



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 2016. 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	\$12,400	\$20,650
2	\$16,020	\$23,600
3	\$20,160	\$26,550
4	\$24,300	\$29,450
5	\$28,440	\$31,850
6	\$32,580	\$34,200
7	\$36,550	\$36,550
8	\$38,900	\$38,900

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 03/28/16

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

HEAD START • HOUSING CHOICE VOUCHER PROGRAM • NEIGHBORHOOD CENTERS • WEATHERIZATION PROGRAM

This institution is an equal opportunity provider, and employer.





**HOUSING CHOICE VOUCHER PROGRAM**  
 St. Lawrence County Community Development Program  
 One Commerce Lane  
 Canton, New York 13617  
 Phone: 315-386-1102 Fax: 315-3790-0380  
**APPLICATION FOR WAIT LIST**



<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number:</b>	

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

Last Name	First Name	MI	Date of Birth	Sex	Social Security #	Age	Relationship
							SELF/Head of HH

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation/surname.

Race of Head of Household: (check one)  
 White       African American       American Indian/Alaskan Native       Asian/Pacific Islander  
 Ethnicity of Head of Household: (check one)  
 Hispanic/Latino       Non-Hispanic

The following questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

1. Is head or spouse a person with disabilities or handicaps?  Yes  No
2. Explain if you answered yes to this question: \_\_\_\_\_  
\_\_\_\_\_
3. Please identify any special housing needs your household has. \_\_\_\_\_

**INCOME AND ASSET INFORMATION**

Name of Income Receiver	Source of Income	Amount	Month/Week/Bi-Week


**APPLICANT CERTIFICATION**

I/we certify that the information given to the St. Lawrence County CDP Housing Choice Voucher Program on household composition, income, assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/we understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Spouse/Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Evergreen Park**

We currently offer assistance to a select number of rental units at the Evergreen Park located on Racquette Road in Potsdam, New York 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

**Pine Grove Community – (55 and older, disabled)**

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

Are you interested in residing at Pine Grove with assistance from the Housing Program?  Yes  No

**Mohawk Indian Housing**

We currently offer assistance to a select number of rental units at the Iroquois Village Apartments located at 19 County Route 45, Rooseveltown, New York 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

**Hamilton Gardens – (62 and older, disabled)**

We currently offer assistance to a select number of rental units at the Hamilton Gardens Community located at 80 Lagrasse St., Waddington, New York 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

**South St. Lawrence – (62 and older, disabled)**

We currently offer assistance to a select number of rental units at the Star Lake Housing located at 136 Youngs Road, Star Lake, New York 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

**Cambray Housing**

We currently offer assistance to a selected number of rental units at the Cambray Housing located at 68 W. Main Street, Gouverneur, NY for applicants that meet the eligibility criteria for our program and Cambray Housing.

Are you interested in residing at Cambray Housing with assistance from the Housing Program? \_\_\_\_ Yes \_\_\_\_ No

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1 (800) 424-8590.

No one may charge an applicant a fee to submit an application for assistance from the Housing Choice Voucher Program and/or as a condition for receiving assistance if you are determined eligible.

If anyone attempts to do so, please call the New York State Inspector General's Office at 1-800-367-4448.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.