



Rochester Housing Authority

Public Housing Application

To apply for a housing assistance program complete all sections of this application. Questions Call 585.697.7180

First Name: _____ Middle Initial: ____ Last Name: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

E-Mail Address: _____ @ _____

Please enter the family's TOTAL ANNUAL INCOME. If None, enter 0: \$ _____

Please indicate if your family's INCOME SOURCE is any of the following:

Wages Social Security SSI/SSD DHS Other Welfare Other (Child Support, etc.)

Gender: M F Date of Birth: ____/____/____ Social Security Number: ____-____-____

Race (optional): White Black/African American American Indian Asian Pacific/Islander

Ethnicity (optional): Hispanic Non-Hispanic

First Name	Middle Initial	Last Name	Social Security Number	Relationship to Applicant	Sex M/F	Date of Birth	Disabled? Yes or No	Pregnant?
				Head of Household				

“(One bedrooms only) If a Studio apartment becomes available sooner, would you prefer a studio? Yes No

• Have you ever served in the Military? Yes No • Are you currently homeless? Yes No

• Does anyone living in your household require a unit with the following accommodations?

Wheelchair Accessibility Hearing Impaired Accessibility Visually Impaired Accessibility

• Is there anyone in the household subject to a lifetime state sex offender registration program in any state?

(Failure to answer this question may jeopardize the approval of this application.) Yes No

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact The Application Processing Center at (585) 697-7180”

Signature _____

Date _____

You will receive written confirmation that we received this application plus information on the Violence Against Women Act. (VAWA)

Mail to: Rochester Housing Authority Attn: Application Processing Center

270 Lake Ave, Suite 300

Rochester NY 14608



The Rochester Housing Authority is committed to serving eligible applicants and will not discriminate against any person on the grounds of age, race, color, national origin, religion, sex, familial status, sexual orientation, marital status, or physical or mental disability.



All RHA properties are nonsmoking.

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.

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

Legal Notification: 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.

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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.