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 be sure to include a copy of proof of address (i.e. copy of lease, utility bill, etc.)

Below are the income guidelines of our program for the year 2019. 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	$13,900	$23,200
2	$16,910	$26,500
3	$21,330	$29,800
4	$25,750	$33,100
5	$30,170	$35,570
6	$34,590	$38,400
7	$39,010	$41,050
8	$43,430	$43,700

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

Sincerely,

Housing Choice Voucher Program

Updated 04/26/2019

St. Lawrence County
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Housing Choice Voucher Program (Section 8) Information

The Housing Choice Voucher Program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

A family that is issued a **Tenant Based** Housing Choice Voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health, safety, and affordability as determined by the PHA.

Section 8 Project Based Voucher Program

The Section 8 **Project-Based Voucher** (PBV) program is a component of the Statewide Section 8 Housing Choice Voucher (HCV) program and provides long-term project-based rental assistance contracts for very low and extremely low-income households. Unlike tenant-based assistance where the assisted unit is selected by the family, rental assistance is paid only for contracted units in specific housing developments under the PBV program.

In St Lawrence County there are 8 Housing Complexes that offer Project Based Rental Assistance

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Housing Choice Voucher Program

We currently offer rental assistance for Tenant Based Units located in St. Lawrence County, NY applicants that meet the eligibility criteria for our program for Tenant Based assistance.

Are you interested in receiving Tenant Based rental assistance from the Housing Choice Voucher Program?

_____Yes _____No

Phone: 315-386-1102 ***Fax: 315-379-0380***

Project Based Voucher Program

The following complexes offer Project Based Rental Assistance in St Lawrence County. If you wish to be added to a waitlist for any of the following complexes please mark yes next to the complex.

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***

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. Must be 55 years of age or older and meet income guidelines.

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***

Hamilton Gardens

We currently offer assistance to a select number of rental units at the Hamilton Gardens located on 80 Lagrasse Street in Waddington, NY for applicants that meet the eligibility criteria for our program and Hamilton Gardens. Must be 62 years of age or older; 18 or older and disabled.

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***

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 in Star Lake, NY for applicants that meet the eligibility criteria for our program and Star Lake Housing. Must be 62 years of age or older; 18 or older and disabled.

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***

Mayfield Apartments

We currently offer assistance to a select number of rental units at the Mayfield Apartments located on 22 Mayfield Dr. in Potsdam, NY for applicants that meet the eligibility criteria for our program and Mayfield Apartments. Must be 55 years of age or older and meet income guidelines.

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

_____Yes _____No

Phone: 315-265-4070 ***Fax: 315-265-5709***

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Cambray Terrace

We currently offer assistance to a select number of rental units at the Cambray Terrace located on 24 Mill Street in Gouverneur, NY for applicants that meet the eligibility criteria for our program and Cambray Terrace. Must be 62 years of age or older; 18 or older and disabled.

Are you interested in residing at Cambray Terrace with assistance from the Housing Program?

_____Yes _____No

Phone: 315-287-0527 ext. 102 ***Fax: 315-287-0580***

Cambray Courts

We currently offer assistance to a select number of rental units at the Cambray Courts located on 68 W Main Street in Gouverneur, NY for applicants that meet the eligibility criteria for our program and Cambray Courts. Must be 62 years of age or older; 18 or older and disabled.

Are you interested in residing at Cambray Courts with assistance from the Housing Program?

_____Yes _____No

Phone: 315-287-0527 ***Fax: 315-287-0580***

If you believe you have been discriminated against you may call the Fair Housing and Equal Opportunity Nation Toll-Free Hot Line (800)-421-8590.

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

(800)-367-4448.

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EQUAL HOUSING OPPORTUNITY

APPLICANT/PARTICIPANT CERTIFICATION
St Lawrence County (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 ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

2. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

3. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

4. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

5. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

6. Household Member						
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation	
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #

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7. Household Member							
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation		
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	

8. Household Member							
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation		
Disability Yes ☐ No ☐	U.S. Citizen Yes ☐ No ☐	Full-time Student Yes ☐ No ☐	Race	Hispanic/Latino Yes ☐ No ☐	Social Security #	Alien Registration #	

Please use the back of this form to provide additional household member information.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question *(Use back of form if more room is needed – all information must be complete)*		
☐	☐	**Has any household member used a different first or last name(s)?**		
		If YES:	Current Name(s):	
			Previous Name(s):	
☐	☐	**Has anyone in your household moved out or moved in since your last re-examination?**		
		If YES:	Moved in:	
			Moved out:	
☐	☐	**Do you expect anyone to move out or move in during the next 12 months?**		
		If YES:	Will Move in:	
			Will Move out:	
☐	☐	**Does any adult household member have any children who are temporarily placed out of your home?**		
		If YES:	Name of Child(ren):	
☐	☐	**Do you have temporary custody of or are you a foster parent to any household member 17 years of age or younger?**		
		If YES:	Name of Child(ren):	
☐	☐	**Do you certify that an approved adult household member has legal custody of every minor under age 18 listed in the household?**		
☐	☐	**Do you certify that all household members listed are currently living in the home?**		
☐	☐	**Do you certify that all individuals residing in the unit are listed as household members?**		
☐	☐	**Has any household member been convicted of any crime (besides traffic violations)?**		
		If YES:	Who and Where:	
			Details of Crime:	
☐	☐	**Is any household member subject to a lifetime sex offender registration?**		
		If YES:	Who:	
			State:	
☐	☐	**Does any household member receive any form of housing subsidy (other than Section 8 HCVP)?**		
		If YES:	Who:	
			Type and Amount:	

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YES	NO	Question (*Use back of form if more room is needed – all information must be complete.)*		
☐	☐	**Has any household member lived in any assisted housing before?**		
		If YES:	Who:	
			When and Where:	
☐	☐	**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:				
☐ Heating	☐ Cooking	☐ Electricity	☐ Water	☐ Sewer

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?			
☐	☐	**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	
☐	☐	**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	
☐	☐	**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	

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YES	NO	Does anyone in the household receive or expect to receive income from the following?			
☐	☐	**Supplemental Security Income (SSI)**			
Household Member Name	Type of Benefit	Income before any Deductions	How Often?	Any change expected?	
1	SSI		Monthly	Yes or No	
2	SSI		Monthly	Yes or No	
3	SSI		Monthly	Yes or No	
☐	☐	**Annuities, insurance policies, retirement funds, pension or disability/death benefits**			
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	
☐	☐	**Veterans benefits**			
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	
☐	☐	**Unemployment benefits**			
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	
☐	☐	**Worker's compensation and/or severance pay**			
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	
☐	☐	**Armed Forces pay**			
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	
☐	☐	**Student financial assistance that is more than tuition – not including any type of loan**			
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	
☐	☐	**Regular contributions or gifts received from organizations or persons not residing in the unit**			
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

YES	NO	Does anyone in the household receive or expect to receive income from the following?			
☐	☐	**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
☐	☐	**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
☐	☐	**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
☐	☐	**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.

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YES	NO	Does anyone in the household own or jointly own any of the following?
☐	☐	**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				

YES	NO	Does anyone in the household own or jointly own any of the following?
☐	☐	**Checking Account**

Household Member Name	Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income
1				
2				

☐	☐	**Money Market Account**

Household Member Name	Name and Full Address and Phone Number or Email Address of Bank	Cash Value	Interest Rate	Annual Income

☐	☐	**Safety Deposit Box or Personal Property/Personal Property Held as Investment** (gem or coin collections, art, antique cars, etc. but not items used daily)

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

☐	☐	**Bonds**

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

☐	☐	**401(k) Account**

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

☐	☐	**IRA Account, Certificate of Deposit, Keogh Account, Trust Fund, Capital Investment**

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

☐	☐	**Life Insurance Policy (not term life)**

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income

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You must also report any asset disposed of – given away, sold, etc.

YES	NO	Question		
☐	☐	**Has any household member given away or sold assets for less than fair market value in the last two (2) years including cash, real estate, etc.?**		
	If YES:	Who:		
		Details:		

No Assets

YES	NO	Question
☐	☐	**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 you income determination if the expense allows an adult household member to work or seek work.

YES	NO	Question			
☐	☐	**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			
☐	☐	**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 <u>only</u> 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						
☐	☐	**Are you receiving Medicare and/or other Medical Benefits?**						
☐	☐	**Do you have a Medicaid Spend-Down?**	If YES:	Amount:				
☐	☐	**Do you pay for any medical insurance?**	If YES:	Amount:		How Often?		
☐	☐	**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:		
☐	☐	**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?				
☐	☐	**Do you have any other medical expenses?**						
	If YES:	Type:		Amount:		How Often?		

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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 SLCCDP 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.