\_

9. Please list all states where you have lived or held a license to drive \_\_\_\_\_

10. Have you ever been known by any other name?  Yes  No.

If yes, what name(s) were used? \_\_\_\_\_

11. Are you presently on parole or probation?  Yes  No

If yes, until when and where? \_\_\_\_\_  
\_\_\_\_\_

12. Have you been engaged in the use, sale, manufacture, or distribution of controlled substances including methamphetamine?  Yes  No

If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been arrested or convicted of a crime other than a traffic violation?  Yes  No

If yes, please explain the nature of the problem and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge.

I understand that making false statements on this form is grounds for the rejection or termination of my lease. I authorize the NIAGARA FALLS HOUSING AUTHORITY to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Niagara Falls Housing Authority, a public housing authority, or to an agency contracted by the Niagara Falls Housing Authority to conduct criminal background checks.

This is to certify that I have not been arrested or convicted for the sale, Use, manufacture, or distribution of illegal drugs, or for the intent to sell, use manufacture, or distribute any illegal drugs.

Signed: x \_\_\_\_\_ Print Name: x \_\_\_\_\_

Date \_\_\_\_\_

NIAGARA FALLS POLICE DEPARTMENT  
APPLICATION FOR A CRIMINAL HISTORY RECORD CHECK

I understand that the Niagara Falls Police Department will only provide arrest records to an individual on his/her record if the Niagara Falls Police. If the disposition of the charge is unknown or pending, the record check will so indicate. I fully understand that an N.F.P.D. a record check will not cover the individual's criminal history in any other law enforcement agency in this county, state, or country.

I further understand that no information contained within criminal records will be disseminated which has subsequently been ordered sealed by a court under Sections 160.50 or 160.55 of the Criminal Procedure Law or if the individual has been adjudicated a youthful offender.

Name of Applicant \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Also Known As (AKA) \_\_\_\_\_  
Maiden Name (Last Name) (First Name) (Middle Initial)

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Reason for Request: **HOUSING**

I, the undersigned, do hereby authorize the Niagara Falls Police Department to review and to disclose and release any police department records as aforesaid located in the central repository for such police/criminal history records, on file under my name, as stated above, to myself or my designee, if hereinafter named, at the address stated herein, as follows:

**NIAGARA FALLS HOUSING AUTHORITY (ADMINISTRATIVE OFFICES)**

Name of Designee \_\_\_\_\_  
744 TENTH STREET, NIAGARA FALLS, NY 14301

Full Mailing Address \_\_\_\_\_

This authorization intends to give my consent for complete disclosure of any criminal history records about my background.

I agree to indemnify and save harmless the City of Niagara Falls Police Department and any other criminal justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1, Part 20, any electronic data processing agencies which whom this agency or agencies have contracts to process criminal history record information and the employees of any above entities (1) from and against any causes of action, demands, suits, and other proceedings of whatsoever nature: (2) against all liability to others including any liabilities or damages because of or arising out of any arrest, or imprisonment or any cause of action whatsoever, and (3) against any loss, cost, expense and damage resulting therefrom, arising out of involving any negligence on part of the recipient in the exercise or enjoyment of this authorization.

I have read and fully understand the contents of this "Application for a Criminal History Record Check".

\_\_\_\_\_  
Applicant Signature Date: \_\_\_\_\_

Print Name: x \_\_\_\_\_

Note: This form must be notarized if not presented in person.  
(Notaries certificate is located on the back of this form) (Over)

**Please note this side can be notarized by NFHA staff at our office upon request.**

State of New York, County of \_\_\_\_\_

SS: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
Before me, the undersigned, a notary public in and for the said state, personally appeared:

\_\_\_\_\_  
Personally known to me or proved to me based on satisfactory evidence to be the individual (s) whose name(s) is (are) subscribed to within the instrument and acknowledge to me that he/she/they executed the same in his/her/their capacity (is) and that by his/her/their signature(s) on the instrument, the individual (s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and Office of Individual Taking Acknowledgment)

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TO BE COMPLETED BY DEPARTMENT PERSONNEL  
Identification Used:

NYS Drivers License    Passport    Social Security Card    Police I.D.    Other Picture I.D.

Verified By: \_\_\_\_\_  
Name, Employee #

Date Verified: \_\_\_\_\_

**Niagara Falls Housing Authority**

11.

Administrative Offices: 744 Tenth Street, Niagara Falls, NY 14301  
Phone: (716) 285-6961 Ext 3-3 Fax: (716) 371-2827 TDD: 800-545-1833 x 405

OCCUPANCY DEPARTMENT

Application # \_\_\_\_\_ Date: \_\_\_\_\_,

Dear: \_\_\_\_\_;

The following information/documentation that remains outstanding or needs updating must be provided within thirty (30) days to complete your application and to remain on the active waiting list:

- X\_\_\_ Rent receipts (past 90 days) or lease showing the rental amount.
- X\_\_\_ Birth certificates for: all family members \_\_\_\_\_
- X\_\_\_ Social Security card(s) for: all family members \_\_\_\_\_
- X\_\_\_ Employment information and/or 6 most recent pay stubs for: all employed members \_\_\_\_\_
- X\_\_\_ Unemployment benefit statement copy for: all adults \_\_\_\_\_
- \_\_\_ Non-contributing household member form for: \_\_\_\_\_
- X\_\_\_ Social Security, SSI, or pension statement (s) for: members on SSA income \_\_\_\_\_
- X\_\_\_ Marriage or death certificate copy for: \_\_\_\_\_
- \_\_\_ Proof of guardianship or foster care for: \_\_\_\_\_
- \_\_\_ Child care/babysitting expense form notarized and signed by \_\_\_\_\_
- X\_\_\_ Copy of bank Statements for all bank accounts, proof of interest income, stocks, bonds, dividends. For checking account, provide last six (6) months of bank statements.
- X\_\_\_ Proof of the current assessed value of the home, property, and/or closing statement (s) from the sale of the property.
- \_\_\_ Provide Child support or alimony amount received.
- X\_\_\_ Provide names and addresses of the last five (5) years of landlords.
- X\_\_\_ Proof of out of pocket medical & prescription expenses
- X\_\_\_ Medicare card and/ or Medicaid card.
- X\_\_\_ Names, addresses & telephone numbers of three (3) emergency contact persons.
- X\_\_\_ Evidence of proper licensing, spaying, neutering, etc., and regular check-ups of your Pet.
- \_\_\_ Certification from a doctor, social worker, etc. of disability (in absence of other forms).
- \_\_\_ Certification of income and household members form \_\_\_\_\_
- X\_\_\_ Housekeeping Inspection.
- \_\_\_ Proof of full time student over age 18(eighteen)(schedule, grant, scholarship etc.).
- \_\_\_ Other: \_\_\_\_\_

If you have any questions, please contact us at the phone number above very truly yours,

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_



**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: 2501-0014

exp. 07/31/2021

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)

**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.



**APPLICANT FAMILY COMPOSITION ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge that I will **immediately** report any changes in my Income, Assets or Household Composition while my application is being processed, up until the time of Move-In with the Niagara Falls Housing Authority.

I understand that these factors determine my eligibility and my rent calculation. Failure to do so could result in denial of my application and may constitute fraud.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date



NIAGARA FALLS HOUSING AUTHORITY  
744 TENTH STREET  
NIAGARA FALLS, NEW YORK 14301

NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE  
AGAINST WOMEN ACT (VAWA)

I, \_\_\_\_\_ OF \_\_\_\_\_  
Name Apt. Number

*ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF  
THE NOTICE OF OCCUPANCY RIGHTS AND HUD  
FORM 5382 UNDER THE (VAWA) VIOLENCE AGAINST  
WOMEN ACT.*

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Resident Signature

Date



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**NIAGARA FALLS HOUSING AUTHORITY**

**Notice of Occupancy Rights under the Violence Against Women Act**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>1</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **THE NIAGARA FALLS HOUSING AUTHORITY** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **THE NIAGARA FALLS HOUSING AUTHORITY**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **THE NIAGARA FALLS HOUSING AUTHORITY**, you may not be denied assistance, terminated from participation, or be evicted from your rental

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<sup>1</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under THE NIAGARA FALLS HOUSING AUTHORITY solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

#### **Removing the Abuser or Perpetrator from the Household**

THE NIAGARA FALLS HOUSING AUTHORITY may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If THE NIAGARA FALLS HOUSING AUTHORITY chooses to remove the abuser or perpetrator, THE AUTHORITY may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, THE AUTHORITY must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.



In removing the abuser or perpetrator from the household, THE NIAGARA FALLS HOUSING AUTHORITY must follow Federal, State, and local eviction procedures. In order to divide a lease, THE NIAGARA FALLS HOUSING AUTHORITY may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, THE NIAGARA FALLS HOUSING AUTHORITY may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, THE NIAGARA FALLS HOUSING AUTHORITY may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a

reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

THE NIAGARA FALLS HOUSING AUTHORITY will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

THE NIAGARA FALLS HOUSING AUTHORITY'S emergency transfer plan provides further information on emergency transfers, and THE NIAGARA FALLS HOUSING AUTHORITY must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

THE NIAGARA FALLS HOUSING AUTHORITY can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from THE NIAGARA FALLS HOUSING AUTHORITY must be in writing, and THE NIAGARA FALLS HOUSING

AUTHORITY must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. THE NIAGARA FALLS HOUSING AUTHORITY may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to THE NIAGARA FALLS HOUSING AUTHORITY as documentation. It is your choice which of the following to submit if THE NIAGARA FALLS HOUSING AUTHORITY asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by THE NIAGARA FALLS HOUSING AUTHORITY with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he

or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that THE NIAGARA FALLS HOUSING AUTHORITY has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, THE NFHA does not have to provide you with the protections contained in this notice.

If THE NFHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), THE NFHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, THE NFHA does not have to provide you with the protections contained in this notice.

### **Confidentiality**

THE NIAGARA FALLS HOUSING AUTHORITY must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

THE NFHA must not allow any individual administering assistance or other services on behalf of THE NFHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

THE NFHA must not enter your information into any shared database or disclose your information to any other entity or individual. THE NIAGARA FALLS HOUSING AUTHORITY , however, may disclose the information provided if:

- You give written permission to THE NIAGARA FALLS HOUSING AUTHORITY to release the information on a time limited basis.
- THE NIAGARA FALLS HOUSING AUTHORITY needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires THE NFHA or your landlord to release the information.

VAWA does not limit THE NIAGARA FALLS HOUSING AUTHORITY duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

**Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, THE NIAGARA FALLS HOUSING AUTHORITY cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if THE NIAGARA FALLS HOUSING AUTHORITY can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If THE NIAGARA FALLS HOUSING AUTHORITY can demonstrate the above, the Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the **Buffalo HUD field office**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **HUD.GOV – (81 Fed. Reg. 80724)**  
Additionally, THE NIAGARA FALLS HOUSING AUTHORITY must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your site Manager at the Niagara Falls Housing Authority.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Family and Children's Service of Niagara at (716) 285-6984, Casey House Youth Shelter at (716) 285-7125 or Carolyn's House YWCA-Niagara at (716) 278-9662.**