

**Preliminary Application
Public Housing**

Saratoga Springs Housing Authority
One South Federal Street,
Saratoga Springs, NY 12866
Phone (518) 584-6600 Fax (518) 583-3006



**Equal Housing
Opportunity**

Housing Authority Use Only

On the basis of the determination set forth, the applicant family named herein has been found to be:

Unit Size: _____

Preference P1 P2 P3 P4

GENERAL INFORMATION: Fill out completely.

Name of Head of Household: _____ Phone (Home) _____ (Business.) _____

Legal Address: _____ City _____ State _____ Zip _____

How long at this address? _____ Current Landlord _____ Phone _____

FAMILY COMPOSITION: (Person(s) who will move into the apartment)

Family Member No.	Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Disabled	S.S.#
Lessee						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Absent Parent's Name _____

Absent Parent's address _____

Do you qualify for a reasonable accommodation? Yes No

Marital Status (check one) Married Single Widow/Widower Divorced Separated

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs.

Your answers will not affect (either positively or negatively) you selection for the program.

Is the head of household? White Asian Black Hispanic American Indian Other

INCOME: (Total income, e.g. wages, social security, pension, social services, interest and other)

Family Member No.	Source of Income Or Name of Employer	Address	Gross income per year

ASSETS: (List all assets, e.g. home, stocks, bonds, savings accounts, etc.)

Name of bank for checking account: _____ Account# _____

Name of bank for savings account: _____ Account# _____

List any others: _____

Citizenship: Are you a citizen of the United States of America? Yes No

Veteran: Have been honorable discharged from the military? (Required DD-214) Yes No

Handicapped: Do you claim to be disabled or handicapped for the purpose of Housing? Yes No

Domestic Violence: Are you currently in a Domestic Violence Situation? (Required VAWA form) Yes No

Residence: Do you currently live or work in the city of Saratoga Springs? Yes No

Income: Are you currently employed with 20 hours? Yes No

REFERENCES: List three references DO NOT USE RELATIVES.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Mother's Name: _____ Address: _____ Phone: _____

Father's Name: _____ Address: _____ Phone: _____

PAST/PRESENT LANDLORDS REQUIRED: list your landlords names, address & phone numbers for the **past 5 years.**

(1) **Date:** From _____ To _____

Rental Address _____

Owner/Landlord Name: _____ **Landlord Telephone** _____

Landlord Address: _____

Reason for leaving: _____

Have you or anyone in your household ever been convicted of a misdemeanor or felony? Yes No

If Yes, explain _____

Have you ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

If Yes, explain _____

I hereby certify the above information is correct and complete to the best of my knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party. I also understand that any changes of income or family composition will be reported to the Housing Authority in writing.

Signature of Applicant Date

Spouse/Other Adult (18 years of age and older) Date

Spouse/Other Adult Date