

Atlas Heights

For Office Use Only



Plattsburgh Housing Authority

Managing Agent

NOTE TO APPLICANT: PLEASE PRINT CLEARLY -- This application must be filled out completely. You must answer all questions and do NOT leave any blanks. If anything doesn't apply, please write N/A.

Appointment _____ @ _____
Hearing _____ @ _____
Withdrawn _____ for _____
Eligible _____
Ineligible _____ for _____
Date _____ No. _____ BR size _____
Income _____ Allowable _____

A full application must be submitted in order to determine eligibility. The full application will be reviewed for a determination of eligibility, and the applicant will be notified in writing of the determination. Applications are processed in the order of date and time received.

Please complete this application and return to:	Plattsburgh Housing Authority 4817 South Catherine St. Plattsburgh, NY 12901
	Fax: 518-561-1769
	Email: tiffany@phaplattsburgh.com
NO PETS/NO SMOKING APARTMENTS	

APPLICATION FOR HOUSING

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

Applicant Name:		Home Telephone Number: () ()
Address:	Apt. Number:	Cell Phone Number: () ()
City, State, Zip:	Email Address:	

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest. If you have more than six total household members, please add a separate sheet of paper with the same information as below.

	Last Name, First Name	Gender	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Includes Elementary through Higher)		
							Full Time	Part Time	N/A
1			Head				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1) Do you anticipate any changes in the size of your household *within the next 12 months*? YES NO
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 If yes, please describe any changes here: _____
- 2) Will anyone under age 18 listed above live in the unit *less than 50%* in next 12 months? N/A YES NO
 If yes, please explain here: _____
- 3) Does any member in your household require a live-in care attendant because of a disability? YES NO
- 4) Are you currently receiving housing assistance from HUD or a Public Housing Agency? YES NO
 If yes, please state where: _____
- 5) Are you or is any member of your household currently using marijuana or any other illegal drug? YES NO
- 6) Will you be requesting reasonable accommodation for a service or emotional support animal? YES NO
- 7) Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? YES NO
This means that smoking is prohibited in the unit, on unit porches, and in all indoor common areas and outdoor common areas that are within twenty-five (25) feet of the building or any outdoor common area. This includes sidewalks, hallways, etc.

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

	<p>I currently live on this property and am requesting a new unit because:</p> <p><input type="checkbox"/> 1) I have a verifiable need for an accessible apartment</p> <p><input type="checkbox"/> 2) I have a verifiable medical need for a different apartment</p> <p><input type="checkbox"/> 3) My current apartment is too small or too large for my household</p> <p><input type="checkbox"/> 4) Other (state reason): _____</p>
<input type="checkbox"/>	I live in another property owned or managed by Plattsburgh Housing Authority

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Available at:	Special Features Requested
<input type="checkbox"/> 1 Bedroom Unit	Atlas Heights	<input type="checkbox"/> Mobility Accessible Unit (Wheelchair/Scooter)
<input type="checkbox"/> 2 Bedroom Unit	Atlas Heights	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> 3 Bedroom Unit	Atlas Heights	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/> Special features: Please list below:
Are there any special needs or accommodations the household will require, such as grab bars or a unit for mobility impaired or hearing/vision impaired? _____ _____ _____		



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

HOUSEHOLD HISTORY

The questions below apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

- Have you or anyone else named on this application filed for bankruptcy?
Please explain: _____

- Have you or anyone else named on the application been convicted of a drug related **or other** crime?
Please explain: _____

- Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program in any state?
Please explain: _____

- Have you or anyone else named on the application ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally-assisted housing?
Please explain: _____

- Have you or anyone else named on the application ever been evicted?
Name _____
Where was the housing unit? _____
Dates _____

List the addresses where you have lived in the past five years, along with the landlord and address of each landlord (include your current address).

Address (Yours)

Landlord Name/Address

From

To

<u>Address (Yours)</u>	<u>Landlord Name/Address</u>	<u>From</u>	<u>To</u>



STUDENT ELIGIBILITY QUESTIONS

- 7) Are **ALL** members of your household full-time students? YES NO
- 8) Will **ALL** members of your household be full-time students during any 5 months of **this** year?
(Example: a student who goes to school full-time in any parts of January, February, April, October and November) YES NO
- 9) Will **ALL** members of your household be full-time students during any 5 months of **next** year? YES NO
- 10) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? YES NO
If yes, who is enrolled? _____ Which school are they enrolled in? _____
How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____
- 11) Does **ANY ADULT** member of your household intend to become a student **within the next 12 months**? YES NO
If yes, who will be enrolling in school? _____ Name of School _____ If
yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 12) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received? _____ YES NO

IF "NO", SKIP TO QUESTION 13

a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? YES NO

If "**NO**", are you making efforts to collect the amounts due? YES NO

If "**YES**", please explain the efforts you're making here: _____

- 13) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) YES NO

IF "NO", SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony:

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="radio"/>	<input type="radio"/>	14) Is any member of the household employed? Job 1) Who is employed? _____ What company? _____ Phone: _____ _____	AMT \$ _____ PER _____ # HRS/WK _____
		Job 2) Who is employed? _____ What company? _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	15) Are any household members self-employed? Who is self-employed? _____ What type of work does this person do? _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	16) Are any adult members of your household unemployed? Which adult members are unemployed? _____	
<input type="radio"/>	<input type="radio"/>	17) Is any household member unemployed and receiving Unemployment Benefits payments? Who is receiving unemployment benefits? _____ What State: _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	18) Does any household member receive pay from the military? Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	19) Does any household member receive any payments from the Social Security Administration? <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other Who receives payments from the Social Security Office? _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	20) Does any household member receive severance pay or worker's compensation? Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____	AMT \$ _____ PER _____
<input type="radio"/>	<input type="radio"/>	21) Does any household member receive Public Assistance payments such as TANF? (Please do not include Food Stamp benefits here.) Who is receiving TANF or other PA benefits? _____	AMT \$ _____ PER _____



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="radio"/>	<input type="radio"/>	22) Does any household member receive payments from a pension, annuity or retirement benefit account?	
		Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement	
		Who receives these benefits? _____	AMT \$ _____
		What company pays this person? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="radio"/>	<input type="radio"/>	23) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?	
		What is the name of the person that pays you? _____	AMT \$ _____
		What is their address? _____	PER _____
		Phone number? _____	
<input type="radio"/>	<input type="radio"/>	24) Is there any other source of income we haven't already asked about above that you receive?	
		Please Describe: _____	
<input type="radio"/>	<input type="radio"/>	25) Does your household expect any changes in their income <i>within the next 12 months</i>?	
		Please Describe: _____	
<input type="radio"/>	<input type="radio"/>	26) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a member residing in a long term care facility?	
		Which household member is in a long-term facility? _____	
		Which household member are the payments made to? _____	
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
<input type="radio"/>	<input type="radio"/>	27) Do any adult members of your household have zero income?	
		Which adult members have zero income? _____	

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

 28) Does any household member have a Checking, Savings, CD or Money Market account?

Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

Bank Name: _____ Name(s) on Account: _____
Account Type: Checking Savings CD Money Market

 Check if there are additional accounts of the above types belonging to the household. Attach a separate piece of paper listing the bank name, account type and name(s) on all additional accounts.



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

- 29) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy** (life insurance that you can make withdrawals from even if there isn't a death. We do not count **TERM** insurance)?
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds
 Whole Life Insurance Other: _____
- 30) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?**
Institution Name: _____ Name(s) on Account: _____
Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- 31) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?**
Institution Name: _____ Name(s) on Account: _____
Contact/Phone: _____ Account Type: _____
- 32) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)
Property Owner(s): _____ Type of Property: _____
What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)
Contact: _____ Phone: _____
- 33) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)
Property Type: _____ Estimated Cash Value: \$ _____
- 34) Does any household member have a Trust Account?**
Institution Name: _____ Name(s) on Account: _____
Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- 35) Does any household member have any Treasury Bills or Government Savings Bonds?**
Which household member: _____
Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____
- 36) Does any household member have cash on hand or safe deposit boxes?**
Which household member? _____ What amount is kept on hand? \$ _____
- 37) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____
- 38) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
What was the estimated value of this asset? \$ _____
- 39) Does any household member receive money which is direct-deposited and accessed by a debit card?** (Examples are a Social Security Direct Express card, a payroll Emerald card, a card issued by DSS to access benefits or child support, etc.)
Which household member(s)? _____



DEMOGRAPHIC QUESTIONS

Race of Head of Household (check all that apply): I prefer not to answer White Black or African American
 American Indian/Alaska Native Asian/Pacific Islander

Ethnicity of Head Household: Hispanic or Latino Non-Hispanic or Latino

What is your marital status? Married, Single, Divorced, Separated, Widowed

PENALTIES FOR MISUSING THIS FORM

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for housing at Atlas Heights. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property. If the information changes after submission, I will ensure to update it with the Management Company.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, landlord references, ability to pay rent, etc. All background checks are conducted in accordance with New York State Law and New York State Homes and Community Renewal policies.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for housing at the above-mentioned properties.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

Other Adult Member

Date

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON INCOME, FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

ATLAS HEIGHTS IS A SMOKE-FREE PROPERTIES

**Atlas Heights, Limited Partnership, Owner
c/o Plattsburgh Housing Authority, Managing
Agent
4817 South Catherine St.
Plattsburgh, NY 12901**

**Phone: 518-561-0720
Fax: 518-561-1769
NYS TTY/TDD: #711**

Atlas Heights, Limited Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Plattsburgh Housing Authority
Housing Assistance Supervisor
4817 South Catherine St.
Telephone – Voice: 518-561-0720
NYS TTY/TDD : #711



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.