



FREEPORT HOUSING AUTHORITY
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September 2019

INFORMATION AND INSTRUCTIONS FOR APPLICANTS
SENIOR CITIZENS AGE 62 AND OLDER
DISABLED PERSONS AGE 18 AND OLDER (DISABILITY CAN BE PHYSICAL OR MENTAL)

KEEP THIS LETTER FOR YOUR RECORDS

1. Complete the Application by answering **EVERY** question on both sides – **LEAVE NO BLANKS**. Please be sure to send **ALL** required documents listed and complete all questions or your application will **NOT** be processed. Sign and the date application and **return in person or by mail. NO FAXED COPIES**.
2. Copies of current driver's license or other State or INS issued photo identification for each adult household member must be provided.
3. Proof of address must be provided. Acceptable forms of proof include current lease, electric, telephone or cable bill.
4. Veterans must supply a copy of their DD214 - honorable discharge papers.

Once all required information is received, your application will be reviewed and information verified to determine eligibility. **If it is determined during the review process that the applicant failed to disclose required information or provided false information on the application or during an interview, the application will be denied.**

You will be mailed a letter of initial eligibility or denial at the address provided on your application after the review is completed. If your application is denied, you may, within ten (10) days of the date of the denial, request an information hearing at which time you may provide documentation that would disprove the validity of the information relied upon in denying your application.

All eligible applicants will be placed in a lottery for placement on the Senior/Disabled Housing waiting list. Submitting an application **DOES NOT** mean you will be placed on the waiting list. Those selected from the random lottery will be placed on the waiting list and offered an apartment in accordance with the HUD approved Admissions and Occupancy Plan posted in the Freeport Housing Authority Office. Applicant screening and offers of rental units will be made without discrimination regarding race, color, religion, sex, sexual orientation, source of income, handicap, marital status or national origin.

Applicants must notify the Freeport Housing Authority in writing of any changes in household members, income, address, and telephone number while on the waiting list. This information is used in determining eligibility, unit size for which the family is eligible, and for contacting applicants. If we are unable to contact you due to a change in address or telephone number that has not been reported in writing, your application will be removed from the waiting list.

If accepted as an applicant, on a yearly basis you will receive an “Application Update” from this office. You will be asked to submit current income information at that time. **If you do not respond to the request or have failed to update your address, your name will be removed from the waiting list.**

The Occupancy Process

When an apartment of appropriate size becomes available, you will be contacted at the number and address you provided on your application. **You must accept the apartment offered or decline it within ten (10) calendar days from the date of the offer.** If the apartment offered is declined, you will have one more opportunity to accept another offer. If the second offer is also declined, your name will be dropped to the bottom of the waiting list. **Failure to respond to an offer within ten (10) calendar days will result in removal from the waiting list.**

Thank you for your application. We hope to be able to assist you in finding safe and affordable housing in one of our complexes.

Sincerely,

FREEPORT HOUSING AUTHORITY

NOTE: Freeport Housing Authority DOES NOT OFFER EMERGENCY HOUSING. If you are in need of immediate or emergency housing please notify the Department of Social Services.



FREEPORT HOUSING AUTHORITY
 240 South Main Street
 Freeport, NY 11520
 516-623-2508

**SENIOR/DISABLED ADULT APPLICATION FOR HOUSING
 SENIOR CITIZENS AGE 62 AND OLDER
 DISABLED PERSON AGE 18 AND OLDER (PHYSICAL OR MENTAL DISABILITY)**

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE BE SURE TO ANSWER EVERY QUESTION ON THIS APPLICATION. IF SOMETHING DOES NOT APPLY TO YOUR FAMILY WRITE N/A. BE SURE TO INCLUDE ALL REQUIRED DOCUMENTS AS OUTLINED IN THE INSTRUCTIONS. **MAKE SURE EVERY PERSON LISTED ON APPLICATION SIGNS THE LAST PAGE.**

A. NAME AND ADDRESS

Mr./Ms./Mrs.		Tel. No.:	
	First MI Last		
Street Address:		Apt. #:	
Village:		State:	
		Zip:	
Present Rent: \$		# of Bedrooms	
		# of People in your present housing:	
		Subsidized? (Section 8)	

B. HOUSEHOLD COMPOSITION

Complete the following information for EACH person who would live with you if you receive Public Housing. (Start with yourself.)

Family Member #	Last Name of Household Member	First Name of Household Member	M.I.	Relationship to Head of Household	Sex	Age	Disabled? Yes or no
Head (1)				HEAD			
2							
3							

C. PERSONAL INFORMATION

Family Member #	Place of Birth	Citizenship	Date of Birth	Occupation	Social Security #	Alien Registration #	Employed?
Head (1)							
2							
3							

If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name: _____ Where does he/she live? _____
 Is absence permanent or temporary? _____

D. INCOME INFORMATION

Source of Income	Rec. by Members Name	Amount Received	Indicate Weekly or Monthly or Annual	Comments
Child Support or Alimony				
Social Security (Head)				
Social Security (Family Member 2)				
Social Security (Family Member 3)				
S.S.I.				
Social Security Disability				
Veterans Pension				
Contributions from relative				
Public Assistance (Welfare)				
Pension				
Unemployment Insurance				
Any other sources				
Railroad Retirement				

E. ASSETS OWNED

List all savings in Cash and Bank and Savings Accounts as well as other assets. Do not include furnishings.

Name of Owner	Type of Asset	Name of Bank	Value	Verified

F. FAMILY EMPLOYMENT INCOME

Name of Person Employed	Employed Dates From To	Name and Address of Employer	Annual Wage Amount

G. PERSONAL BACKGROUND INFORMATION

1. DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS? ____YES ____NO

IF YES, EXPLAIN:

2. IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS:

A. NAME: _____ TELEPHONE: () _____

RELATIONSHIP _____

B. NAME: _____ TELEPHONE: () _____ RELATIONSHIP _____

3. FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.

A. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY WITHIN ONE YEAR PRIOR TO DATE OF THIS APPLICATION? ____YES ____NO?

IF YES, EXPLAIN: _____

(aa) IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY? ____YES ____NO?

IF YES, GIVE THE NAME AND ADDRESS OF THE REHABILITATION CENTER: _____

(bb) IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A LIFETIME SEX OFFENDER? ____YES ____NO?

(cc) HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? ____YES ____NO? DATE OF EVICTION __/__/__ IF YES, NAME AND ADDRESS OF AGENCY: _____ TELEPHONE: _____

4. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER RECEIVED HOUSING ASSISTANCE FROM THIS OR ANY OTHER HOUSING AGENCY? ____YES ____NO?

IF YES, NAME OF HEAD OF HOUSEHOLD AT THAT TIME: _____

RELATION TO APPLICANT: _____

NAME OF HOUSING AGENCY: _____

DATE MOVED OUT: _____

REASON MOVED OUT: _____

WHEN YOU MOVED OUT, WERE YOU IN COMPLIANCE WITH THE LEASE AND OTHER PROGRAM REQUIREMENTS? ____YES ____NO?

IF NO, PLEASE EXPLAIN:

5. DO YOU HAVE ANY PETS? ____YES ____NO? IF SO HOW MANY? _____ PLEASE DESCRIBE:

6. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD WHO WILL LIVE IN THE UNIT EVER BEEN CONVICTED OF A FELONY?

____YES ____NO? IF YES, PLEASE EXPLAIN:

7. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD WHO WILL LIVE IN THE UNIT HAVE ANY CRIMINAL MATTERS PENDING?

____YES ____NO? IF YES, PLEASE EXPLAIN:

H. PREFERENCES

PLEASE ANSWER ALL OF THE FOLLOWING LOCAL PREFERENCE QUESTIONS CAREFULLY.

5. Do you reside in Freeport or work within the Village of Freeport? 5 points () Yes () No
6. Are you a working adult who has been working at least twelve (12) months? 1 points () Yes () No
7. Are you currently homeless through no fault of your own? 3 points () Yes () No
8. Have you been displaced by Government Action? 3 points () Yes () No
9. Are you an honorably discharged veteran or widow or widower of a veteran? 2 points () Yes () No
10. Are you disabled and receiving disability payments? 1 point () Yes () No
11. Are you currently living in substandard conditions? 1 point () Yes () No
12. Are you paying more than 50% of your family income for rent? 1 point () Yes () No
13. Are you 62 years of age or older? 1 point () Yes () No

TO RECEIVE LOCAL PREFERENCE POINTS, PROOF MUST BE SUPPLIED WITH ALL ABOVE YES ANSWERS.

A. Do you own your own home? () Yes () No.

B. **NOTE:** The following optional information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs: Is the head of the household (Check the one that applies)

() Black/African American () White/Caucasian () Asian American () Black Hispanic () White Hispanic () American Indian/Alaskan Native () Native Hawaiian/Pacific Islander () Other

WHO IS ELIGIBLE? Senior Citizens age 62 and older and Disabled Persons (physical or mental) age 18 and older

Maximum Household Income (as of April 2018):

1 person: \$40,850

2 people: \$46,700

3 people: \$52,550

4 people: \$58,350

PLEASE BE ADVISED THAT THE FOLLOWING RESOLUTION #692 WAS ADOPTED BY THE FREEPORT HOUSING AUTHORITY BOARD AND APPROVED BY THE DEPT. OF HOUSING AND URBAN DEVELOPMENT FOR ADMISSION TO FAMILY/SENIOR HOUSING.

RESOLUTION #692

BE IT RESOLVED: that by submitting this application I/we authorize the Freeport Housing Authority to conduct credit, criminal history, tenant investigations, and searching alias names of the applicants, the results of which may bear on the admission process.

I/WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND ANY ATTEMPT TO OBTAIN PUBLIC HOUSING OR RENT REDUCTION BY SUBMITTING FALSE OR INCOMPLETE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HOUSING AGENCY IN WRITING WITHIN TEN DAYS FROM THE DATE OF THE CHANGE.

Signature - Head of Household Date _____

Other Applicant Date _____

Other Applicant Date _____

Applicant # _____

