

# SECTION 8 APPLICATION FOR MHA

**FOR OFFICE USE ONLY**

TIME:  
DATE:

APP#:  
CENSUS TRACT:

PLEASE PRINT OR TYPE ALL INFORMATION

Name:	Tele # (Ho Hm):	Date:
Physical Address:	Tele # (Cell):	
Town:	Zip	Emergency #:
Mailing Address (if different):		

<b>FAMILY COMPOSITION:</b> List all persons in household who would live with you.						
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	SEX	DATE OF BIRTH	SOCIAL SECURITY #
1-			SELF			
2-						
3-						
4-						
5-						
6-						
7-						
8-						

\* Is head of household or spouse a person with disabilities?     Yes     No    If yes \ Who? \_\_\_\_\_

\* Please identify any special housing needs your household has.

\* These questions are asked only for the purpose of calculating total tenant payment and determining the family's need for an accessible unit.

\* **Veteran Status:** Is head of household a Veteran?     Yes     No

NOTE: The following information is being requested to comply with equal opportunity requirements and to **assure that no discrimination occurs.**

**Your answer will not affect, in any way, your selection for the program**

PLEASE CIRCLE one of the following for Head of Household Race  
 1= WHITE    2=BLACK    3= AMERICAN INDIAN/NATIVE ALASKAN    4= ASIAN/PACIFIC ISLANDER

PLEASE CIRCLE one of the following for Head of Household Ethnicity  
 1= HISPANIC    or    2= NON HISPANIC

Income from assets, and other income received.			
Member Name	Relationship	Monthly Income	Annual Income

Source of Income: (Check all that apply)	<input type="checkbox"/>	Wages	<input type="checkbox"/>	Child Sup.	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>		
	<input type="checkbox"/>	SS/SSI	<input type="checkbox"/>	Pension	<input type="checkbox"/>	PA(TANF)/Food Stamps	<input type="checkbox"/>	Other	<input type="checkbox"/>

Are you currently living in a federally subsidized housing unit?     Yes     No  
 AGENCY \_\_\_\_\_

Have you ever lived in Public Housing?     Yes     No  
 If yes, where? \_\_\_\_\_

Have you ever participated in the Section 8 Program?     Yes     No  
 If yes, enter the date(s) of occupancy: \_\_\_\_\_

**You must complete and sign page 2**

Have you ever been evicted from public housing, Indian Housing, a Section 23 or Section 8 program?  
 Yes  No  
 If yes, provide the following information: When? \_\_\_\_\_ For what reason? \_\_\_\_\_  
 Name of Housing Authority or owner \_\_\_\_\_

Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol?  
 Yes  No If yes, when: \_\_\_\_\_

Have you ever been arrested/convicted for any other criminal activities?  Yes  No  
 If yes, when: \_\_\_\_\_

**\*\*Is anyone who is listed on this application a registered lifetime sex offender in any state?  Yes  No**  
**\*\*FAILURE TO ANSWER THIS QUESTION IS AN AUTOMATIC REJECTION OF APPLICATION\*\***

I declare that the statements contained in the application are true and correct and that I have not knowingly nor willfully made a false statement, given false information, or omitted information in connection with this application. I also understand that I will be required to submit to PathStone Corp. verification and/or proof to support any or all of the claims I made above.

\_\_\_\_\_  
 Signature of Head of Household  
 (Please sign full name)

\_\_\_\_\_  
 Date

**WARNING:** Section 1001 of title 18 of the US Code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the US as to any matter within its jurisdiction.

**WHAT IS THE SECTION 8 PROGRAM**

The Section 8 Program is designed to assist extremely low, very low and low income families in finding sound housing or to remain in decent, safe and sanitary housing at a cost they can afford. The landlord will receive part of his/her rent from (you) the tenant, and part from the Section 8 program.

<b>WHO IS ELIGIBLE?</b>		
Anyone whose gross income is at or below the following limits:		eff: 01/14/2014
	<b>YOUR INCOME IS NO MORE THAN</b>	
<b># OF HOUSEHOLD MEMBERS:</b>	<b>THESE VERY LOW INCOME LIMITS(50%)</b>	<b>30 %MEDIAN</b>
1	\$ 30,500	\$18,350
2	34,850	20,950
3	39,200	23,550
4	43,550	26,150
5	47,050	28,440
6	50,550	32,580
7	54,050	36,730
8	57,500	40,890

Send signed completed applications to:

**PathStone**  
**1 Industrial Drive Ste 3**  
**Middletown, NY 10941**