



CVR New York Westchester County Project Based Voucher Application

Applications must be submitted by mail to:
CVR New York
112 E Post Rd, Ste 102
White Plains, NY 10601
 by fax to: (914) 920-3188
 or by email to: nyinquiries@cvrnewyork.com

This form must be completed by the Head of Household. Use the legal name for each household member.

Date	Head of Household Name			Email Address	
Home Phone	Work Phone	Cell Phone	Other Phone		
Address (Please list last known address if you are currently homeless)		Apt. #	City	State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?			
If No:	Mailing Address	Apt. #	City	State	ZIP Code

CVR will send a letter to the mailing address provided when the application is processed. Incomplete applications will not be processed.

I. PBV SITE SELECTION: Check Yes or No to indicate which PBV sites you are applying for.

YES	NO	PBV Site and Information
<input type="checkbox"/>	<input type="checkbox"/>	August Petrillo: 110 N 3 rd Ave, Mt Vernon, NY; Studios and 1BRs
<input type="checkbox"/>	<input type="checkbox"/>	Freedom Gardens: 1680 Strawberry Rd, Mohegan Lake NY; 1BRs; Applicant families must be disabled
<input type="checkbox"/>	<input type="checkbox"/>	Grace Terrace: 125 S 5 th Ave, Mt Vernon, NY; 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	Grace Towers: 20 E 3 rd Ave, Mt. Vernon, NY; 1BRs and 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Heritage Homes Phase III: 50-56 Col. Lee Archer Blvd, 15-17 Barbara Hall Crt, New Rochelle, NY; 3BRs
<input type="checkbox"/>	<input type="checkbox"/>	Highgarden: 11 Garden Street, New Rochelle, NY; 1 & 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Kingsley House: 41 Barker Ave, White Plains, NY; Studios and 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	Levister Towers: 215 S 9 th Ave, Mt. Vernon, NY; studios, 1BRs and 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Maple Center: 35 Maple Avenue, New Rochelle, NY; Studios and 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	NYACK Point: 263 Main Street, Nyack, NY; 1BRs and 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Peekskill Plaza: 901-907 Main St, Peekskill, NY; 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	Roundtop Commons: 2072-2078 Albany Post Rd, Montrose, NY; 1BRs and 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Sacred Heart: 1 Father Finian Sullivan Blvd, Yonkers, NY; 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	Sleepy Hollow Senior Housing: 124 Valley St, Sleepy Hollow, NY; 1BRs; Applicant families must be elderly
<input type="checkbox"/>	<input type="checkbox"/>	Wesley Hall: 801 South St, Peekskill, NY; Studios and 1BRs; Applicant families must be elderly

An elderly family is a family whose head, cohead, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

A disabled family is a family whose head, cohead, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

Applicants who apply for sites they are not eligible for based on the information they provide in part II of this form will be sent a denial notice.

II. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
							HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
2. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
3. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
4. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
5. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
6. Household Member							
Last Name		First Name		MI	Date of Birth	Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

III. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you fleeing or attempting to flee domestic violence?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
		If YES: Who and Where: _____
		Details of Crime: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
		If YES: Who: _____
		State: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
		If YES: Who and Where: _____
		Details of Crime: _____

IV. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

V. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				
4				

Please provide any additional asset information on a separate sheet of paper.

VI. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

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

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.