TOWN OF SMITHTOWN

OFFICIAL USE ONLY
LOTTERY I.D. # _____
APPLICATION # _____

APPLICATION
HOUSING CHOICE VOUCHER PROGRAM

WHAT IS THE HOUSING CHOICE VOUCHER PROGRAM?

The Housing Choice Voucher Program helps qualified households meet their rental obligation. The landlord will receive part of his/her rent from the tenant, and part from the Housing Choice Voucher Program. Voucher holders may live in any unit of their choosing, subject to the Housing Choice Voucher program rules and regulations.

To be eligible for this program you must reside or work within the Town of Smithtown at the time your waiting list number is reached.

Please complete all items listed on this application. Mail the completed application to:

COMMUNITY DEVELOPMENT CORPORATION OF LONG ISLAND
P.O. BOX 646
CENTEREACH, NY 11720-0646

Completed applications must be sent by regular mail (not registered or certified mail), to the post office box indicated above.

No applications can be submitted in person.

Applications submitted anywhere other than PO Box 646 will not be accepted.

Any applications **received** after **August 17, 2006** will not be accepted. A lottery drawing is used to determine the position of each application on the waiting list. You will be assigned an identification number before the date of the lottery. **SEND ONLY ONE (1) COMPLETED APPLICATION.** If you file more than one application, the last application selected in the lottery will be used to determine your position on the waiting list. You will be notified of your place on the waiting list, by mail, by November 15, 2006.

PLEASE PRINT OR TYPE ALL INFORMATION

Name:	Date:
Address:	Telephone:
Town: State: Zip:	Age:
Mailing Address (if different):	Disabled? Yes No

FAMILY COMPOSITON: List all persons in household who would live with you if you receive assistance.

First Name	Last Name	Relationship	Sex	Date of Birth	Gross Income Per Year*	Social Security#
		SELF			$	
				TOTAL	$	

***NOTE**: Include income for **ALL HOUSEHOLD MEMBERS**. Sources of income include employment income (including overtime), grant income, SSI, SSD, public assistance, social security, pensions, unemployment insurance, support payments, disability payments, interest, dividends (from savings accounts or stocks), income from assets, regular gifts, and other income received.

WHO IS ELIGIBLE?

- **Families who reside in or whose head of household or spouse is employed in the Town of Smithtown, who are**
- U.S. Citizens or Residents with eligible immigrant status, and who are
- Households whose gross income is less than or equal to the limits listed below

1 Family Member	$31,850	5 Family Members	$49,150
2 Family Members	$36,400	6 Family Members	$52,800
3 Family Members	$40,950	7 Family Members	$56,400
4 Family Members	$45,500	8 Family Members	$60,050

Are you currently receiving a rent subsidy? ☐ Yes ☐ No From:_____
Have you ever received a rent subsidy? ☐ Yes ☐ No From:_____
If yes, has your subsidy ever been terminated? ☐ Yes ☐ No
Please explain reason for termination_____
Do you receive or have you ever received other Government Assistance? ☐ Yes ☐ No From_____

NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.

RACE (HEAD OF HOUSEHOLD)

☐ **WHITE** ☐ **AMERICAN INDIAN / NATIVE ALASKAN** ☐ **ASIAN**
☐ **BLACK** ☐ **NATIVE HAWAIIAN / PACIFIC ISLANDER**

ETHNICITY (HEAD OF HOUSEHOLD)

☐ **HISPANIC** ☐ **NON-HISPANIC**

I declare that the statements contained in this application are true and correct and that I have not knowingly nor willfully made false statements, given false information, or omitted information in connection with this application. I also understand that I will be required to submit to Community Development Corporation of Long Island verification and/or proof to support any or all of the claims I made above.

Signature_____ Date:_____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

CDC LONG ISLAND

EQUAL HOUSING OPPORTUNITY