

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
 CITY OF FULTON SECTION 8 HOUSING, 125 W. BROADWAY
 FULTON, NEW YORK 13069 (315) 593-7166

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	___	T	P1	P2	P3	P4	P5	P6	P7
_____	___	T	P1	P2	P3	P4	P5	P6	P7
_____	___	T	P1	P2	P3	P4	P5	P6	P7

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number _____

Date of Birth _____

Sex Female Male

Are you willing to move when offered assistance Yes No

Are you Disabled Yes No

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

- Race (Check One Box)**
- White
 - Black/African American
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian/Other Pacific Islander

- Ethnicity (Check One Box)**
- Hispanic
 - Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>				<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

Date _____