

ARE YOUR HOUSING RENTAL COSTS TOO HIGH????



Community Action in Self Help, Inc.

Office of Section 8 Housing Assistance

48 Water Street

Lyons, NY 14489

Phone: (315) 946-6992 • Website: cashinc.org • Fax: (315) 946-3314

Equal Housing Opportunity



Think About This....

IS FRAUD WORTH IT???

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to five (5) years
- Prohibited from receiving future assistance
- Subject to State and local government penalties

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance applications **will** be checked. The local housing agency, HUD, or the Office of Inspector General **will** check the income and asset information you provide with other Federal, State and local governments and with private agencies. Certifying false information is fraud.

Be Careful!!

When you fill out your application for assisted housing from HUD make sure your answers to the questions are accurate and honest.

Ask Questions...

If you don't understand something on the application, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Scams!!

- Don't pay money to have someone fill out your housing assistance application for you.
- Don't pay money to move up on the waiting list.

Please retain this page for your records

Section 8 Housing Choice Voucher Program

The **Section 8 Housing Choice Voucher Program** is a way to help with housing rental costs. It will help you provide a safe and sanitary place for you and your family to live by assisting you in paying your rental expenses. You may be able to stay where you're living or move to another place. An inspection will be done to ensure the unit passes the Housing Quality Standards (HQS) established by HUD. Your income will be verified and once all the necessary steps are completed, your share of the rent will be calculated and a Housing Assistance Payment for the balance will be sent to the landlord.

Eligibility – Check the income guidelines (below) to determine if you are eligible. Calculate what your gross yearly income is and find the number of persons living in your household. See if your income is **less** than the amount listed for your household size. If your income is **less** than the amount listed, you may be eligible. If your income is **more** than the amount listed, you're probably not eligible. If your income is close, you still may wish to apply anyway.

Application – In order for the application to be accepted, it must be filled out in its entirety. Provide proof of residency and return it to Community Action in Self Help, Inc. (C.A.S.H.) at 48 Water Street, Lyons, NY 14489. This application does not obligate you in any way. There is an approximate three (3) year waiting list. Each eligible application will be serviced in the order in which it was taken, on a first come, first served basis. Elderly, disabled families and veterans are given priority. Please be aware that applicants not residing in Wayne County at the time of application will not be able to transfer their assistance until after their first year of program participation. A letter will be sent to notify you of the status of your application.

Notification – While on the waiting list, you will be responsible for notifying the office, in writing, of all changes to the household composition, income and address. Update Notices are sent once yearly, in June, which will need to be completed and returned in order to remain on the waiting list. It is your responsibility to notify our office of any address change or you risk losing your position on the waiting list. Once your name comes to the top of the waiting list, a letter will be sent to you informing you of the available **Housing Choice Voucher**, giving you ten (10) days to contact the C.A.S.H. office.

Final Determination of Eligibility – All adults in the household will attend a briefing session. Information in greater detail is given on how the program works and how to obtain suitable housing. A breakdown of the families household income and composition is obtained and verifications are sent. If you are determined eligible, you will receive your **Housing Choice Voucher** to verify your participation in the program.

Housing Selection – You will have sixty (60) days from the date you sign the Housing Choice Voucher to find a unit that meets both the Housing Quality Standards (HQS) established by HUD and the Fair Market Rent (FMR) limits. Your current unit may qualify. You come to an agreement with the prospective landlord on the terms of the lease. The C.A.S.H. office will evaluate your lease and inspect the unit to make sure it passes the program standards.

Payments – Your share of the rent will be 30% of your adjusted monthly income. C.A.S.H., Inc., Section 8 will pay the balance to the landlord.

Annual Review – Household income and composition will be re-examined annually and the unit will be re-inspected annually.

1 Member	2 Members	3 Members	4 Members	5 Members	6 Members	7 Members	8 Members
\$23,700	\$27,100	\$30,500	\$33,850	\$36,600	\$39,300	\$42,000	\$44,700

Please retain this page for your records

Section 8 Project Based Voucher Program

The **Section 8 Project Based Voucher Program** is like the **Section 8 Housing Choice Voucher Program** in that they both assist with paying a portion of your rent. The **Project Based** units at either Williamson Orchard Estates or Sodus Benton Estates are **one bedroom** units and you must be elderly and/or disabled in order to pre-qualify. We also have Section 8 assisted family oriented, **two bedroom** units at Hope Village.

Eligibility – If you are income eligible for the **Section 8 Housing Choice Voucher Program**, you are eligible for the **Section 8 Project Based Voucher Program**. If you are interested in the Hope Village units, you **must participate in our Family Self-Sufficiency Program**.

Application – In order for the application to be accepted, it must be filled out in its entirety. Provide proof of residency and return it to Community Action in Self Help, Inc. (C.A.S.H.) at 48 Water Street, Lyons, NY 14489. This application does not obligate you in any way. The length of each waiting list varies. Each application will be serviced in the order in which it was taken, on a first come, first served basis. A letter will be sent to notify you of the status of your application.

Notification – While on the waiting list, you will be responsible for notifying the office, in writing, of all changes to the household composition, income and address. Update Notices are sent once yearly, in June, which will need to be completed and returned in order to remain on the waiting list. It is your responsibility to notify our office of any address change or you risk losing your position on the waiting list. Once your name comes to the top of the waiting list, we will send you an application from the applicable **Project Based** Housing Office you are interested in. The **Project Based** management will notify us that you have passed their eligibility requirements. A letter will be sent informing you of the available **Project Based** unit and you will be given ten (10) days to contact the **Project Based** Housing Office.

Final Determination of Eligibility – Once contact is made, a Briefing Packet will be sent. This packet is to be filled out and signed by all adults in the household and returned to our office. The final determination regarding your eligibility will be made. The unit must meet the Housing Quality Standards (HQS) established by HUD and meet the Fair Market Rent (FMR) limits.

Payments – Your share of the rent will be 30% of your adjusted monthly income. C.A.S.H., Inc., Section 8 will pay the balance to the landlord.

Annual Review – Household income and composition will be re-examined annually and the unit will be re-inspected annually.

Williamson Orchard Estates

Leasing Office, Building C
Arrowbend Drive
Williamson, NY 14589
Phone: (315) 589-6961
Fax: (315) 598-4621

Sodus Benton Estates

7 Newark Street
Sodus, NY 14551
Phone: (315) 483-4553
Fax: (315) 483-9576

Hope Village

P.O. Box 184
6430 Hope Circle
Wolcott, NY 14590
Phone: (315) 594-1765
Fax: (315) 594-1768

Please retain this page for your records

Disclosure Statement

During the course of your involvement in any of the Agency's programs, you may receive relevant information regarding other services that our Agency offers which include Section 8 Rental Assistance, Homebuyer Education, Housing Counseling, leasing of apartments owned and/or managed by our Agency, housing for senior citizens and disabled households, Homebuyer/Homeowner Assistance which could include down payment assistance and housing rehabilitation,. Our funding sources are United States Department of Housing and Urban Development (HUD), Wayne County Rural Development, HOME, New York State Homes and Community Renewal (NYSHCR) Section 8, NYSHCR Capital Improvement Program, National Foreclosure Mitigation Counseling (NFMC), Federal Home Loan Bank Members and Time Warner Cable. You are giving us permission to give personal information to others that we feel may help your housing situation. You are under no obligation to receive any other services from Community Action in Self Help, Inc. or our partners to receive housing counseling services.

You may also receive contact information from other institutions including human service agencies, lending organizations and others that may be of assistance regarding your specific situation. Community Action in Self Help, Inc. has no financial standing in and will not benefit financially from your relationship with these organizations.

Community Action in Self Help, Inc. and its employees are not attorneys and information that is given should not be taken as legal advice.

I have read and understand the Community Action in Self Help, Inc.'s Disclosure Statement

Applicant Signature

Date

Co-Applicant Signature

Date

Equal Housing Opportunity



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

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.

Community Action in Self Help, Inc.

Short Intake

(*Answers Required. This document will be considered “**Incomplete**” if all “**Required**” sections are **not answered**. **Any “Incomplete” section will delay the application process.**)

Section 8 Rental Other: _____

Date: _____ Time: _____: _____ am/pm

*Name: _____
First Middle Initial Last

*Address: _____
Street City State Zip Code *County

Phone:(_____) _____ SSN: _____ Language: _____

Additional Contact/Message Contact: _____

Address: _____
Street City State Zip Code

*Service Needs: _____

*Referral Source: Agency Lender Mailer Realtor Walk-in
Word of Mouth Internet

*Ethnicity/Race: African American Pacific Islander Asian Caucasian
Hispanic Origin Other: _____

Income Sources: No Income Employment Unemployment TANF
SSI SSD GA Pension
Other: _____

Veteran Status: Yes No If yes, type of Discharge: _____

*Household Size: _____ *Gender: Male Female *DOB: _____

Disabled: Yes No Disabled Dependents: Yes No

Level of Education: _____ Marital Status: Married Divorced
Separated Single Widowed

*Annual Household Income: \$ _____ /wk. /bi-wk. /mo. /bi-mo. /yr.

*Current Housing Type: Own Rent Subsidized Other: _____

Continued on next page

Prior Living Situation: Rental Housing Doubled-up Emergency Shelter DV
A/D Facility Transitional Housing Streets Psychiatric Facility Hospital
Jail/Prison Other: _____

***Co-Applicant Name:** _____
First Middle Initial Last

***Relationship to Applicant:** _____ Language: _____

Disabled: Yes No

Veteran Status: Yes No If yes, type of Discharge: _____

***Ethnicity/Race:** African American Pacific Islander Asian Caucasian
Hispanic Origin Other: _____

Income Sources: No Income Employment Unemployment TANF
SSI SSD GA Pension
Other: _____

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**\*I, \_\_\_\_\_, hereby authorize the release of information to Wayne County Rural Development Corporation.**

\_\_\_\_\_  
**Signature** **Date**

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Notes/Comments: _____

