

Fairport Urban Renewal Agency Application for Initial/Continued Assistance/TIF

Please have this application completed, and all relevant documentation collected **PRIOR** to your appointment. The following information is required to re-certify your eligibility for housing assistance with Fairport S8. Do not leave blanks. If more space is needed to answer any questions, attach a separate sheet with the information.

1. Household Information:

Head of House: Last Name: _____ First Name: _____ SS#: _____ - _____ - _____
 DOB: ____ / ____ / ____ Address: _____ Zip: _____ Disabled? Y ____ N ____
 Phone: _____ E-Mail Address: _____

List all other household members living at the above address.

Name(s)	Sex M/F	DOB / /	Age	Relationship to Head of House	Lead Level (EIBLL) Diagnosis? (Y/N)	Disabled? (Y/N)
1 _____	_____	____ / ____ / ____	_____	_____	_____	_____
2 _____	_____	____ / ____ / ____	_____	_____	_____	_____
3 _____	_____	____ / ____ / ____	_____	_____	_____	_____
4 _____	_____	____ / ____ / ____	_____	_____	_____	_____
5 _____	_____	____ / ____ / ____	_____	_____	_____	_____

You are required to immediately notify S8 if there is a child under six years of age who is tested and diagnosed with an Environmental Intervention Blood Lead Level (EIBLL) so that S8 can assist in taking corrective action.

Yes No Is any household member pregnant? (Important due to lead paint regulations.) If yes, list below. Remember to forward the birth certificate & SS card within 30 days of the birth, along with income info on behalf of the child (i.e. child support, change to DSS assistance, SS/SSI etc.).

Name _____ Due Date: _____ Name _____ Due Date: _____

2. Wages and Other Income – MUST LIST AND PROVIDE CURRENT PROOF OF ALL INCOME. The below will be considered a "Tenant Declaration of Accuracy".

Household Member	List ALL Source of Income, including Wages:full/part/seasonal &tips, business, SS/SSD/SSI inc state part, pensions, child support, alimony, job training pay (need proof of training program,) unemployment, side jobs/sales/under-the-table earnings, DHS Public Assistance, Child Support, help from family/friends/organizations, asset distributions, etc.	Hourly rate (or monthly amount)	#Hrs/ Week	Overtime Rate	#O/T hrs/ Week	# Wks/yr for school/seasonal employees (This program averages out seasonal wages over the year)

Yes No Does anyone in the household receive cash / rental assistance from DSS? If yes, provide a current Public Assistance budget sheet.

Yes No Does anyone in the household receive Food Stamps, if yes provide a current budget sheet.

Yes No Does anyone in the household receive child support? Provide current proof (printout if through county, written arrangement if private.)

[] Yes [] No Did anyone file taxes? Provide most current tax return & W-2s for each person that filed.
 [] Yes [] No Does anyone in the household, including children, have bank account(s) (checking, savings, Money Markets, CDs) and/or stocks, bonds, mutual funds, life insurance policies, IRAs, trusts, etc. If yes, list each account below and provide a current statement. Trusts must include current statement and documentation of terms. Life insurance must include the current cash value. The below will be considered a "Tenant Declaration of Accuracy".

Agency/Bank Name	Account Number	Account Type	Current Value/Balance	Interest Rate	Name on Account

Has anyone disposed of any assets for less than fair market value during the past two years? _____
 If anyone in household owns real estate, provide address & assessed value: _____
 If anyone in household owns any other assets, provide what and value: _____

3. Expenses & Deductions

If you are an elderly/disabled family, you may be able to deduct medical expenses. Provide proof of your out-of-pocket costs (i.e. printout from your doctors and pharmacies showing what you paid out-of-pocket over the past 12 months). If you pay a Medicaid spenddown, you must provide proof from Medicaid of how many times you paid the spenddown, along with proof of any refunds over past 12 mos. Over-the-counter items must be accompanied by the provider's written recommendation to use them.

Do you pay for daycare for children under 13? ____ If so, provide current proof of your out of pocket cost & DSS help.
 Does anyone in the household 18 years of age and older, other than the head of house or co-head, attend school full time? _____ If so what school? _____ Attach current proof of full time status.

4. Is anybody in the household a registered sex offender? _____ Who? _____
 Has anybody been arrested or convicted of a crime? _____ If so, who/what for/when/disposition?

By signing below we consent to allow FURA to obtain criminal background info as needed for any family member.

5. 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 FURA.

6. Certification: By signing the below certification, I certify that each adult member has received and read the Family Obligations.

I certify that the household information provided to S8 in this application on household information, wages, other income, EIBLLs, income, assets, expenses and deductions is accurate and complete to the best of my knowledge and belief. I understand that income information is subject to verification utilizing HUD's Enterprise Income Verification (EIV) system. I understand that giving false information or statements can be grounds for prosecution under federal and state laws. I also understand that giving false statements or information can be grounds for termination of housing assistance, subject to my right to a fair hearing.

Fairport Urban Renewal Agency requires all adult household members to sign this certification.

Head of House	Date	Other family members aged 18 and older	Date
Spouse	Date	Other family members aged 18 and older	Date
Other family members aged 18 and older	Date	Other family members aged 18 and older	Date