

ACCORD

RENTAL ASSISTANCE PROGRAMS

APPLICATION/RECERTIFICATION

Rental Assistance Programs provide short and or medium-term rental supplements to individuals and families, both with and without children, residing in Allegany County who are experiencing homelessness or are facing an imminent loss of housing. Program participants are required to meet with a case manager at least once a month and will have access to a broad array of additional services to help maintain housing.

Eligibility is based on the household's gross income at the time of application. Staff will provide you with the current program income limits or they can also be found at:

<https://www.huduser.gov/portal/datasets/il.html>

APPLICATION PROCEDURE

Please read and answer every question on the application and sign and date. If the question does not apply to your household type N/A or check no.

Submit all required documents – copies will be made, and originals given back.

1. Fill out application and submit all required documents listed on the checklist on the next page. Applications are INCOMPLETE and cannot be processed if missing the following:
 - a. Application
 - b. Required documents
2. Complete applications and the signed release forms may be faxed, mailed, or dropped off at the ACCORD.
 - a. Fax number (585) 449-0292 Attn: Housing
 - b. Mailed or dropped off to:
ACCORD
Attn: Housing Department
84 Schuyler Street
PO Box 573
Belmont, NY 14813
3. Applications will be date stamped when received. Open spots on the programs will be filled based on eligibility and need. If all spots are currently filled a waiting list will be enacted. As spots become available applicants will be pulled from the waiting list for Enrollment.
4. Applicants are notified in writing with thirty (30) calendar days of the application date of the determination.
5. Enrollment: Applicants will meet with a housing counselor to determine program eligibility.
6. Once enrolled in the program, households must recertify quarterly to determine continued eligibility.

TO ALL APPLICANTS FOR RENTAL ASSISTANCE PROGRAM

The following is a list of information that **MUST** be included with your completed rental application. The list pertains to all members of your household whom you have included on your application.

CHECKLIST	
<input type="checkbox"/>	Application must be COMPLETELY filled out with appropriate pages signed and dated
VERIFICATION OF INCOME (For all Household Members)	
<input type="checkbox"/>	Filed Federal Tax Return from the past year (if self-employed)
<input type="checkbox"/>	Four (4) current pay stubs (actual not Payroll Summary) (if applicable)
<input type="checkbox"/>	Disability, Social Security, Social Services- TANF and/or SNAP benefit letter/budget, Insurance payment, Pension award letters (if applicable)
<input type="checkbox"/>	Statement of income from other sources of income (if applicable)
IDENTIFICATION (Copies of the following MUST be provided for EVERYONE on the application)	
<input type="checkbox"/>	Photo ID (driver's license, passport, etc.) for all adults over 18
<input type="checkbox"/>	Birth certificate for all children and adults that do not have Photo ID
<input type="checkbox"/>	Social Security card
<input type="checkbox"/>	Medical insurance card (if applicable)
HOUSING INFORMATION	
<input type="checkbox"/>	Eviction notices or landlord statement of rent owed, OR
<input type="checkbox"/>	Property condemned / not suitable for habitation notice, OR
<input type="checkbox"/>	3 rd party statement of homelessness (DSS, Partner Agency, Verifiable Source)

HEAD OF HOUSEHOLD INFORMATION					
Name					
Physical Address					
Mailing Address					
Main Phone Number					
Alternate Phone Number					
Email Address					
HOUSEHOLD COMPOSITION (List all persons who will live in the unit)					
	Name	Relationship to applicant	Date of Birth	Sex	Social Security Number
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
Anticipated changes in house composition:					

MILITARY SERVICE	
Are you or a household member currently serving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or a household member a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a Veteran, were you honorably discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a household member ever served one day of active military duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DISABLED	
Do you consider yourself or anyone in the household disabled or handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, why?	

LANDLORD AND RENTAL INFORMATION			
Do you consider yourself homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you about to be without housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT RESIDENCE			
Landlord Name			
Address			
Phone		Email	
Monthly Rent		Monthly Utility	
Gas Company			
Electric Company			
Water/Sewer Company			
DO YOU HAVE ANY OF THE FOLLOWING AT YOUR RESIDENCE?			
Is the dwelling structure safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Running water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usable tub or shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usable toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe heating source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold free dwelling	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST INCOME FOR ALL PERSONS IN YOUR HOUSEHOLD				
	Yes	No	Who	Amount
Earned Income (Employment)	<input type="checkbox"/>	<input type="checkbox"/>		
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Disability (SSD)	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Dependent Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Survivor's Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Retirement Benefits (Pensions)	<input type="checkbox"/>	<input type="checkbox"/>		
Veteran's Pension	<input type="checkbox"/>	<input type="checkbox"/>		
Veteran's Disability	<input type="checkbox"/>	<input type="checkbox"/>		
NYS Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Private Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>		
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>		
TANF	<input type="checkbox"/>	<input type="checkbox"/>		
Alimony Or Other Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>		
Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>		

APPLICANT ACKNOWLEDGEMENT	
Initials	Statement
	I certify that all the information provided on this application is accurate and complete to the best of my knowledge.
	I am aware that I am to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to supply information may result in denial.
	I understand that knowingly supplying false, incomplete, or inaccurate information could result in my household having to repay the rental supplement program assistance for assistance I received that I was not eligible for. I am aware that I must notify ACCORD in writing within ten (10) business days of any changes in my household composition, address, shelter expense, or income while my application is pending or while receiving assistance.
	I understand that receiving duplicate benefits from other sources that may assist with paying future rent/ongoing rental supplement may constitute fraud.
I have read and understand the notices above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the social services district is complete and correct.	
Signature	Date