



RUPCO's Housing Choice Voucher Program

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	\$30,750
2	\$35,150
3	\$39,550
4	\$43,900
5	\$47,450
6	\$50,950
7	\$54,450
8	\$57,950

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 Ulster County are required to live and use the Housing Choice Voucher in Ulster County for the first 12-month cycle. (reasonable accommodations will not be accepted to waive the one-year rule of residing in Ulster County).

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
3. Supplement to Application for Federally Assisted Housing (*Emergency Contact*)

APPLICATION DEADLINE: Monday, November 15, 2021 at 4:30 PM

You will need to **return completed and signed application (3-pages) Along with ONE FORM OF PROOF of residency and** either mail or drop off in our drop box in our lobby area located at RUPCO, 289 Fair Street, Kingston, NY 12401. **Applications will not be accepted by fax or email.*

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.)
- 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 from one to five years.

All applications must be mailed or hand-delivered to the drop box at RUPCO, 289 Fair St. Kingston, NY 12401 by November 15, 2021 at 4:30 PM
No faxed, emailed applications will be accepted.

CHECKLIST: Return these items to RUPCO no later than November 15, 2021 at 4:30 PM

- (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, it will be considered 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 please call RUPCO office at 845-331-2140, ext.245. Someone will return your call within 48-hours.

Don't delay – apply today!



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.

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

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 (drop box) or mail this completed to: RUPCO, 289 Fair Street, Kingston, NY 12401 by than November 15 at 4:30 PM. No faxed, emailed applications will be accepted.



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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.