

**Parkside**

Project Based Voucher Housing Application

To apply for subsidized housing at Parkside complete all sections of this application.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |
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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

**Signature** **Date**

**Return to:**

**Parkside Apartments**

**Attn: Central Zone 86 Vienna St. 14605**

If you or anyone in our family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs or services, please submit your request in writing to Rochester Housing Authority attention: PBV Waiting List at 675 West Main St Rochester NY 14611.

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| equal housing opportunity | Victims of domestic violence, dating violence, or stalking may have protections provided by the Violence Against Women’s Act, or 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 Housing Authority immediately  Rochester Housing Authority, 675 West Main Street, Rochester, NY 14611 |