

SECTION 8 RENTAL ASSISTANCE PROGRAM

... is a way to help with rental costs. It may help you afford a better place to live, or, if you like where you are living now, it may help you pay your rent. Either way, the Housing Assistance Program pays your landlord part of your monthly rent.

YOU WILL QUALIFY IF

Your total gross annual household income is less than a limit set by HUD.

HOW THE PROGRAM WORKS

1. Application - Complete this Preliminary Application and the enclosed Federal Preference Survey. This places you on the Waiting List.
2. Enrollment - When your name is at the top of the Waiting List, attend an enrollment interview where your eligibility and preference are determined, and receive detailed information on the program.
3. Certification - If eligible, you will receive a Certificate or Voucher to verify your participation in the program.
4. Housing Selection - Find a place within 60 days that meets HUD's housing standards. Your present dwelling may qualify.
5. Negotiation - Come to an agreement with landlord on lease terms.
6. Agency Review - Our agency evaluates your lease and inspects the dwelling to make sure they both meet HUD standards.
7. Payments - You and our agency will share the responsibility of paying your rent to your landlord each month.

Please return
this form along
with the Survey.



ARE YOUR HOUSING COSTS TOO HIGH?

Housing Assistance Program of
Essex County, Inc.
Church Street
P.O. Box 157
Elizabethtown, NY 12932
(518) 873-3691



PRELIMINARY APPLICATION

A. Applicant

Name: _____

Mailing Address: _____ Apt. #: _____

Town, State, Zip: _____

Telephone: _____

Present Landlord: _____

Address: _____

Landlord's Telephone: _____

No one may charge an applicant a fee to submit an application for Section 8 Assistance 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.

List ALL Family Members (including you as head):

Name	Sex	Relationship to you	Birthdate	Social Security Number	Gross Annual Income
1.		HEAD			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

You must include Social Security No. and Income Information for each member of the family.

B. Housing Information

Present Rent: _____ Number of Bedrooms: _____

Do you pay YOUR OWN:

Heat? Yes () No () Type: _____

Hot Water? Yes () No () Type: _____

Cooking Fuel? Yes () No () Type: _____

Electric bill? Yes () No ()

Is any other Agency helping to pay your rent or utilities?

Yes () No () If yes, explain: _____

C. Program Information

Are you or your spouse claiming a disability?

Yes () No ()

Are you or your spouse claiming a handicapped condition?

Yes () No ()

IMPORTANT:

YOU MUST NOTIFY US OF AN ADDRESS CHANGE. IF WE ARE UNABLE TO CONTACT YOU DUE TO AN UNREPORTED ADDRESS CHANGE, YOUR NAME WILL BE TAKEN OFF THE WAITING LIST.

PLEASE give the name and phone number of **TWO** other people we can call to help us to locate you:

Name: _____

Phone: _____

Name: _____

Phone: _____