

6. Is Head of Household or co-head handicapped or disabled? YES NO

7. If you are a person with a disability, do you require a specific accommodation
to fully utilize our services?..... YES NO

8. How many people live in your household now? _____

9. How many bedrooms do you have? _____

10. Are you now living in a federally subsidized unit?..... YES NO

11. Have you ever been evicted from public housing? YES NO

12. Have you ever been on Section 8 assistance before ? YES NO
If yes, when and where? _____

Why was your assistance terminated? _____

13. Have you or anyone in your household been convicted of a drug-related or
violent felony within the last twelve (12) months? YES NO

Family Size
Household Income Limit
1 Person: \$30,750
2 People: \$35,150

**Refer to income limits when applying and listing total gross monthly income.
Total gross yearly income may not exceed income limits listed above,
based on household size.*

INCOME INFORMATION

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 a 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

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 drop off or mail this completed to:

**The Birches at Chambers
161 Colonial Drive
Kingston, NY 12401**



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.