

APPLICATION FOR GATEWAY GARDENS, MILLENNIUM HILLS and SECTION 8 (elderly OR family)

Instructions: Please complete all items on both sides of application. Please sign this application before mailing (see bottom of page 2).

Mail completed application to: **Town of Huntington Housing Authority** NOTE: APPLICATIONS ONLY

1-A Lowndes Ave.
Huntington Station, NY 11746

ACCEPTED May 15, 2006
through June 15, 2006

PLEASE PRINT OR TYPE ALL INFORMATION **ATTN: WAITING LIST**

Name of Head of Household:(Please list same name in box 1)	Date:
Address:	Telephone:
City/Town: State: Zip:	
Mailing address (if different)	No. of Years Residing at Current Address:

FAMILY COMPOSITION: List your name and your spouse or family members names below: PRINT LEGIBLY

LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	SEX/ GENDER	BIRTH DATE	SOCIAL SECURITY #:
1.			Head of Household			
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Head of household : 62 years of age or over? Yes No; Handicapped? Yes No; Disabled? Yes No

Total ANNUAL household income from all sources (before deductions): \$_____. NOTE: Include your income and all family members income . Sources of income include employment income (including overtime), grant income (SSI, public assistance, social security, pensions, unemployment insurance, support payments, disability payments) interest, dividends (from savings, checking accounts or stocks), income from assets and other income received. These are EXAMPLES the total for all sources should be listed.

I am hereby requesting preference on the waiting list based on the following circumstances that apply at this time:

LOCAL PREFERENCES

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I am currently living or working within the Township of Huntington. (Includes all Hamlets)
<input type="checkbox"/>	<input type="checkbox"/>	The head, spouse or sole member is employed [and has been employed for at least six consecutive months]. This preference is automatically extended to elderly families or families whose head or spouse meets the HUD/Social Security definition of disability (working family preference, Gateway or Millennium ONLY)

WHO IS ELIGIBLE?

Public Housing Gateway or Millennium

1. Maximum total income (or as may be updated from time to time by HUD)

1 person-\$43,250; 2 persons-\$49,400; 3 persons-\$55,600; 4 persons-\$61,750, 5 persons-\$66,700; 6 persons-\$71,650, 7 persons-\$76,600; 8 persons-\$81,500

Section 8

1 person-\$31,850; 2 persons-\$36,400; 3 persons-\$40,950; 4 persons-\$45,500, 5 persons-\$49,150, 6 persons-\$52,800, 7 persons-\$56,400; 8 persons-\$60,050

2. **Age** (for elderly housing only): Head of Household or Spouse must be 62 years of age or older or handicapped or disabled.

Continued on back of page

3. **Household size** (Based on HUD approved HHA occupancy plan)

Elderly Housing

- 1 person for a 0 bedroom unit;
- 1- 2 persons for a 1 bedroom unit;

Family Public Housing (Gateway) (Millennium has only 2 & 3 BR)

- 2 - 4 persons for a 2 bedroom unit;
- 3 - 6 persons for a 3 bedroom unit;
- 4 - 8 persons for a 4 bedroom unit

NOTE-YOUR NAME WILL BE PLACED ON ALL THREE LISTS BY EXECUTING THIS ONE APPLICATION

Are you currently receiving a rent subsidy? No Yes If yes, name of Housing Agency: _____

Have you ever received a rent subsidy? No Yes If yes, name of Housing Agency: _____

NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answers will not affect, in any way, your selection for the program.

RACE (HEAD OF HOUSEHOLD)			
1 = White <input type="checkbox"/>	2 = AFRICAN AMERICAN <input type="checkbox"/>	3 = American Indian/Native Alaskan <input type="checkbox"/>	4 = Asian/Pacific Islander <input type="checkbox"/>
ETHNICITY (HEAD OF HOUSEHOLD)			
1 = Hispanic <input type="checkbox"/>	2 = Non-Hispanic <input type="checkbox"/>		

CITIZENSHIP STATUS as applicable to your household, check the appropriate box:

--All family members are citizens or nationals, or legal immigrants of the US: YES NO

--If No, How many family members are not citizens?

Has anyone in your household engaged in DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY? YES NO

WARNING: SECTION 1001 OF TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.
 I declare that the statements contained in this application are true and correct and that I have not knowingly nor willfully made a false statement, given false information, or omitted information in connection with this application. I also understand that I will be required to submit to the Huntington Housing Authority, verification and/or proof to support any or all of the claims I have made above.

 Signature of Head of Household (please sign full name) Date

NOTE-YOUR NAME WILL BE PLACED ON ALL THREE LISTS BY EXECUTING THIS ONE APPLICATION

PLEASE NOTE: This is **not** an offer of assistance, this waiting list is being established to determine the order of selection once funding is received from the US Dept. of Housing and Urban Development, or once an apartment is available. Eligibility is determined and All information verified when your name is reached on the list.

TOWN OF HUNTINGTON HOUSING AUTHORITY
631-427-6220 EXT. 25

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

Bedrooms: 0 1 2 3 4
 5 6 7 8+

Date and Time Stamp:

Eligible Gateway Gardens Wait List Yes No

Eligible Millennium Hills List Yes No

Eligible Section 8 Wait List Yes No

Eligibility for Wait List determined on _____ by _____

Ineligible because: _____

“eligibility” as defined herein is for Wait List ONLY, not for program participation)

Entered into computer on _____ BY _____

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