FRANKLIN COUNTY
Rental Assistance Fund

APPLICATION

Select where in Franklin County you reside:

☐Gabriel's/Paul Smiths, Saranac Lake, Tupper Lake, Vermontville

Submit your application to the Harrietstown Housing Authority:
14 Kiwassa Road
Saranac Lake, NY 12983
isnyder@harrietstownha.org

☐Any other part of Franklin County not listed above.

Submit your application to Franklin County Community Housing Council:
337 West Main St
Malone, NY 12953
trovito@thefcchc.com

For Office Use Only
Annual Income _____
Income Limit _____
Eligible ___Y ___N
Date _____

Beneficiary ID:
_____

Select what assistance you are applying for (you may check more than one):
☐12 Month Rental Assistance ☐Security Deposit ☐1st Month Rent

General Information

Last Name_____ First Name_____ MI_____

Current Physical Address_____
(Street) (City) (State) (Zip)
Current Mailing Address_____
(Street) (City) (State) (Zip)
Phone Number to Contact You_____

- Household members: List the legal names of all household members. Start with the head of household, then spouse or cohead, then minors (oldest to youngest), and then any other adults. This list includes any foster children and live-in aides (if needed for the care of a family member). Only those listed on this form may live in the unit.

No.	Legal Name (Please Print)	Relation to Head of Household	Sex	Race *	Ethnicity *	Social Security Number	Date of Birth	School Name/ Occupation
1		SELF						
2								
3								
4								
5								
6								

**Race: W-White; B/AA-Black or African American; A-Asian; AI/AN-American Indian/Alaskan Native; H/PI-Hawaiian or Pacific Islander *Ethnicity: L/H-Latino or Hispanic; NL/H-Not Latino or Hispanic*

Preferences	
• Is this household currently homeless or at risk of being homeless?	☐ Yes ☐ No
• Is a member(s) of the household a victim of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA (Violence Against Women Act) from another covered housing program?	☐ Yes ☐ No

Financial Information

Income. Provide the following information for all current income received by all family members, including yourself. Also, include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family No. (see p 1)	Source of Income (if employer, include name/address)	Amount	Frequency (Check One)			
			Per Week	Bi-Weekly	Per Month	Per Year

Banking. List all checking and/or savings accounts and certificates of deposit. If none, please write "none".

Bank	Account Type	Account Number	Joint or Individual Account	Balance	6-month Average Balance

Assets. This includes current stocks, bonds, and real estate as well as assets disposed of with the past two (2) years. If none, please write "none".

Family No. (see p 1)	Description	Market Value	Cash Value	Interest Rate	Annual Income

Expenses. Please provide the following information for all current monthly expenses. If none, please write "none".

Rent		Other	
Health Insurance			
Out-of Pocket Medical			
Child Care			

Disability Assistance Expenses. If none, please write "none".

Family No. (see p 1)	Expense Description	Amount	Frequency	Annual Amount	Unreimbursed Amount

If anyone in the household is at least 62-years of age and/ or disabled and there are unreimbursed monthly medical expenses, who can verify this?

_____

(Name) (Street) (City) (State) (Phone)

- Are there expenses on behalf of a household member with disabilities so an adult in the family can work? ☐Yes ☐No

  If yes, describe the nature of the expense and the monthly amount. _____

  _____

  If yes, who can verify this?

  _____

  (Name) (Street) (City) (State) (Phone)

- Is any member of the household aged 18 or older, other than the head of household and spouse, a full time student or person with a disability? ☐Yes ☐No

  If yes, what is the person's name? _____

  If yes, who can verify this?

  _____

  (Name) (Street) (City) (State) (Phone)

- Does anyone outside your household occasionally or regularly pay any of your bills or expenses? ☐Yes ☐No

  If yes, please specify: _____

- Is anyone in the household a registered sex offender? ☐Yes ☐No

  If yes, who?_____

  Where is s/he registered?_____

Authorization, Representations and Certifications – All Family Members 18 Years of Age and Older

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I/we certify that the statements on this application, including all attachments, are true to the best of my/our knowledge and belief, and understand they will be verified. I/we understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

_____ _____

Signature Head of Household Date

_____ _____

Signature of Spouse or Co-Head Date

_____ _____

Other Family Member 18 or Older Date

_____ _____

Other Family Member 18 or Older Date

WARNING: 18. U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States is a crime and shall be fined not more than $10,000 or imprisoned for not more than five years or both.

Attachments – To Ensure a Complete and Acceptable Application, Complete All Required/Applicable Attachments

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✓ Supplement to Application for Federally Assisted Housing (HUD-92006)*
✓ Authorization for the Release of Information*
✓ Violence Against Women Act (VAWA) ○ Notice of Occupancy Rights (HUD-5380)
○ Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (HUD5382)
✓ Acknowledgement of Receipt of VAWA notice and information*

**Required For All Applicants*