



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 2017. 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
1	\$13,150	\$21,900
2	\$16,240	\$25,000
3	\$20,420	\$28,150
4	\$24,600	\$31,250
5	\$28,780	\$33,750
6	\$32,960	\$36,250
7	\$37,140	\$38,750
8	\$41,250	\$41,250

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

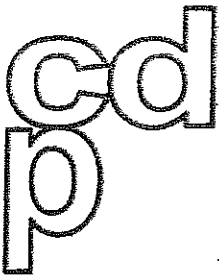
Updated : 04/14/2017

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

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This institution is an equal opportunity provider, and employer.





HOUSING CHOICE VOUCHER PROGRAM  
WAITING LIST APPLICATION  
SLCCDP 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

<b>1. Head of Household</b>						
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 #
<b>2. Household Member</b>						
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 #
<b>3. Household Member</b>						
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 #
<b>4. Household Member</b>						
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 #
<b>5. Household Member</b>						
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 #
<b>6. Household Member</b>						
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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Equal Housing Opportunity

United Way  
Local Way of Northern New York

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

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.