



SYRACUSE HOUSING AUTHORITY  
 516 BURT STREET  
 SYRACUSE, NEW YORK 13202  
 315-475-6181

**PLEASE PRINT AND COMPLETE ALL INFORMATION ON THIS FORM**

*If any information or signatures are missing, your name will NOT be placed on the Wait List*

**Reasonable Accommodation or Interpreter:** If you need assistance in reading or understanding these instructions, or require an interpreter, contact 315-475-6181 ext 4241 for assistance. Si necesita ayuda para leer o entender estas instrucciones, o necesita un intérprete, por favor contacte 315-475-6181 ext 4241 para asistencia.

**A. List each person who will live with you if you are approved to live in Public Housing. The Head of Household must be at least 18 years of age.**

First Name	M.I.	Last Name	Date of Birth	Age	Sex	Relationship to Self/Head	Social Security #
						SELF/HEAD	

**A.1.** Does anyone currently live with you who is not listed above? \_\_\_\_\_ If yes, please explain why this person will not be living with you if you are approved for Public Housing \_\_\_\_\_

**B. Current address and phone number:**

House #	Street	Apt #	City	State	Zip Code
Daytime Phone #		Cell Phone #		Other #	
Name of Current Landlord				Landlord's Phone #	
Landlord's Mailing Address					

**C.** List below all income received by all members of your household. List the amount before any deductions, such as NYS Tax, Social Security, etc. Income includes, but is not limited to, cash on hand, full and part-time employment, pensions, public assistance, child support, Social Security, bank accounts, stocks, bonds, property, money market funds, IRA's, Keogh's, cash value of life insurance policies, annuities and certificate of deposits.

First Name	Last Name	Monthly Income	Type of Income



- D. Have you ever applied to live in Public Housing with the Syracuse Housing Authority?  If yes, when? \_\_\_\_\_
- E. Do you currently live in subsidized or Public Housing?
- F. Have you previously lived in subsidized or Public Housing?  If yes, where? \_\_\_\_\_
- G. If available, would you prefer a smoke-free building?
- H. Race of Head of Household (for statistical purposes):  Caucasian  African American  Asian  Native Hawaiian/Pacific Islander  American Indian/Alaskan Native  Other: \_\_\_\_\_
- H.1. Ethnicity of Head of Household (for statistical purposes):  Hispanic  Non-Hispanic
- I. Does anyone listed in your household require to be in an elevator building?  If yes, please explain: \_\_\_\_\_
- J. Does anyone listed in your household require a handicapped accessible apartment?  If yes, please indicate what accessibility features are needed: \_\_\_\_\_
- K. Which housing developments would you like to apply for?  
**NOTE:** *Your name will only be placed on the selected Wait Lists that you are eligible for. If you do not select a property, your application will not be processed, and your name will NOT be placed on the Wait List. Pioneer Homes is our only property with one bedrooms for those under the age of 50.*

**Family Units**

- Benderson Heights (2, 3, or 4 Bedrooms)
- Central Village (2, 3, 4, or 5 Bedrooms)
- James Geddes (2, 3, or 4 Bedrooms)
- McKinney Manor (3, 4, or 5 Bedrooms)
- Pioneer Homes (1, 2, 3, or 4 Bedrooms)
- Scattered Sites (2, 3, or 4 Bedrooms)

**Elderly/Disabled Units**

*(Must be 50+ years old, or disabled)*

- Almus Olver Towers (0, 1, or 2 Bedrooms)
- Fahey Court (0, 1, or 2 Bedrooms)
- James Geddes Elderly (1 or 2 Bedrooms)
- Ross Towers (1 or 2 Bedrooms)
- Toomey Abbott Towers (0, 1, or 2 Bedrooms)
- Vinette Towers (1 or 2 Bedrooms)

- L. Have you been (please select all that apply and provide any supporting documentation):

- Displaced involuntarily due to domestic violence
- Displaced involuntarily due to lead-based paint risk
- Displaced involuntarily due to a fire that was of no fault to the applicant family
- Displaced involuntarily due to government displacement

**Preference in the provision of housing will only be given to eligible applicants if they meet one or more of the above preferences, have provided the necessary supporting documentation and have been approved by Compliance. Examples of supporting documentation are below:**

Preference	Supporting Documentation
Displacement due to Domestic Violence	Form HUD-5382 Certification
Displacement due to lead-based paint risk	Child age 7 or under in household; physician documentation showing lead levels in 2 consecutive visits of 20 or higher
Displacement due to fire through no fault of family	Fire Report
Displacement due to government displacement	A letter from municipality which states that the residence is being condemned

## LANDLORD INFORMATION/ADDRESS HISTORY FOR THE PAST 5 YEARS

Include history for **everyone** who is listed on your Syracuse Housing Authority application who is 18 years of age or older. If you were not the Head of Household, list who was. Include the Landlord's name and complete address (street, city and zip code). Please attach additional information, if needed. The local Tax Assessor's office may be able to help you obtain the complete address for each Landlord.

**CURRENT ADDRESS** \_\_\_\_\_  
House #                      Street                      Apt. #                      City                      State                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
House #                      Street                      Apt. #                      City                      State                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
House #                      Street                      Apt. #                      City                      State                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
House #                      Street                      Apt. #                      City                      State                      Zip code

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

LANDLORD'S ADDRESS \_\_\_\_\_

MONTH AND YEAR YOU RESIDED HERE \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

## APPLICANT CERTIFICATION

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements of information are punishable under Federal law.

I understand it is my responsibility to keep all information provided in this application current and accurate. I understand that any changes to information, including but not limited to, current address, phone number, and household composition, must be provided in writing, on a "Changes to Public Housing Wait List Application" Form.

I understand that if you are unable to contact me, my Application for Public Housing will be withdrawn. I understand that if I wish to be considered again, I will have to complete another Application for Public Housing.

**I understand that my signature below certifies that I understand and acknowledge all of the above statements.**

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Head of Household's Signature

Print Name

Date

***All household members listed on this application who are over the age of 18 must sign and date the Authorization for Release of Information Form on the next page***

**SYRACUSE HOUSING AUTHORITY  
516 BURT STREET  
SYRACUSE, NY 13202**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the SYRACUSE HOUSING AUTHORITY any information or documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the release also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Syracuse Housing Authority only in administering and enforcing program rules and policies.

**INFORMATION COVERED:**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited, to:

Credit History	Identity and Marital Status
Criminal Activity	Social Security Numbers
Family Composition	Residences and Rental History
Employment, Income, Pensions and Assets	Federal, State, Tribal or Local Benefits

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

Banks and Other Financial Institutions	U.S. Social Security Administration
Courts	U.S. Department of Veterans Affairs
Law Enforcement Agencies	Providers of:
Credit Bureaus	Alimony
Employers (Past and Present)	Child Support
Landlords	Credit
School and Colleges	Pension/Annuities
Welfare Agencies	Utilities

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization will be kept on file with the Syracuse Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

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Head of Household's Signature	Print Name Here	Date
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Spouse/Mate's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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Other Adult Member's Signature	Print Name Here	Date
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