

# VILLAGE OF NYACK HOUSING AUTHORITY

15 Highview Court, Nyack NY, 10960  
845-358-2476

## SECTION 8 VOUCHER PROGRAM GUIDELINES

**PURPOSE:** This program is a federally funded program designed to help individuals and families obtain suitable low-income housing. The income limits are as follows:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
46,500	53,150	59,800	66,400	71,750	77,050	82,350	87,650

### **RESPONSIBILITIES OF THE APPLICANT:**

1. Complete, date, sign and return the original preliminary application form attached to these guidelines.
2. Keep office informed of changes in residency, family size, or income amount and source of income and respond to annual update. Must be done in writing.
3. Respond within 20 days to all office communications.
4. When called in to be interviewed for eligibility, provide all information specified on the required verifications list.
5. Provide all information required completely and honestly, and without omissions or commissions of fraud.
6. Prove eligibility for local preferences including: residency and employment

### **THE PROCESS:**

1. Applications are entered into a bound log by date and time, processed in chronological order to determine eligibility, and updated annually.
2. Applicants are contacted by letter mailed to application address and marked "do not forward". If the letter is returned, it is determined that the applicant has moved, not informing the office, and the name will be removed from the waiting list.
3. Applicant attends interview and provides required verification.
4. Office verifies all information.
5. If eligible, applicant is issued voucher allowing search for residence which will pass in inspection and rent guidelines.

## **NYACK HOUSING ACCEPTS ORIGINAL DOCUMENTS ONLY**

For questions, please write to the above address or call 845-358-2591.

Please complete attached survey with application for unsubsidized apartment you live in now.

**VILLAGE OF NYACK HOUSING AUTHORITY**  
15 Highview Court, Nyack, New York 10960  
845-358-2476

**NYACK SECTION 8 PROGRAM GUIDELINES**

**Rezon:** Pwogram kay sa kreye pou ede tout moun ki rete nan Vilaj Nyack la ni. Lè yo ranpli aplikasyon yo, ni lè nou nan Nyack Housing Authorite fè seleksyon. Aplikan sipoze fè pi piti kòb ke limit ki nan paj sa.

<u>1 moun</u>	<u>2 moun</u>	<u>3 moun</u>	<u>4 moun</u>	<u>5 moun</u>	<u>6 moun</u>	<u>7 moun</u>	<u>8 moun</u>
46,500	53,150	59,800	66,400	71,750	77,050	82,350	87,650

**RESPONSIBILITE APLIKAN**

- 1) Ranpli, mete dat, e siyin aplikasyon avan pou ou depoze li nan ofis la.
- 2) Infòmè ofis la si gen nenpòt chanjman bò kote fanmi, oubyen adrès ou rete, oubyen gwosè fanmi ou, ak chanjman nan konbyen kòb ou fè.
- 3) Si ofis la kontakte ou, ou sipoze reponn nan kinz (15) jou.
- 4) Lè yo rele ou nan ofis la pou entèviyu pou wè si ou kalifye, ou sipoze pote prèv idantifikasyon, laj, kote ou rete, kat sitizanship ou, kantite moun ki nan fanmi ou, ak konbyen kòb ou fè. Siyin papye ki bay ofis la pèmasyon pou yo verifye tout enfòmasyon ou bay yo.
- 5) Bay tout enfòmasyon san manti, pa blye pou ou reponn tout kesyon ki nan aplikasyon an.

**PWOSE**

- 1) Pi bonè ou remèt aplikasyon nan ofis la, pi bonè yo kapab ede ou, oubyen wè si ou kalifye pou jwen èd ou bezwen an.
- 2) Ofis la ap voye lèt nan mèl, oubyen yo ka rele aplikan an nan telefòn. Lèt la ap make (do not forward) sa vle di, si ou pa rete nan kay la ankò, mailman nan pap voye lèt la nan lòt nouvel adrès ke ou rete a. Si lèt la retounen nan ofis la, yo pap konsidere ou pou apatman an ankò.
- 3) Aplikan an sipoze pran yon randevou avèk ofis la, e bay tout enfòmasyon ak tout prèv.
- 4) Ofis la ap verifye tout enfòmasyon yo.

Si ou gen on kesyon ekri nou nan adres ki sou tèt lèt la oubyen re le nou nan 845-358-2591. Ranpli keksyone a ki ansanm ak aplikasyon an.



### Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pension, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Income	How Often	If income is from wages List address of employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Assets
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Stocks, Bonds, CD's, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

### Part 4

You or any member of your household have been evicted from Public Housing, Indian Housing, Section 23 Housing, housing assisted by the Section 8 program, for drug-related criminal activity during the past three years.

You currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing.

### Part5: US Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing process.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Housing Survey

Housing Choice Voucher Program

Survey # 1

Please complete all of the information about the housing unit listed below.

## Unit Location

Building Name (optional) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Apt # \_\_\_\_\_

## Management and Owner Information

### Management Information

Managed By  Owner  
 Management Company

Mgr Name \_\_\_\_\_

Mgr Phone \_\_\_\_\_

Is the Owner / Manager On-Site?  Yes  No

### Owner Information

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

## Unit Size, Cost and Utilities Provided

### Size of Unit

Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

Square Footage \_\_\_\_\_

- Above Average  
 Average  
 Below Average

### Lease Information

Current Rent \$ \_\_\_\_\_

Date Rented \_\_\_\_\_

### Owner Paid Utilities

Check all utilities that are included in the rent

- Heat  Water Heat  Water  Trash Collection  Refrigerator  
 Cooking  Other Electric  Sewer  Air Conditioning  Range

### Types of Utilities Used

The unit is heated with:

- Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The hot water is heated with:

- Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The stove uses:

- Natural Gas  
 Electric  
 Bottle Gas

# Housing Survey

Housing Choice Voucher Program

## Unit Type, Quality and Age

### Unit Type

Check the one box that best describes the unit.

- |  |   |
|--|---|
| <input type="checkbox"/> Older Home Converted  | <input type="checkbox"/> Older Multi-Family   |
| <input type="checkbox"/> High Rise             | <input type="checkbox"/> Two/Three Family (D  |
| <input type="checkbox"/> Mobile Home           | <input type="checkbox"/> Single Family Detach |
| <input type="checkbox"/> Row House/Garden Apt. |   |

### Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average  
 Average  
 Below Average

### Age

Estimated year of construction or last major renovation \_\_\_\_\_

### Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing     Other  
 Sight  
 Mobility

## Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- Balcony, patio, deck, porch
- Driveway
- Exceptional size relative to needs of family
- Garage or parking facilities
- Good maintenance of building exterior
- Good upkeep of grounds
- High quality floors or wall coverings
- Large yard
- Other forms of weatherization
- Screen doors or windows
- Storm windows and doors
- Working fireplace

### Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date