

***The mission of Auburn Housing Authority is to promote adequate, affordable housing, economic opportunity and a suitable living environment free from discrimination.***

### **Application Instructions**

1. All questions must be answered completely and accurately. Do not leave any sections blank. **We will run a criminal history check and verify your rental history. Any false, incomplete, or misleading information on your application will cause your application to be rejected.**
2. All forms must be completed and signed by **all household members 18 years of age and older. (Please make sure the last two pages of the application are signed.)**
3. If you move from the address on the application before you receive a letter from Auburn Housing Authority, it is your responsibility to contact the office with your new address.
4. The application process takes approximately 4-6 weeks to complete. After 3 weeks, inquiries regarding your application will be accepted on **Wednesdays only** between 8:30 A.M. and 12:00 PM.
5. If your application is approved, a letter will be mailed. If the letter is returned, or you do not respond within the time allowed, your name will be removed from the waiting list and you will have to re-apply.
6. If your application is denied, a letter will be mailed and you will be given an opportunity for an informal meeting.

**REMOVE AND KEEP THIS PAGE AFTER COMPLETING THE APPLICATION**



Auburn Housing Authority  
20 Thornton Avenue  
Auburn, NY 13021  
Telephone (315) 253-6249  
Fax (315) 252-0399



**AUBURN HOUSING AUTHORITY**  
 20 Thornton Avenue, Auburn, NY 13021 (315) 253-6249  
**APPLICATION FOR STATE & FEDERALLY SUBSIDIZED HOUSING**

<b>OFFICE USE ONLY</b>
APPL # _____
PRIORITY _____
UNIT SIZE _____

**MELONE VILLAGE/BROGAN MANOR**

HAVE YOU OR ANYONE WHO WILL BE LIVING WITH YOU EVER LIVED AT OR APPLIED FOR HOUSING AT MELONE VILLAGE, BROGAN MANOR, OLYMPIA TERRACE OR EVER RECEIVED OR APPLIED FOR SECTION 8 ASSISTANCE IN THE PAST? (Circle One) YES NO if yes, when \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

WIFE'S MAIDEN NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT ADDRESS FROM \_\_\_\_\_ TO \_\_\_\_\_  
Mo. / Yr. Mo. / Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

WHY ARE YOU LOOKING FOR NEW HOUSING \_\_\_\_\_

NUMBER OF YEARS RESIDENT OF: CITY OF AUBURN \_\_\_\_\_ CAYUGA COUNTY \_\_\_\_\_ NYS \_\_\_\_\_

**RENTAL HISTORY**

1. \_\_\_\_\_  
 PREVIOUS ADDRESS CITY STATE ZIP CODE FROM Mo./Yr. TO Mo./Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

2. \_\_\_\_\_  
 PREVIOUS ADDRESS CITY STATE ZIP CODE FROM Mo./Yr. TO Mo./Yr.

PROPERTY OWNER'S NAME ADDRESS CITY STATE ZIP CODE TELEPHONE #

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**  
**(YOU MUST LIST EVERYONE THAT IS OR WILL BE RESIDING IN THE HOUSEHOLD)**

#	FAMILY MEMBERS FULL NAME LAST, FIRST, MI	RELATIONSHIP	DATE OF BIRTH	AGE	PLACE OF BIRTH	SEX	SOCIAL SECURITY #
1.		<b><u>HEAD</u></b>					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

IS ANYONE IN THIS HOUSHOLD HANDICAPPED OR DISABLED? YES NO



**AUBURN HOUSING AUTHORITY**  
**20 THORNTON AVENUE, AUBURN, NY 13021 (315)253-6249**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct my Federal, State, or local agency, organization, business, or individual to release to AUBURN HOUSING AUTHORITY, any information of documentation needed to complete and verify my application for participation and/or to maintain my continued assistance.

I give my consent for the releases also for the minor children in my care who live with me. I understand and agree this authorization or the information obtained with its use may be given to and used by the Auburn Housing Authority in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Child Care Expenses	Handicapped Assistance Expenses	Social Security Numbers
Credit History	Identity and Marital Status	Residences and Rental History
Criminal Activity	Medical Expenses	Family Composition
Employment, Income, Pensions, and Assets	Federal, State, Tribal, or Local Benefits	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a Housing Assistance Program.

**Individuals or Organizations That May Release Information:**

Banks and Other Financial Institutions	Landlords	<b>Providers of:</b>	Credit
Law Enforcement Agencies	Courts	Handicapped Assistance	Alimony
Credit Bureaus	Schools and Colleges	Medical Care	Child Care
US Social Security Administration	Employers, Past and Present	Pensions/Annuities	Child Support
US Department of Veteran's Affairs	Welfare Agencies	Utility Companies	

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Auburn Housing Authority. I understand that I have a right to correct any information that I can prove is incorrect.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse/Other Adult	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

**PENALTIES FOR MISUSING THIS CONSENT:**

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*"