

**This form must be completed by the Head of Household. Use the legal name for each household member.**

<b>Date</b>		<b>Head of Household Name</b>			<b>Email Address</b>			
Home Phone		Work Phone		Cell Phone		Other Phone		
Address (Please list last known address if you are currently homeless)				Apt. #	City		State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?						
If No:	Mailing Address			Apt. #	City		State	ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

**I. HOUSEHOLD: List all people who will live in the home.**

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								<b>HEAD</b>
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
2. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
3. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
4. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
5. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
6. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

Please provide any additional household member information on a separatesheet of paper.

**II. ADDITIONAL HOUSEHOLD INFORMATION**

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?

**WAITING LIST APPLICATION – Middletown Housing  
PathStone Corporation Project Based Voucher (PBV) Program**

<input type="checkbox"/>	<input type="checkbox"/>	<b>Is any household member subject to lifetime sex offender registration?</b>	
If YES:		Who and Where:	
		Details of Crime:	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Has any household member been convicted of any crime (besides traffic violations)?</b>	
If YES:		Who:	
		State:	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?</b>	
If YES:		Who and Where:	
		Details of Crime:	

**III. FAMILY'S ANNUAL INCOME**

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
<b>Total Family Income</b>		\$

*Please provide any additional income information on a separatesheet of paper.*

**IV. FAMILY'S ASSETS**

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

*Please provide any additional asset information on a separate sheet of paper.*

**V. CERTIFICATION STATEMENT**

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

**Criminal and Administrative Actions for False Information**

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Co-Head

\_\_\_\_\_  
Date

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

**WAITING LIST APPLICATION – Middletown Housing  
 PathStone Corporation Project Based Voucher (PBV) Program**

<b>WHO IS ELIGIBLE?</b>			
Anyone whose gross income is at or below the following limits:			eff: 04/01/2018
		<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	\$	33,150	\$19,900
2		37,850	22,750
3		42,600	25,600
4		47,300	28,400
5		51,100	30,700
6		54,900	33,740
7		58,700	38,060
8		62,450	42,380

**Please return completed application to:**

**PathStone Corporation  
 1 Industrial Drive  
 Suite 3  
 Middletown, NY 10941**