



WAITING LIST APPLICATION

Lewis County Opportunities, Inc. (LCOI/NYHTFC) Housing Choice Voucher (HCV) Program

This form must be completed by the Head of Household. Use the legal name for each household member.

Date:	Head of Household Name:	Email Address:			
Home Phone:	Work Phone:	Cell Phone:	Other Phone:		
Address (Please list last known address if you are currently homeless):		Apt. #:	City:	State:	ZIP Code:
Yes <input type="checkbox"/> No <input type="checkbox"/> Is your mailing address the same as listed above?					
If No:	Mailing Address:	Apt. #:	City:	State:	ZIP Code:

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
					HEAD	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
	If YES:	Who and Where: Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
	If YES:	Who: State:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
	If YES:	Who and Where: Details of Crime:

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. PROJECT BASED ASSISTANCE

If you are interested in applying for Project-Based Assistance please initial one or all of the options listed below:

- _____ Buck Building (Watertown; 0, 1 and 2 bedroom apartments) You must also apply with Neighbors of Watertown.
- _____ Emerson Row (Watertown; 3 and 4 bedroom apartments) You must also apply with Neighbors of Watertown.
- _____ Philadelphia Courts (Philadelphia; 1 and 2 bedroom apartments) You must also apply with Philadelphia Courts.
- _____ Riverview Apartments (Clayton; elderly and/or disabled only) You must also apply with Riverview Apartments.

VI. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

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

You MUST provide proof of residency and photo ID for all applicants 18 year old and above at the time of application. You MUST also complete the attached Supplement to Application for Federally Assisted Housing (Form HUD-92006) in order for your application to be considered complete.

All incomplete applications will be returned to the address provided above. It is your responsibility to report any changes (address, household composition, elderly/disabled status, etc.) in writing to the address listed below.

Mail/return completed application to:
Lewis County Opportunities, Inc. HAP
 749 Leray St.
 Watertown, NY 13601

Office use only:
 Date received: _____
 Time received: _____
 Application #: _____