

GENEVA HOUSING AUTHORITY

PUBLIC HOUSING SITES

The Geneva Housing Authority's Public Housing Program is comprised of the following sites. All sites have a limited number of handicapped-accessible units, and many units are handicapped-adaptable. Applicants without a residency preference are likely to have significantly longer waiting periods.

Geneva Courtyard Apartments

Geneva Courtyard Apartments is a family development located at 10 Goodman Street in Geneva, consisting of 124 townhouse-style units with from one to five bedrooms. On-site amenities include a site office staffed daily Monday through Friday, laundry facilities, a Community Room, children's playground, and ample off-street parking. The Boys and Girls Clubs Youth Center and an independently-operated Childcare facility are also located on the premises. The Courtyard Apartments Administration Building is a regular stop on the County Area Transit System (CATS) bus route. The average wait time for an apartment at Geneva Courtyard Apartments varies from 3 months to 2 years, depending on size of apartment and availability.

Scattered Sites

The Geneva Housing Authority's Scattered Sites are residential homes scattered in neighborhoods throughout the City of Geneva. Thirty of the units are single-family homes, and eight units are in multiple-family housing, for a total of 38 units ranging from one to four bedrooms. Because of their scattered locations, these homes are at varying distances from schools, shopping, etc. All are located within the City limits, and all are within a short walk of a CATS bus stop. The average wait time for a Scattered Sites unit is from 1 year to 10 years or more, depending on size of unit and availability.

Elmcrest Apartments

The Elmcrest Apartments consists of 85 apartments for households in which the head and/or the spouse/co-head is age 62 or older. Apartment sizes range from Efficiency to two bedrooms. On-site amenities include a site office staffed daily Monday through Friday, laundry facilities, a Community Room, computers for resident use, a secure entry system, and ample off-street parking. A basic cable TV package is made available to residents at a discounted price if they choose. A stop on the CATS bus route is located at the curb by the entry to the Elmcrest Apartments. The average wait time for an apartment at the Elmcrest Apartments is from 1 month to 3 years, depending on apartment size and availability.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Geneva Housing Authority
41 Lewis St., P.O. Box 153
Geneva, New York 14456
315-789-8010 or 1-800-825-1191
TDD: 315-789-4399

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

Supplemental and Optional 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.

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.	

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

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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.

El presente documento es la traducción de un documento legal emitido por el Departamento de Vivienda y Desarrollo Urbano (*Housing and Urban Development*, HUD). El HUD le brinda esta traducción únicamente para su comodidad, con el objeto de ayudarle a comprender sus derechos y obligaciones. La versión en inglés de este documento es el documento oficial, legal y prevaleciente. El presente documento traducido no constituye un documento oficial.

N.º de control de OMB 2502-0581
Exp. (07/31/2012)

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento.** No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	N.º de teléfono celular:
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	N.º de teléfono celular:
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	
Motivo del contacto: (Marcar todo lo que corresponda)	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

☐ Marque esta casilla si escoge no proporcionar la información de contacto.

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~~Se excluyen los datos de la Oficina de Administración y Presupuesto~~

Firma del aspirante

Fecha

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget*, OMB) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respaldar los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social (SSN)), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.

Geneva Housing Authority

Request for a Reasonable Accommodation

Name: _____ TDD/Phone: _____

Address: _____

Currently, I am

- ☐ Applying for an assisted unit and/or Section 8 Voucher Rental Assistance
- ☐ An applicant on the waiting list
- ☐ Housed in a unit owned or managed by this housing agency
- ☐ Assisted on the Section 8 Program with this housing agency
- ☐ Other: _____

The following member of my household has a disability that qualifies under ADA rules (an emotional, mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

NAME: _____

As a result of my/his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the GHA Housing Programs:

You may verify the existence of a disability and the need for this request by contacting the below listed medical professional:

Name: _____ Title: _____

Address: _____ Phone: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and therefore need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature: _____ Date: _____

PLEASE READ THIS COVER LETTER BEFORE COMPLETING APPLICATION

THE GENEVA HOUSING AUTHORITY DOES NOT HAVE "EMERGENCY ASSISTANCE". WE DO NOT HAVE IMMEDIATE HOUSING AVAILABLE. EACH APPLICANT IS PLACED ON THE WAITING LIST IF ELIGIBLE. THERE IS A WAITING LIST FOR OUR PROGRAMS NO MATTER WHAT THE CIRCUMSTANCE. PLEASE ASK FOR A REFERRAL IF YOU ARE IN NEED OF EMERGENCY ASSISTANCE.

Attached is an application for the Geneva Housing Authority's **PUBLIC HOUSING PROGRAMS**. The Public Housing Program consists of the following: Geneva Courtyard Apartments at 10 Goodman St., Elmcrest Apartments at 99 Lewis St. (must be age 62 or older at time of application), and the Scattered Sites which are houses and apartments scattered at various locations throughout the city of Geneva.

Eligibility is determined by total **ANNUAL** household income. The Income Limits are listed below.

If you are a person with disabilities and need a reasonable accommodation in order to apply for or participate in GHA programs please notify the Main Office in person, by mail, or by calling (315) 789-8010, 1-800-825-1191 or (315) 789-4399 (TDD).

Completed applications should be submitted to the Geneva Housing Authority office at 41 Lewis St., Geneva, NY between 9:30 AM and 4:30 PM, Monday through Friday, or by mail to Geneva Housing Authority, P.O. Box 153, Geneva, NY, 14456. Once eligibility has been determined you will be placed on a waiting list according to date and time of your application, and any preference(s) that may apply. As soon as there is an opening and your name is next on the list you will be notified in writing. Please keep in mind that the waiting list can be quite long for all programs.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO KEEP THE HOUSING AUTHORITY INFORMED OF ANY CHANGES IN THEIR ADDRESS. If we are unable to contact you by mail when your name comes to the top of the list, you will be removed from the waiting list and would have to reapply. An annual update letter is mailed to all eligible waiting list applicants and this must be completed and returned in order to remain eligible. **THE HOUSING AUTHORITY IS NOT RESPONSIBLE FOR LOST OR MISDIRECTED MAIL.**

PLEASE PRINT ALL ANSWERS CLEARLY.

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETELY AND CLEARLY FILLED OUT AND SIGNED BY HEAD OF HOUSEHOLD. IT WILL BE RETURNED TO YOU, WHICH WILL CAUSE DELAY.

(PUBLIC HOUSING INCOME LIMITS)
(For Elmcrest, Geneva Courtyard, and Scattered Sites)

No. of Persons	Gross Yearly Income
1	\$37,550
2	\$42,900
3	\$48,250
4	\$53,600
5	\$57,900
6	\$62,200
7	\$66,500
8	\$70,800



41 Lewis St., P.O. Box 153, Geneva, NY 14456

Phone: (315) 789-8010, Toll-free: 1-800-825-1191, Fax: (315) 789-8024, TDD: (315) 789-4399



WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY.

Rev. 1/2012

APPLICATION FOR: (Please check applicable boxes. You can apply for just one or any combination. See attached information sheet for descriptions of sites.)

- ☐ ELMCREST APTS. (must be age 62 or older at time of application)
- ☐ GENEVA COURTYARD APTS.
- ☐ SCATTERED SITES
- ☐ NEXT AVAILABLE Public Housing unit at any site for which I qualify

HEAD OF HOUSEHOLD INFORMATION:

Last Name _____ First Name _____ M/I _____

Social Security Number _____ Birthdate ____/____/____ Age _____

Address: _____

City	State	Zip Code	Telephone / Contact Number
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INFORMATION ABOUT ALL OTHER HOUSEHOLD MEMBERS WHO WILL RESIDE WITH YOU:

	NAME	RELATIONSHIP TO HEAD	SEX (M/F)	BIRTH DATE	SOCIAL SECURITY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**DOES ANYONE IN YOUR HOUSEHOLD REQUIRE SPECIAL FEATURES
OR ANY REASONABLE ACCOMMODATIONS TO PARTICIPATE
(SEE BACK OF THIS PAGE)?** ☐ Yes ☐ No

FOR HUD STATISTICAL PURPOSES ONLY

Head of Household is:

Check one or more:

AND

Check One:

White

Black/African American

American Indian/Alaskan Native

Asian

Native Hawaiian/Other Pacific Islander

Hispanic or Latino

Not Hispanic or Latino

OFFICE USE/DATE STAMP HERE

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO

IF YOU ANSWERED NO, DO YOU HAVE ELIGIBLE IMMIGRATION STATUS? ☐ YES ☐ NO

(*If you are unsure if you have eligible immigration status, consult with an immigration lawyer, an immigration expert of your choosing, or this office.)

*****PLEASE CONTINUE APPLICATION ON BACK OF THIS PAGE!!*****

SOURCE(S) OF INCOME: Check all that apply and indicate "GROSS MONTHLY" amounts. Attach additional pages if necessary:

☐ Check here if you DO NOT HAVE ANY INCOME AT ALL coming into your household

Type of Income	Household Head	Co-head/ other adult	Household member	Household Member	Household Member
Wages	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$
SSI/SSD	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
TANF/Welfare	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$
Compensation	\$	\$	\$	\$	\$
Other Income	\$	\$	\$	\$	\$

LIST ALL ASSETS: Check all that apply and indicate current balance or amount:

☐ Savings _____ ☐ CD's _____ ☐ Money Market _____ ☐ Other _____

PREFERENCES: Listed below are Geneva Housing Authority's preferences. Please check any that apply to your current situation. Verification will be required when your name comes to the top of the list and you are contacted for an interview. **AS THE COVER LETTER STATES, WE DO NOT HAVE EMERGENCY ASSISTANCE.** If you check off number 1 or 2, please explain below.

- ☐ 1. I have been displaced from my housing as a result of a natural disaster (such as a hurricane, flood or fire) that has caused the area to be designated by the federal government as a disaster area, and at the time of the disaster I was either living in HUD-subsidized Public Housing or being assisted by the HUD Housing Choice Voucher program.
- ☐ 2. I am (or am about to be) homeless because my home has been rendered uninhabitable by a fire or other natural disaster within the 30-day period immediately prior to application, and the municipality has ordered the unit to be vacated.
- ☐ 3. I am a resident of the City or Town of Geneva.

State a brief explanation if you are applying for #1 or #2:

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any of the Geneva Housing Authority's Programs.

DATE: _____ Signature of Head of Household: _____

Notice of Right to Reasonable Accommodation

If you have a disability, and, as a result of your disability, you need:

- A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Geneva Housing Authority's Housing programs, or
- A change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability, and if your request is reasonable (does not pose "an undue financial or administrative burden"), we will try to grant your request.

We will give you an answer within 10 days of receiving your request, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

You can get a **Reasonable Accommodation Request Form** at the front desk of the Geneva Housing Authority.

NOTE: All information you provide will be kept confidential and be used only to have an equal opportunity to participate in the GHA Housing programs.