

## RUPCO's Housing Choice Voucher Program



Strengthening Homes,  
Communities  
and Lives

Thank you for your interest in the Housing Choice Voucher Program. This Program, often referred to as Section 8, provides rental subsidies to income-eligible households. This Program enables participants to rent housing in the private marketplace and limits their rental payments to 30-40% of their adjusted monthly income. The remaining portion of the rent is covered by the subsidy. The maximum amounts paid by the subsidy are determined by the U.S. Department of Housing and Urban Development (HUD).

Family Size	Household Income
1	\$25,850
2	\$29,550
3	\$33,250
4	\$36,900
5	\$39,900
6	\$42,850
7	\$45,800
8	\$48,750

**Eligibility** is determined by total annual household income. To be eligible, your total household income must be below HUD's 50% income guidelines. If your total gross income for your household size meets the eligibility requirements, your application will be placed in a lottery. Applications will be selected at random to be added to the waiting list. When a name reaches the top of the waiting list, that applicant will be notified by mail to contact us. When an applicant reaches the top of the list, RUPCO assigns a priority to households with very low income and whose head of household is elderly, disabled, and/or handicapped. Applicants living outside Greene County are required to live and use the Housing Choice Voucher in Greene County for the first 12-month cycle.

In this **application packet**, you will find:

1. This 2-sided cover letter with a checklist of items
2. Application for Housing Choice Voucher Program (Section 8) Rental Assistance (*yellow paper*)
3. Supplement to Application for Federally Assisted Housing (*green paper*)
4. Rental Comparable Survey Form (*pink paper*)

You will need to return completed **ONE FORM OF PROOF of residency** either in person or by mail to RUPCO, 175 Water Street, Catskill, NY 12414.

**Documentation showing proof of residency is a required part of this application.** Failure to include one of these pieces of documentation and the application will be considered incomplete. The documentation provided as proof must have an address that corresponds with the address that is given on this application. Acceptable documents as proof of residency are listed below. Select one to provide with your completed application packet:

- Driver's license with corresponding address (licenses with only a P.O. Box address will not be accepted; HOWEVER, you may visit the Department of Motor Vehicles for a physical address sticker to apply to your license)
- Copy of current lease

- Copy of current utility bill (a utility bill is defined as a bill containing the applicant's name and address for any recurring service like electric, water, etc.)
- Copy of current rent receipt
- Documentation from DSS showing address (welfare benefits statement, food stamps, HEAP, Medicaid, etc.)
- Documentation from a homeless shelter or agency indicating such circumstances

**If you have any changes in your address, income, household size, etc., it is your responsibility to notify RUPCO of those changes in writing.** If we are unable to contact you when your name comes to the top of the list, you will be removed from the waiting list and will have to reapply. RUPCO is not responsible for lost or misdirected mail.

The Housing Choice Voucher Program (Section 8) does not provide "emergency assistance" and is not a homeless prevention program. No matter what the circumstances, applicants will be placed on a waiting list. Currently, the average waiting period can be up to a year or more.

**Please hand-deliver or mail your completed 3-page application and proof of current residency to:**  
RUPCO, 175 Water Street, Catskill, NY 12414

### **CHECKLIST: Return these items to RUPCO**

- ~~###~~ (Page 3-4): Application for Housing Choice Voucher Program (Section 8) Rental Assistance, must be completed on both sides, signed and dated
- ~~###~~ (Page 5): Supplement to Application for Federally Assisted Housing, must be completed, signed and dated (Emergency Contact Form)
- ONE FORM OF PROOF OF RESIDENCY (See List of acceptable documentation above. Your application will not be accepted without proof of residency and will be returned to you as "incomplete".

If your application is missing any information or signatures, your application is incomplete and will not be entered into the lottery pool. Please make sure all papers are returned, completed and signed.

**If you need assistance completing this application p`YUgY`W` `H`Y`  
HCV Program Supervisor at 845-331-2140, x244.**

Don't delay – apply today! Submit your application to the RUPCO Catskill office either by mail or hand-delivery. Applications must be complete and have proof of residency to be accepted and placed on the waiting list.



**NOTE: YOUR APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETELY FILLED OUT AND SIGNED BY THE HEAD OF HOUSEHOLD.**  
Incomplete applications will be returned.

# Application for Housing Choice Voucher Program (Section 8) Rental Assistance



Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional contact (optional, name & address): \_\_\_\_\_

## HOUSEHOLD COMPOSITION AND OTHER CHARACTERISTICS

1. List the Head of Household and all other members staying in the unit four (4) nights a week or more.
2. Give the relationship of each family member to Head of Household.
3. List Race for each household member: *[for statistical purposes only]*  
(1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander
4. List Ethnicity for each household member: (1) Hispanic or (2) Non-Hispanic *[for statistical purposes only]*
5. Are you, or anyone in your household, currently homeless? YES NO

Member's Full Name (Please Print)	Relation to Head	Birth Date	Sex M/F	Race	Ethnicity	Social Security Number	Veteran Yes/No

5. Is Head of Household or co-head handicapped or disabled? ..... YES NO
6. If you are a person with a disability, do you require a specific accommodation to fully utilize our services? ..... YES NO
7. How many people live in your household now? \_\_\_\_\_
8. How many bedrooms do you have? \_\_\_\_\_
9. Are you now living in a federally subsidized unit? ..... YES NO
10. Have you ever been evicted from public housing? ..... YES NO

11. Have you ever received Section 8 assistance before? ..... YES NO  
 If yes, where and when? \_\_\_\_\_  
 Why was your assistance terminated? \_\_\_\_\_
12. Have you or anyone in your household been convicted of a drug-related or violent felony within the last twelve (12) months?..... YES NO

**INCOME INFORMATION**

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Provide all information about the FULL GROSS MONTHLY INCOME for all household members in the table below. (Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance)

MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME

**NOTICE:** Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.

**CERTIFICATION**

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I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for denial or termination of assistance.

I hereby certify that the information provided to RUPCO on this application is accurate and complete to the best of my knowledge and belief.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

Spouse or Co-head: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature

**Please hand-deliver or mail this completed: RUPCO, 175 Water Street, Catskill, NY 12414**



**NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.**

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## Need help making your rent payments?

You may be eligible for the Housing Choice Voucher Program (Section 8) Wait List for Greene County.

Does your household income fall below these amounts?

Family Size	Household Income
1	\$25,850
2	\$29,550
3	\$33,350
4	\$36,900
5	\$39,900
6	\$42,850
7	\$45,800
8	\$48,750



Get your application in English or Spanish:

- In person at 175 Water Street, Catskill between 9 a.m. and 4 p.m. Monday through Friday (APPLICATION PICK-UP & DELIVERY)
- In person at 289 Fair Street, Kingston, between 9 a.m. and 4 p.m. Monday through Friday (APPLICATION PICK-UP ONLY)
- Online at [www.rupco.org](http://www.rupco.org), any day or time (DOWNLOAD ONLY)
- Should you need help with your application, please contact our office Monday through Friday from 8:30 a.m. to 4:30 p.m. .

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By mail or hand-delivery ONLY to  
RUPCO, 175 Water Street, Catskill, NY 12414



No faxed or emailed applications will be accepted. All applications received during the application period will be entered in a lottery pool. A random drawing lottery will determine placement on the Wait List. Applicants living outside Greene County are required to live and use the Housing Choice Voucher in Greene County for the first 12-month cycle.



The Housing Choice Voucher Program provides rental assistance for families with modest incomes to enable them to choose and lease affordable, privately owned rental housing.