

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
 Rental Assistance Corporation of Buffalo, 470 Franklin Street,
 Buffalo, NY 14202

Please provide your complete name and mailing address below:

Office Use Only						
Received/Revised	Unit Size	Preference				
_____	_____	T	P1	P2	P3	P4 P5 P6 P7
_____	_____	T	P1	P2	P3	P4 P5 P6 P7
_____	_____	T	P1	P2	P3	P4 P5 P6 P7

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number _____

Date of Birth _____

Sex Female Male

Are you willing to move when offered assistance Yes No

Are you Disabled Yes No

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

- Race (Check One Box)**
- White
 - Black/African American
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian/Other Pacific Islander
- Ethnicity (Check One Box)**
- Hispanic
 - Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

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Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Earned from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: 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. Check each box that applies to your current status.

- You or any family member listed on this application is a person with disabilities.
- 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.
- Your family lacks a regular nighttime residence, lives in a shelter, or other nonresidential place.
- 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 5: 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