

SECTION 8 HOUSING CHOICE VOUCHER
APPLICATION FOR WAITING LIST

To become eligible for rental assistance, applicants must have an annual gross income that is at or below the “Very Low Income” limits listed below, and must also qualify under one of the four following categories. In addition, for applicants at or below 30% of median income, or the Federal poverty level, a preference will be given for admission.

- 1) Family - With Children
- 2) Elderly - Age 62 and Over
- 3) Single Individuals-Classified as Handicapped/Disabled
- 4) Single Individuals (minimum age 18)

Family Members	Extremely Low Income (Gross household income)	Very Low Income (Gross household income)
1	\$14,350	\$23,950
2	\$16,400	\$27,400
3	\$20,160	\$30,800
4	\$24,300	\$34,200
5	\$28,440	\$36,950
6	\$32,580	\$39,700
7	\$36,730	\$42,450
8	\$40,890	\$45,150

Participants may move to, or remain in existing rental units that are located in the Village of Fairport and Towns of East Rochester, Penfield, Perinton, Webster, Macedon, Pittsford, Honeoye Falls, Henrietta, Brighton, Mendon and Rush. All Rental units must meet the regulations that exist under the Quality Housing Standards.

GENERAL INFORMATION

The Section 8 Existing Housing Choice Voucher Program helps to offset the excessive cost of housing by assuring the eligible tenant/family that they will not pay more than 40% of their monthly adjusted income towards rent. The balance of the rent will be paid directly to the landlord/owners through the Voucher program.

Under the new Voucher program, the gross rent (rent and utilities) must pass a rent reasonableness test against other similar unassisted market units. In general, the gross rent will be capped at 20% above the **Fair Market Rent**.

A payment standard is used to calculate housing assistance payments. The payment standards must be established per bedroom sizes and be between 90 - 110% of the **Fair Market Rent**. Therefore, if the rent exceeds the Voucher payment standard, the tenant/family will be required to pay the difference. In such cases, a tenant/family will be required to pay more than 30% (but not more than 40%) of their monthly-adjusted income towards monthly rent and utility expenses.

Once this office receives an application it is reviewed for eligibility and placed on the waiting list. **Please remember**, that each applicant is responsible for updating their own application. Any changes such as a new address, income or changes in family composition should be reported to this office.

When an applicant comes to the top of the waiting list and is certified as eligible, a Voucher will be assigned for sixty (60) days, an extension may be granted up to 60 additional days. If a certified applicant does not locate a suitable rental home, apartment or townhouse in one of the twelve areas previously mentioned within time period, the Voucher will be re-assigned to the next eligible applicant on the waiting list.

You may obtain a rental assistance application at our office, which is located on the second floor of the Fairport Village Hall, or you may request an application by calling our office at (585) 421-3243.

Once completed please return to:

Fairport Urban Renewal Agency
31 S. Main Street
Fairport, NY 14450

Or by email to: Beth@fairportny.com

Other Requirements:

- You must look for housing that is in good condition so that it will meet our Housing Quality Standards inspection.
- You and the landlord will have to sign a lease.
- The landlord will have to be willing to sign a Contract with the Fairport Urban Renewal Agency.
- If your income increases, you must report it and your rent will go up.
- If your income decreases, you may report it and in most circumstances your rent will go down.
- You must be prepared to pay a security deposit.

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Federal Law requires Public Housing Agencies to obtain the following information from individuals applying to the waiting list for the Section 8 Program.

Applicant name: _____

Current address: _____

Apartment # _____

City, State, Zip _____

Home Phone: _____

1. Please check any or all boxes below that apply to your current situation and attach proof of qualifying event to qualify for the preference:

DISPLACED BY:

- A natural disaster
- Governmental action
- Physical violence
- Action by a housing owner

LIVING IN SUBSTANDARD HOUSING DUE TO:

- The unit is dilapidated and unfit for human habitation
- No heat and or electricity
- No usable bathtub/kitchen/plumbing

YOU ARE HOMELESS AND RESIDE IN:

- A supervised temporary shelter
- Institutionalized

2. List the Head of Household (Applicant) and all other members who will be living in the unit. Give the relationship of each family member to the head.

FULL NAME	RELATIONSHIP TO APPLICANT	AGE	SOCIAL SECURITY NO	DATE OF BIRTH	SEX	HANDICAPPED OR DISABLED
	Applicant					

3. Race of Head of Household: (Check one – Optional)

- American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander
 Black White Other

4. Ethnicity of Head of Household: (Check one)

- Hispanic or Latino Non-Hispanic or Latino

5. Have you or anyone in your household been convicted of a violent or drug related felony conviction?

- Yes No

6. If you are age 62 or older would you wish to be placed on a Project Based Voucher Waiting List? (Rental assistance available at Crosman and Fairport Apartments) ___ Yes ___ No
7. List all sources of income for all household members (earned and/or unearned), including minor children:

HOUSEHOLD MEMBER	SOURCES OF INCOME (SS/SSI/SSD/DHS/WAGES/PENSION/OTHER)	GROSS EARNINGS (WEEKLY, MONTHLY OR ANNUALLY)		
		WEEKLY	MONTHLY	ANNUAL

8. Name and address of the Applicant's current employer: _____

9. List all assets for all household members including checking and/or savings accounts, stocks, bonds, real estate, cash value of life insurance, annuities, etc.:

HOUSEHOLD MEMBER	BANK NAME	TYPE OF ACCOUNT	BALANCE	INTEREST RATE

SIGNATURE OF APPLICANT _____ DATE _____

WARNING: TITLE 18 US CODE SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IF THIS FORM CONTAINS FALSE OR INCOMPLETE INFORMATION, YOU MAY BE REQUIRED TO REPAY ALL OVERPAID RENTAL ASSISTANCE YOU RECEIVED; FINED UP TO \$10,000, IMPRISONED FOR UP TO 5 YEARS; AND/OR PROHIBITED FROM RECEIVING FUTURE ASSISTANCE.

For office use only:

Date: _____ Time: _____ Application #: _____