



**St. Nicks Alliance  
Section 8 Project  
ELLERY COURT Senior  
H.D.F.C**

FOR USED BY: PROJECT OWNER  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 CHRONO I.D. # \_\_\_\_\_

MAIL ONLY **ONE (1)** APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED. WHEN COMPLETED, THIS APPLICATION MUST BE RETURNED BY **REGULAR MAIL**.

**MAIL COMPLETE APPLICATION TO:**

C/O: Ellery Court  
 339 Ellery Street  
 Brooklyn NY 11206

Each application will be recorded. Since so many families/elderly need housing, this Development will not be able to accommodate all who are eligible. As families can be reached, they will be called in for an interview.

**NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.**

APPLICATION NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BEDROOM SIZE REQUESTED: \_\_\_ STUDIO \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

- List the head of household and any other family member who will be living in the unit.  
Give the relationship of the other member to the Head.

MEMBER'S FULL NAME First, Middle, & Last	RELATIONSHIP To The Head of Household	Date of BIRTH	AGE	SEX	SOCIAL SECURITY NO.	CITIZENSHIP YES/NO
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						
6.						

- Are you now living in a government-subsidized housing unit? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Current Landlord Name: \_\_\_\_\_  
 Current Landlord address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Are you now using section 8 Voucher/Certificate? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 What date does your voucher expire? \_\_\_\_/\_\_\_\_/\_\_\_\_
- Are all household members full-time students? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Does the Head of Household, Co-Head, or Spouse meet the definition for a person with a disability? List any special needs your household may have (Refer to last page for definition of Disability) \_\_\_\_\_

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**Income and Asset Information**

Please answer each of the following questions. For each "yes" provide details in the chart below. Do you or anyone who will live with you,

YES(√)    NO(√)

- \_\_\_\_\_    \_\_\_\_\_ 1. Work full-time, part-time, or seasonally?
- \_\_\_\_\_    \_\_\_\_\_ 2. Expect to work for any period during the next year?
- \_\_\_\_\_    \_\_\_\_\_ 3. Work for someone who pays cash? (off the books)?
- \_\_\_\_\_    \_\_\_\_\_ 4. Expect a leave of absence from work due to lay-off or medical leave?
- \_\_\_\_\_    \_\_\_\_\_ 5. Now receive or expect to receive unemployment benefits?
- \_\_\_\_\_    \_\_\_\_\_ 6. Now receive or expect to receive alimony?
- \_\_\_\_\_    \_\_\_\_\_ 7. Have an entitlement to receive alimony that is not currently being received
- \_\_\_\_\_    \_\_\_\_\_ 8. Now receive or expect to receive public assistance (welfare)?
- \_\_\_\_\_    \_\_\_\_\_ 9. Now receive or expect to receive social security or SSI benefit?
- \_\_\_\_\_    \_\_\_\_\_ 10. Now receive or expect to receive income from a pension or annuity?
- \_\_\_\_\_    \_\_\_\_\_ 11. Now receive or expect to receive regular contributions from organization or from individuals not living in the unit?
- \_\_\_\_\_    \_\_\_\_\_ 12. Now receive or expect to receive an earned income tax credit?
- \_\_\_\_\_    \_\_\_\_\_ 13. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stock or bonds or income from rental property?

Member Name	Source of income/Type of Income	Annual Income

**ASSETS**

1. List all checking and savings account (including IRAS, Keogh Accounts and Certifications of Deposit) of each household member.

Member No.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, cash or other assets, not included in item 1 above, owned by any household member.

\_\_\_\_\_

3. List the value of any real estate owned for which no income is received.

\_\_\_\_\_

4. List the value of any assets dispose for less than their fair market value during the past two years:

\_\_\_\_\_

**MEDICAL EXPENSES (Applied for Senior's ONLY)** Do you or anyone who will live with you:

YES(√) NO(√)

- \_\_\_ \_\_\_ 1. Pay a care attendant or for any equipment for any handicapped or disable household member(s) necessary to permit that person or someone else in the household to work?  
If "YES", how much? \$\_\_\_\_\_/Per\_\_\_\_\_
- \_\_\_ \_\_\_ 2. Pay for Medicare? If "YES" what are the total monthly premiums? \$\_\_\_\_\_
- \_\_\_ \_\_\_ 3. Have any other kind of medical insurance? If "YES: what are the total premiums for 12 months?  
\$\_\_\_\_\_
- \_\_\_ \_\_\_ 4. Have outstanding medical/dental bills? If "YES" give total owed. \$\_\_\_\_\_
- \_\_\_ \_\_\_ 5. Expect to incur medical, dental or pharmaceutical expenses in the next 12 month? If "YES" give totals: Doctor \$\_\_\_\_\_ Pharmacy \$\_\_\_\_\_

**Child care expenses**

This allowance applies only to amounts paid for the care of children (including foster children) under the age of thirteen (13)

Do you pay for babysitting while you or family are employed: \_\_\_ Yes \_\_\_ No

If "Yes" list babysitter's name, address and telephone number.

Name \_\_\_\_\_ Address \_\_\_\_\_

What is the cost of babysitting per week \$\_\_\_\_\_ Per month \$\_\_\_\_\_

**PLEASE CHECK EACH STATEMENT THAT IS CORRECT FOR THE HOUSEHOLD APPLYING FOR ASSISTANCE:**

**A. INVOLUNTARILY DISPLACE (DISPLACED NOW OR WITHIN THE NEXT 6 MONTHS) \* (MUST HAVE COURT DOCUMENTS)**

- \_\_\_\_\_ 1. I/We have been required to move from my/our housing due to natural disaster (for example fire, flood) and have not yet found suitable replacement housing.
- \_\_\_\_\_ 2. I/We been required to move because we have been displaced by Government Action or action by a private landlord beyond my/our control and have not yet found suitable replacement housing. Do not check here if you were evicted by the landlord because you did not pay the rent or because you violated some other part of your lease or rental agreement or if you moved because the landlord is increasing the rent.)\*
- \_\_\_\_\_ 3. I/We have been informed that we will be required to move (within the next six months) because of an action of the government or private landlord which we could not control. \*

**B. PAYING MORE THAN 50% OF INCOME FOR RENT AND UTILITIES**

\_\_\_\_\_ 4. My/our monthly rent and utility cost for each of the last three (3) months or longer is more than one-half of our monthly total household income (see Below)

My/our current monthly RENT is? \$\_\_\_\_\_ Does this include utilities? YES\_\_\_\_\_ NO \_\_\_\_\_

**Total Monthly Rent and Utility Cost \$\_\_\_\_\_**  
**(If the Total Monthly Rent and Utility costs exceeds 50% of your gross monthly income, check item 4 above)**

**EMERGENCY CONTACT**

Please provide the name, address and phone number of two personal contacts. For example, you may provide the name of your next to kin, social worker, senior center contact or someone who will assist you in the application process.

- 1. \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PROGRAM INFORMATION**

How did you hear about this Development: Sign posted on: Building \_\_\_\_\_; Newspaper \_\_\_\_\_; Local organization or Church \_\_\_\_\_; friend or Family \_\_\_\_\_; Assisted Housing List \_\_\_\_\_; Brochure/Pamphlet \_\_\_\_\_; other(example: Fair Housing Counseling Center, Mayor office of the Handicapped, etc.)\_\_\_\_\_

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

**SIGNATURE** \_\_\_\_\_  
**(Head of Household)**

**DATE:** \_\_\_\_\_

ONLY ONE (1) Application per Household. If more than one (1) Application is received, it will be moved to the bottom of the list. Copies of the application will NOT be accepted.

The following information is **required for statistical purposes** so that the Department of HUD may determine the degree to which its programs are utilized. This information must be completed. **It will not affect the processing of this application.**

**Please check the racial group of the HEAD of HOUSEHOLD: OPTIONAL** (Used for statistical purposes only)

- White  Black/African American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

**Please check the ethnicity of the HEAD of HOUSEHOLD:** (Used for statistical purposes only)

- Hispanic or Latino  Not Hispanic or Latino

## Disability Definitions

(Taken from Federal Regulations as cited at each definition)

**Definition D – Disabled Family. [24 CFR 5.403]** A disabled family is a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

**Definition E – Person with Disabilities [24 CFR 5.403].** A person with disabilities for purposes of program eligibility:

1. Means a person who:

(i) Has a disability, as defined in 42 U.S.C. 423;

(A) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less

(B) In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

(i.) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

(A) Is expected to be of long-continued and indefinite duration,

(B) Substantially impedes his or her ability to live independently, and

(C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or

(ii.) Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that

(A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) Is manifested before the person attains age 22;

(C) Is likely to continue indefinitely;

(D) Results in substantial functional limitation in three or more of the following areas of major life activity:

a. Self-care,

b. Receptive and expressive language,

c. Learning,

d. Mobility,

e. Self-direction,

f. Capacity for independent living, and

g. Economic self-sufficiency; and

(E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;

(3) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and

(4) Means person with disabilities (individual with handicaps), as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.