

# PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Rental Assistance Corporation of Buffalo

470 Franklin Street

Buffalo, NY 14202

Office Use Only

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

## Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex  Female  Male

Home Telephone \_\_\_\_\_

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

Race  
(Check All That Apply)

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

Racial and ethnic data for statistical purposes only.

Ethnicity  
(Check One Box)

- Hispanic
- Not Hispanic

## Part 2: Household Information

1. How many people (including yourself) will be in your household once you receive assistance? \_\_\_\_\_

2. Are you (or your spouse) receiving SSI, SSD or VA benefits due to a disability?  Yes  No

3. What is the total annual gross income of ALL household members? \$ \_\_\_\_\_

## Part 3: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

You live in Erie County or any adult member of your family (listed on this application) works in or has been hired to work in Erie County.

You or any family member listed on this application is a person with disabilities.

You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program, for drug-related criminal activity during the past three years.

## Part 4: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_

Date \_\_\_\_\_