

Mail to: Housing Assistance Program

8265 State Route 812
 Lowville, NY 13367
 (315) 376-8202 ext 3

Date Of Application _____
 Time Submitted _____
 Application Number _____



WAITING LIST APPLICATION

Lewis County Opportunities, Inc. (LCOI) Rental Supplement 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

Note: When application is submitted, proof of residency/address is required in order for your application to be considered complete and acceptable.

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/Other)	Relation	
					HEAD OF HOUSEHOLD	
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"/>		
2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F/Other)	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"/>		
3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F/Other)	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"/>		
4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F/Other)	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"/>		
5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F/Other)	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"/>		
6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F/Other)	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"/>		

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, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, 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. 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 / Other Adult

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.