



# SCHOHARIE COUNTY RURAL PRESERVATION CORPORATION

349 MINERAL SPRINGS ROAD  
COBLESKILL, NY 12043  
TELEPHONE 518-234-7604 \*\* FAX 518-234-4346  
STATEWIDE RELAY SYSTEM TDD 800-421-1220

Dear Program Applicant:

The attached pre-application will be used to place you on the Village of Cobleskill's Section 8 Housing Choice Voucher Program. Your pre-application will be placed on the waiting list by date and time, then by priority of any admissions preference you may have checked on page 4 of the pre-application. You may return the application by mail or bring it to our office located at 349 Mineral Springs Road, Cobleskill, NY. If your pre-application is incomplete, we will return your pre-application and it will not be stamped with a date and time until it is received completed.

Within 30-days you will receive written confirmation that your pre-application has been approved or denied. If you do not receive written confirmation within 30-days, call our office.

Our housing agency uses the mailing address you have listed on your pre-application to contact you for the initial eligibility process. If we are unable to reach you, your pre-application will be closed. Our waiting list is lengthy and you will only be given 10 days to reply to our initial eligibility process. Please remember to keep us informed of any address changes.

If you have any questions concerning the pre-application or eligibility process, do not hesitate to call our office during regular business hours of Monday – Friday, (8:00 am – 4:30 pm).

Our office only accepts original pre-applications. **PRE-APPLICATIONS THAT HAVE UNANSWERED QUESTIONS, OR PRE-APPLICATIONS THAT HAVE BEEN COPIED AND/OR FAXED WILL BE RETURNED.**

## FEDERAL PRIVACY ACT NOTICE:

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest: and to verify the accuracy of the information furnished. HUD or a housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal and regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**PENALTY:** You must provide all the information requested by the public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

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Pre-Application – HUD Rental Assistance

**PLEASE PROVIDE ALL INFORMATION REQUESTED**

**AND RETURN TO:** Schoharie County Rural Preservation Corp. Inc.  
Section 8 Housing  
349 Mineral Springs Road  
Cobleskill, NY 12043

<p><b>Indicate subsidy you are applying for:</b></p> <p><input type="checkbox"/> <b>Housing Choice Voucher (HCV)</b></p> <p><input type="checkbox"/> <b>Birches at Schoharie; HUD Project Based (Birches)</b></p> <p><input type="checkbox"/> <b>HCV and Birches</b></p>
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HEAD OF HOUSHOLD INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address

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

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

**LIST THE FOLLOWING INFORMATION FOR EVERYONE WHO WILL LIVE IN THE HOUSING UNIT USING THEIR LEGAL NAMES. (Do Not List Head of Household)**

Last Name	First Name	MI	Gender	DOB	Relationship To Head	SS#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. Do any persons who will live in the unit have a disability?     Yes  No
2. Does anyone live with you now not listed above?     Yes  No
3. Does anyone plan on living with you in the future not listed above?     Yes     No

Explain if you answered yes to either question: \_\_\_\_\_

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4. \*Is head of household or spouse a person with disabilities?     Yes     No
  5. \*Please identify any special housing needs your household has. \_\_\_\_\_

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6. How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

7. Do you wish to move?  Yes  No If yes why? \_\_\_\_\_

8. Are you now living in a federally subsidized housing unit?     Yes  No

9. Have you ever lived in Public Housing?  Yes  No

10. Have you ever participated in the Certificate or Voucher Program?     Yes                     No

11. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?     Yes  No

If yes, explain: \_\_\_\_\_

12. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of drugs and/or alcohol?  Yes     No

If yes, explain: \_\_\_\_\_

13. Have you or anyone in your household ever been convicted of the illegal manufacture or distribution of a controlled substance?  Yes                     No

If yes, explain: \_\_\_\_\_

\*If you answered yes to questions 12 & 13, have you or anyone in your household successfully completed a controlled substance abuse recovery program or currently enrolled in such a program?  Yes     No

\*If yes, provide all documentation with pre-application. Information must state: Name, Address, Telephone Number of agency, year of completion and contact name of person with this agency.

14. Have you or any member of your household been arrested?     Yes     No

If yes, please state the conviction charge \_\_\_\_\_

Year of conviction \_\_\_\_\_, Town/City/State of conviction \_\_\_\_\_

15. Have you or any member of your household been convicted of a Felony? [ ] Yes [ ] No

If yes, please state the conviction charge \_\_\_\_\_

Year of conviction \_\_\_\_\_, Town/City/State of conviction \_\_\_\_\_

16. Have you or any member of the household subject to a lifetime state sex offender registration program in any state? [ ] Yes [ ] No

\*\*\* NOTE: Failure to respond to the question may jeopardize the approval of this pre-application.

17. Name/Address/Telephone Number of your current landlord: \_\_\_\_\_

\_\_\_\_\_

18. Name/Address/Telephone Number of your previous landlord: \_\_\_\_\_

\_\_\_\_\_

19. List your previous address: \_\_\_\_\_

Dates you lived at this address: From: \_\_\_\_\_ To: \_\_\_\_\_

PLEASE REPORT ALL INCOME RECEIVED BY YOU AND ANY MEMBER OF YOUR HOUSEHOLD

**\*INCOME INCLUDES:** WAGES, ARMED FORCES PAY, SOCIAL SECURITY, SSI, PUBLIC ASSISTANCE, PENSION, ANNUITIES, INSURANCE AND DISABILITY PAYMENTS, UNEMPLOYMENT, WORKERS COMPENSATION, ALIMONY, AND CHILD SUPPORT. (GROSS AMOUNT BEFORE DEDUCTIONS).

SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT: (INDICATE IF AMOUNT IS WEEKLY, BI-WEEKLY, OR MONTHLY).

WAGES \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_ OTHER SPECIFY \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_ TANF/WELFARE \$ \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

\*\* Please list any private, self-employment, family financial assistance and/or income received for services provided other than income options listed above.

\_\_\_\_\_

\_\_\_\_\_

TELL US ABOUT ASSETS HELD BY YOU AND MEMBERS OF YOUR HOUSEHOLD

LIST ALL CHECKING, SAVINGS, AND OTHER BANK ACCOUNTS AND LIFE INSURANCE POLICIES BY HOUSEHOLD MEMBERS:

**\*\* Please include accounts for IRA's, CD's, Retirement, Annuity, etc. (for all household members).**

If none, please initial here: \_\_\_\_\_

Household Member	Name/Address of Bank	Type of Account	Account Number	Current Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

(Attach Additional Sheet If Necessary)

**LOCAL PREFERENCES**

Please check the preference(s) that apply. (Do not check a preference if it does not apply to you).

CAUTION: WRITTEN PROOF WILL BE REQUIRED FROM FEDERAL, STATE, LOCAL AGENCIES AND/OR QUALIFIED ORGANIZATIONS IN ORDER TO CONFIRM ELIGIBILITY FOR ANY LOCAL PREFERENCES CHECKED BELOW.

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\_\_\_\_\_ **Victims of Domestic Violence:** The PHA will offer a local preference to families that include victims of domestic violence and have been displaced as a result of fleeing violence in the home or are currently living in a situation where they are being subject to or victimized by violence in the home.

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS PRE-APPLICATION IS TRUE AND COMPLETE.

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the United States Code state that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact Schoharie County Rural Preservation Corporation at 518-234-7604.

The violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005)

\*On January 5, 2006, President Bush signed into law the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA 2005). The primary objectives of VAWA are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse.

These new protections for families participating in HUD programs became effective upon enactment of the law on January 5, 2006. HUD's Office of Public and Indian Housing also issued PIH notice PIH 2007-5, which describes revised form HUD 52641A, The Tenancy Addendum. Both forms were revised to reflect statutory requirements of VAWA.

It is further noticed that under the Housing Choice Voucher Program, PHA's have authority under the existing 982.552(c)(2) to terminate voucher assistance for certain family members while permitting other members of a participant family to continue receiving assistance (provided the culpable family member will no longer reside in the unit). A PHA's right to exercise this administrative discretion under 982.552(c)(2) is not dependent on a bifurcated lease or other eviction action by the owner against an individual family member.

If you would like further information on The Violence Against Women and Department of Justice Reauthorization Act of 2005 (HUD Form 50066, Exhibit 16I and 16II), please do not hesitate to call our office @ 518-234-7604 or email [scrpc@nycap.rr.com](mailto:scrpc@nycap.rr.com).

FOR HUD STATISTICAL PURPOSES ONLY

Please identify your race ethnicity by checking one box in each of the two categories below:

Check One:

White

Black/African American

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Check One:

Hispanic or Latino

Not Hispanic or Latino

- The above information is requested by Section 8 Housing in order to assure the Federal Government, acting through Housing and Urban Development that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, sex familial status, age and disabilities are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, a representative of Section 8 Housing is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.
- Our Agency does not accept photocopies of the pre-application to the Housing Choice Voucher Program. You must submit an original copy due to program regulation changes.