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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Social Security Number</th>
<th>Relationship to Applicant</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Disabled? Yes or No</th>
<th>Pregnant?</th>
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“(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

© Rochester Housing Authority, 675 West Main Street, Rochester, NY 14611
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.

<table>
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<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>Telephone No:</td>
<td>Cell Phone No:</td>
</tr>
</tbody>
</table>

| 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) |  |
| | Emergency | Assist with Recertification Process |
| | Unable to contact you | Change in lease terms |
| | Termination of rental assistance | Change in house rules |
| | Eviction from unit | Other: ______________________________ |
| | 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.

| 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.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92006 (05/09)