

**HOTEL JAMESTOWN/SENIOR HIGH RISE
APPLICATION FOR RESIDENCY**



Jamestown Housing Authority
Hotel Jamestown Building
110 West Third Street
Jamestown, NY 14701

Telephone: 716-664-3345
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Jamestown Housing Authority

This application should be read carefully and completed as accurately as possible. All information will be held in the strictest of confidence by the Jamestown Housing Authority. The Jamestown Housing Authority reserves the right to determine final eligibility prior to admission.

BASIC ELIGIBILITY REQUIREMENTS

1. All household members must be at least 18 years of age. No minors.
2. Applicants must meet all HUD requirements regarding criminal activity, citizenship, and substance abuse.
3. Financial responsibility must be adequately determined prior to admission.
4. Household income must not exceed annual maximums established by HUD.
5. All applicants must be willing to abide by the terms of a written lease.

HEAD OF HOUSEHOLD _____ AGE _____

PRESENT ADDRESS _____ PHONE _____

RACE: Please check appropriate category (optional)

____ White ____ Black ____ Hispanic ____ Native American ____ Asian ____ Other

Who plans to occupy the apartment for which you are applying?

(List names, D.O.B., SS# for everyone)

1. Name: _____ D.O.B. _____ SS# _____

2. Name: _____ D.O.B. _____ SS# _____

Are you presently being forced to relocate as the result of property sale, highway construction, urban renewal, eminent domain, or other actions beyond your control?

Yes ____ No ____

If yes, please explain _____

Do you or any member of your present household require relocation as the result of testimony in a criminal prosecution? Yes ____ No ____ If yes, please explain:

Do you or any household member presently have a disability? YES ____ NO ____

If so, does that person require special accommodations?

Yes ____ NO ____ If yes, please explain _____

Other than minor traffic violations, have you, or any member of your household ever been convicted of a crime? Yes ____ No ____

If yes, please explain in detail listing approximate dates: _____

Have you or any member of your household ever lived in government-assisted housing before?

Yes ____ No ____ If yes, Where? _____ When? _____

If yes, is there money still owed to the previous housing agency? Yes ____ No ____

If yes, explain in full detail: _____

FAMILY INCOME INFORMATION: Please list the SOURCE, AMOUNT, AND FREQUENCY for each family member:

1. NAME _____ INCOME SOURCE _____ AMOUNT RECEIVED _____ PER _____
 2. NAME _____ INCOME SOURCE _____ AMOUNT RECEIVED _____ PER _____
 3. NAME _____ INCOME SOURCE _____ AMOUNT RECEIVED _____ PER _____
 4. NAME _____ INCOME SOURCE _____ AMOUNT RECEIVED _____ PER _____

FAMILY ASSET INFORMATION: Please list bank accounts, investments, stocks, bonds, etc.

1. NAME _____ ASSET TYPE _____ CURRENT VALUE _____
 2. NAME _____ ASSET TYPE _____ CURRENT VALUE _____
 3. NAME _____ ASSET TYPE _____ CURRENT VALUE _____
 4. NAME _____ ASSET TYPE _____ CURRENT VALUE _____

REAL ESTATE INFORMATION: Please list any real estate currently owned (dwellings or property):

1. _____ 2. _____

Please list any real estate disposed of (either sold or given away) within the past 2 years:

1. _____ 2. _____

PERSONAL REFERENCES: (No Relatives Please!)

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT OR MOST RECENT LANDLORD:

Name: _____ Length of occupancy? _____

Address: _____ Telephone: _____

I declare that the answers to the foregoing questions to be True and Complete

YOUR SIGNATURE: _____

DATE SIGNED: _____

IMPORTANT: PLEASE RETURN TO THE JAMESTOWN HOUSING AUTHORITY AT THE ADDRESS LISTED ON THE TOP OF THIS APPLICATION.

JHA WAITING LIST SELECTION

Please circle all that apply

Listed below are eight (8) preferences the Jamestown Housing Authority will use in selecting approved applicants for available units:

SELECTION PREFERENCES (in prioritized order)

1. Applicant is 62 years of age or older.
2. Applicant is categorically disabled/handicapped.
3. Applicant is 50-61 years of age.
4. Applicant is recent victim of domestic violence/violent crime.
5. Applicant is or is soon to be, involuntarily displaced.
6. Applicant is a veteran or surviving spouse of a veteran.
7. Applicant is residing in sub-standard housing.
8. Applicant's shelter costs (rent /utilities) exceed 50% of income.

COMMENTS (Optional)

In your own words, tell us more about your need for housing:
