

St. Lawrence County  
COMMUNITY DEVELOPMENT PROGRAM, INC.

HOUSING CHOICE VOUCHER PROGRAM

Dear Applicant:

Enclosed you will find the application you requested for the Housing Choice Voucher Program waiting list. Please make sure to fill in ALL requested information, including social security numbers, dates of birth, and please be sure to sign the application. Also please include a copy of proof of address (i.e. copy of lease, utility bill, etc).

Currently, our waiting list is approximately 3 to 5 years long. If you have any changes in your household and/or income, it is important that you report it at once in writing. This could change the status of your application on the list.

Below are the income guidelines of our program for the year 2018. If you are at 30% or below 50% income guidelines for your family size, you may still qualify for assistance.

Household Size	30% Annual Income	50% Annual Income	80% Annual Income
1	\$13,550	\$22,550	\$36,050
2	\$16,460	\$25,750	\$41,200
3	\$20,780	\$28,950	\$46,350
4	\$25,100	\$32,150	\$51,450
5	\$29,420	\$34,750	\$55,600
6	\$33,740	\$37,300	\$59,700
7	\$38,060	\$39,900	\$63,800
8	\$42,380	\$42,450	\$67,950

If you have any questions regarding your application, please call our office between 8:00 a.m. and 4:00 p.m. Monday through Friday. Our telephone number is (315) 386-1102.

Sincerely

Housing Choice Voucher Program

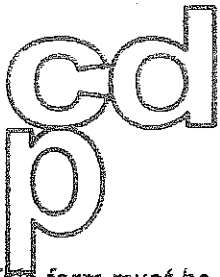
Updated: 04/01/2018

ONE COMMERCE LANE • CANTON, NEW YORK 13617 • TELEPHONE (315) 386-1102 • FAX (315) 379-0380 •

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St. Lawrence County  
COMMUNITY DEVELOPMENT PROGRAM, INC.



HOUSING CHOICE VOUCHER PROGRAM  
APPLICANT/PARTICIPANT CERTIFICATION  
SLCCDP Section 8 Housing Choice Voucher (HCV) Program

*This form must be completed by the Head of Household. Use the legal name for each household member. All adult household members must sign this document, certifying that the information provided is accurate and current.*

Log #	Head of Household Name	Email Address	Date
Address & Apt. #		City, State, ZIP Code	
Home Phone	Work Phone	Cell Phone	Other Phone

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

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 #	

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<input type="checkbox"/>	<input type="checkbox"/>	Has any household member committed fraud in a federally-assisted housing program and/or been required to repay money for knowingly misrepresenting information to receive housing assistance?
	If YES:	Who: When and Where:

I certify that my household pays for the following utilities according to the terms of my lease and these utilities are currently on:

<input type="checkbox"/> Heating	<input type="checkbox"/> Cooking	<input type="checkbox"/> Electricity	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
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### III. INCOME INFORMATION:

As a part of the Section 8 Housing Choice Voucher program, you are required to report any and all income received by any and all household members. Note: SLCCDP uses HUD's Enterprise Income Verification (EIV) System, which provides detailed income information for Housing Choice Voucher household members. If you do not report all household income, you may lose your voucher. All income must be reported.

How often: weekly, biweekly, bimonthly, monthly, yearly

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
<input type="checkbox"/>	<input type="checkbox"/>	Wages, salaries, overtime or tips from employment			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
3					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Net business income from self-employment (including babysitting, doing hair, care-taking, etc.)			
Household Member Name		Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1					Yes or No
2					Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Social Security (including survivor benefits and SSDI)			
Household Member Name		Type of Benefit	Income before any Deductions	How Often?	Any change expected?
1				Monthly	Yes or No
2				Monthly	Yes or No
3				Monthly	Yes or No

YES	NO	Does anyone in the household receive or expect to receive income from the following?		
<input type="checkbox"/>	<input type="checkbox"/>	Welfare assistance (SNAP/Food Stamps, TANF)		
Household Member Name	Type of Assistance	Income before any Deductions	How Often?	Any change expected?
1				Yes or No
2				Yes or No
3				Yes or No
4				Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Alimony payments		
Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
				Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments		
Household Member Name receiving Payment	Child's Name AND Docket Number and/or Name and Full Address and Phone Number or Email Address of Child Support Provider	Income before any Deductions	How Often?	Any change expected?
1				Yes or No
2				Yes or No
<input type="checkbox"/>	<input type="checkbox"/>	Other Income _____		
Household Member Name	Name and Full Address and Phone Number or Email Address of Income Source	Income before any Deductions	How Often?	Any change expected?
1				Yes or No
2				Yes or No

Please use the back to list any additional sources of income not reported on pages 3-5 (SECTION III). You must report all income – source, amount and frequency.

#### IV. Assets

As a part of the Housing Choice Voucher program, you are required to report any and all assets owned by any and all household members, whether owned fully or jointly.

Cash value: market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

YES	NO	Does anyone in the household own or jointly own any of the following?		
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account		
Household Member Name	Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1				
2				

**NO Assets**

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	I certify that no household member has any assets of any kind (either owned solely or jointly) at this time.

**V. EXPENSES**

You may be entitled to a childcare allowance or disability expense deduction in your income determination if the expense allows an adult household member to work or seek work.

YES	NO	Question		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have childcare expenses for a child/children under the age of thirteen (13)?		
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Childcare Provider	Your Weekly Cost	Your Monthly Cost
YES	NO	Question		
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for a care attendant or equipment for a household member with disabilities?		
If YES:	Household Member Name Allowed to Work/Seek Work	Name and Full Address and Phone Number or Email Address of Care Attendant/Equipment Provider	Your Weekly Cost	Your Monthly Cost

Complete this section only if head of household, co-head, spouse or domestic partner is disabled or 62 years of age or older. IF NOT, skip to section VI. CERTIFICATION STATEMENT

YES	NO	Medical Expenses Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving Medicare and/or other Medical Benefits?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Medicaid Spend-Down? If YES: Amount:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any medical insurance? If YES: Amount: How Often?
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any outstanding medical bills? Do <u>not</u> include information about medical conditions.
		If YES: Payment Amount: How Often? Total Outstanding:
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay for any prescription medications on a regular basis? Do <u>not</u> include medication names/types.
		If YES: Cost: How Often Paid?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other medical expenses?
		If YES: Type: Amount: How Often?

## VI. CERTIFICATION STATEMENT

### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and Applicant/Participant Certification form and certify that the information shown is true and correct.

### Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I understand CDP must approve new additions to the household.

### Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying management office immediately in writing. I will not sublease my assisted residence.

### Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes, attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance. I/We also understand that I/we may be required to repay any housing assistance over payments made to landlord on our behalf.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (Co- Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.**

Evergreen Park

We currently offer assistance to a select number of rental units at the Evergreen Park located on Racquette Road in Potsdam NY for applicants that meet the eligibility criteria for our program and Evergreen Park

Are you interested in residing at Evergreen Park with assistance from the Housing Program?

Yes  No

Phone: 315-265-3680

Fax: 315-265-1256

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Pine Grove Community

We currently offer assistance to a select number of rental units at the Pine Grove Community located on 275 W Barney Street in Gouverneur, NY for applicants that meet the eligibility criteria for our program and Pine Grove Community.

Are you interested in residing at Pine Grove Community with assistance from the Housing Program?

Yes  No

Phone: 315-287-1078

Fax: 315-287-7504

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Iroquois Village Apartments

We currently offer assistance to a select number of rental units at the Iroquois Village Apartments located on 19 County Route 45 in Rooseveltown, NY for applicants that meet the eligibility criteria for our program and Iroquois Village Apartments.

Are you interested in residing at Iroquois Village Apartments with assistance from the Housing Program?

Yes  No

Phone: 518-358-4860

Fax: 518-358-4870

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Hamilton Gardens

We currently offer assistance to a select number of rental units at the Hamilton Gardens located on 80 Lagrasse Street Waddington, NY for applicants that meet the eligibility criteria for our program and Hamilton Gardens.

Are you interested in residing at Hamilton Gardens with assistance from the Housing Program?

Yes  No

Phone: 315-388-7730/315-714-3135ext.541

Fax: 315-388-7739

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Star Lake Housing

We currently offer assistance to a select number of rental units at the Star Lake Housing located on 136 Young's Road, Star Lake, NY for applicants that meet the eligibility criteria for our program and Star Lake Housing.

Are you interested in residing at Star Lake Housing with assistance from the Housing Program?

Yes  No

Phone: 315-848-2074

Fax: 315-848-7614

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.

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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.