

**HUD SECTION 8 RENTAL
SUBSIDY PROGRAM
PRELIMINARY**

APPLICATION

THIS APPLICATION DOES NOT OBLIGATE YOU IN ANY WAY. APPLICATIONS WILL BE TAKEN ON A FIRST-COME, FIRST-SERVED BASED. PARTICIPATION IS LIMITED, SO PLEASE COMPLETE AND SEND THIS FORM TO THE AGENCY AS SOON AS POSSIBLE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 845-225-8493.

Family Composition Name (last name first)	DOB/AGE	Sex	Relationship To You	Gross Annual Income	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Address _____ APT# _____

City _____ County _____ Zip Code _____

Telephone

Day _____ Night _____

- Do you or any other member of your household live or work in this county? Yes _____ No _____
- Have you or any other member of your household been forced to move because of a natural disaster or government action? YES _____ NO _____
- Is the head of household disabled or handicapped? Yes _____ No _____
- Is your rent and utilities more than 50 percent of your total household monthly income? Yes _____ No _____

1. FAMILY ____ COMPOSITION (TOTAL NUMBER OF FAMILY MEMBERS)

2. NUMBER OF DEPENDENTS _____ (Do not include self)

3. ELDERLY (OVER 62__ (YES/NO)

4. HANDICAPPED ____ (YES/NO)

5. WHERE HAVE YOU LIVED FOR THE PAST YEAR? _____

6. WHERE HAVE YOU LIVED FOR THE PAST FIVE YEARS? _____

CHECK ONE: (OPTIONAL 7. PLEASE FOR STATISTICAL REPORTING ONLY)

_____ WHITE _____ ORIENTAL _____ BLACK
_____ HISPANIC _____ AMERICAN INDIAN

PLEASE ANSWER YES OR NO:

8. ARE YOU HOMELESS? _____ WHERE ARE YOU STAYING? _____

9. HAVE YOU BEEN DISPLACED? _____ DUE TO:
Disaster (fire, flood) _____ Code Enforcement _____
Public Improvement _____ Development Program _____
Renovation _____ Owner wants unit _____
Sale of housing unit _____ Conversion to non-rental use or non-residential use _____

10. ARE YOU A VICTIM OF DOMESTIC VIOLENCE? _____

11. DO YOU LIVE IN SUBSTANDARD HOUSING? _____

12. DO YOU PAY MORE THAN 50 PERCENT OF YOUR INCOME AND UTILITIES TOWARD RENT? _____ HOW MUCH IS YOUR RENT AND UTILITIES? _____

13. Are you employed? _____ If so, where? _____

14. What is your gross annual income from employment? _____

15. Do you receive cash assistance from Public Assistance? _____ If so, how much do you receive? _____

Do you receive shelter assistance? If so, how much do you receive? _____

Total Grant _____ Shelter Grant _____

16. Do you receive social security? _____ If so, how much? _____

17. Do you receive SS disability? _____ If so, how much? _____

Do you receive any other assistance? _____ From what sources? _____

18. Are you a veteran? _____ Do you receive benefits? _____ If so, how much? _____

19. Have you ever applied to this office for section 8? _____

20. Have you ever applied for or participated in a rental assistance program? _____

If Yes explain _____

21. How did you hear about this program? _____

22. Where do you work? _____

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

***SIGNATURE _____ DATE _____**

**APPLICANTS ARE NOTIFIED BY MAIL WHEN NAME HAS COME UP ON WAITING LIST.
APPLICANTS ARE RESPONSIBLE FOR NOTIFYING THE PCHC IN WRITING OF CHANGE
OF ADDRESS.**

**RETURN TO: PUTNAM COUNTY HOUSING CORP.
11 SEMINARY HILL ROAD
CARMEL, NEW YORK 10512**