



Andrew J. Spano  
County Executive

Department of Planning

Joyce M, Lannert, AICP  
Commissioner

PRELIMINARY TENANT APPLICATION

RETURN ONLY ONE (1) APPLICATION FORM PER FAMILY TO:  
WESTCHESTER COUNTY PLANNING DEPARTMENT  
SECTION 8 PROGRAM - 112 EAST POST ROAD  
WHITE PLAINS, NEW YORK 10601

1. TO BE FILLED OUT BY APPLICANT:

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

If you are presently living in a motel, hotel, WesCHELP, WESTHAB, emergency housing, shelter, hospital domicile or another homeless, facility, **PLEASE LIST YOUR LAST PERMANENT RESIDENCE BELOW.**

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

LIST ALL PERSONS WHO WILL **LIVE WITH YOU**, PLEASE START WITH YOURSELF:

Full Name	Relationship	Date of Birth	Age	Sex	Attending School
a. _____	H.O.H.	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
b. _____	H.O.H.	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
c. _____	H.O.H.	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
d. _____	H.O.H.	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
e. _____	H.O.H.	___/___/___	___	___	_____
Social Security # _____		Occupation _____			

f. Do you expect any change(s) in your family size?  NO  YES

If "YES", EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority families. This information must be completed, or the application will be returned to you, thereby delaying the processing of your application.

1. **RACIAL GROUP IDENTIFICATION:** (used for statistical purposes only) .  
(Please check one from this group which identifies the head of household.)

White  Asian/Pacific Islander  
 Black  American Indian/Native Alaskan

2. **ETHNICITY:** (check **only one** from this group)

Hispanic  Non-Hispanic

2b. Have you ever participated in the Section 8 Program before?  NO  YES

If "YES", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2c. **OPTIONAL (NOT REQUIRED TO ANSWER)**

Are you disabled or handicapped? Claim of disability is regarding only.  
 No  Yes

2d. **If disabled:** Do you require any modification or accommodations in order to fully utilize the unit or the program and its services?  No  Yes

Explain: \_\_\_\_\_  
\_\_\_\_\_

3. **PREFERENCES:**

Are you presently living in substandard housing?  No  Yes  
Substandard housing is defined as dilapidated, inoperable plumbing, (unusable toilet, shower, bathtub) no heat or electric, should but does not have a kitchen, or an agency has declared it unfit for habitation.

Are you Homeless?  No  Yes  
Homeless is defined as lacking fixed, regular and adequate night-time residence, and having a primary night-time residence that is: a shelter; institution that provides temporary residence; or a public or private place not designed for sleeping.

Have you been involuntarily displaced due to a fire, natural disaster, hate crimes, witness protection program, domestic violence, unit accessibility, government or landlord action?  
 No  Yes

Are you paying more than 50% of your gross monthly income for rent?  
 No  Yes

What is your Monthly Rent \$ \_\_\_\_\_

Check Utilities paid by you now:

___ Heat	\$ _____/month
___ Electricity	\$ _____/month
___ Gas	\$ _____/month
___ Water	\$ _____/month
___ Other	\$ _____/month

4. **INCOME:**

List ALL full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<b><u>HOUSEHOLD MEMBER</u></b>	<b><u>EMPLOYER'S NAME/ADDRESS</u></b>	<b><u>GROSS EARNINGS</u></b>	
		<b><u>CURRENT</u></b>	<b><u>ANTICIPATED</u></b>
_____	_____	\$ _____	\$ _____
	_____	Weekly/biweekly/monthly	
	_____	<b>(circle one)</b>	
_____	_____	\$ _____	\$ _____
	_____	Weekly/biweekly/monthly	
	_____	<b>(circle one)</b>	
_____	_____	\$ _____	\$ _____
	_____	Weekly/biweekly/monthly	
	_____	<b>(circle one)</b>	

5. **OTHER SOURCES OF INCOME**

(EXAMPLES: Welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, alimony, child support, annuities, dividends/ income from rental property and/or Armed Forces Reserves.)

<b><u>HOUSEHOLD MEMBER</u></b>	<b><u>SOURCE</u></b>	<b><u>AMOUNT</u></b>
_____	_____	\$ _____
		weekly/biweekly/ monthly
		<b>(circle one)</b>
_____	_____	\$ _____
		weekly/biweekly/ monthly
		<b>(circle one)</b>
_____	_____	\$ _____
		weekly/biweekly/ monthly
		<b>(circle one)</b>
_____	_____	\$ _____
		weekly/biweekly/ monthly
		<b>(circle one)</b>

6. **ASSETS:****Checking Accounts:**

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
 Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_

**Savings Account: (includes Passbook/statement and Christmas/Vacation Clubs)**

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
 Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_

**Certificates of Deposit (CD's):**

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
 Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_

**Credit Union Shares:**

Credit Union Name \_\_\_\_\_ Amt. \_\_\_\_\_  
 Address \_\_\_\_\_

Stocks/Bonds (Value) \$ \_\_\_\_\_

Savings Bonds (Value) \$ \_\_\_\_\_

Other \_\_\_\_\_ Amt. \_\_\_\_\_

(includes IRA's, mutual funds, etc.)

Do you NOW own real estate:  NO  YES

If "yes", what is the value \_\_\_\_\_

Have you EVER owned real estate?  NO  YES

If "yes", when? \_\_\_\_\_

7. If you were offered a Project Based Voucher, would you accept? With this type of voucher you must reside in a particular building and cannot move for the minimum of one year.  No  Yes

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OF MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date