

PLEASE READ CAREFULLY!

The Albany Housing Authority has a preference for working families, or those unable to work due to age or disability

**AND** who live or work in the City of Albany, NY.

If you do not meet **both** of these preferences, you are still welcome to apply, however, it is unlikely we will ever reach your name on our waiting list.

**Dear Applicant:**

**Attached is a pre-application for an apartment in one of the Albany Housing Authority's Public Housing Development sites.**

**In order for your name to be placed on our waiting list, you must fill out this pre-application completely. No pre-application can be accepted without a social security number or a complete address. You must complete the income section on page 2 of the application. Many of our programs have income requirements. We cannot determine if you meet these requirements without your income information.**

**You must complete the Special Unit Requirement Questionnaire. If you do not need any special accommodations, just fill in your name and date, and answer "NO" to the first question. You only need to answer questions 1 through 5 if you answer "YES" to the first question.**

**All future contact will be done by mail. It is important that your address be kept current with us. You must notify this office in writing or in person to change your address. No change of address information will be taken over the telephone or on-line. Your file will be closed if the Post Office is unable to deliver mail to the address we have on file for you.**

**REASONABLE ACCOMMODATION AVAILABLE FOR ANYONE NEEDING ASSISTANCE  
IN COMPLETING THIS APPLICATION.**

**ALBANY HOUSING AUTHORITY**

**APPLICATION NO.** \_\_\_\_\_

(For Office Use Only)

**PRE-APPLICATION FOR PUBLIC HOUSING**

<b>NAME</b>			<b>DATE OF BIRTH</b>	
<b>SOCIAL SECURITY NO.</b>				
<b>STREET ADDRESS</b>				
<b>CITY, STATE AND ZIP CODE</b>				
<b>DO YOU LIVE OR WORK IN THE CITY OF ALBANY?</b>				
<b>HOME PHONE#</b>		<b>WORK PHONE#</b>		
<b>LIST ALL FAMILY MEMBERS INCLUDING YOURSELF WHO WILL BE RESIDING IN THE HOUSEHOLD:</b>				
<b>NAME</b>	<b>ETHNICITY</b> HISPANIC OR NON-HISPANIC	<b>RACE**</b> (See below)	<b>AGE</b>	<b>SEX</b>
<b>** 1-WHITE    2-AFRICAN AMERICAN/BLACK    3-AMERICAN INDIAN/ALASKAN NATIVE</b> <b>4-ASIAN    5-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER</b>				
<b>DO YOU ANTICIPATE THAT ANY ADDITIONAL MEMBERS WILL BE ADDED TO YOUR HOUSEHOLD WITHIN THE NEXT YEAR? IF YES, PLEASE EXPLAIN:</b>				
			<b>YES</b>	<b>NO</b>
<b>ARE YOU OR YOUR SPOUSE 62 YEARS OF AGE OR OLDER?</b>				
<b>ARE YOU OR YOUR SPOUSE DISABLED?</b>				
<b>IS ANY ADULT MEMBER OF YOUR HOUSEHOLD CURRENTLY WORKING AND HAS WORKED 9 OUT OF THE LAST 12 MONTHS?</b>				
<b>ARE YOU A GRADUATE OR A PARTICIPANT IN A NEW YORK STATE RECOGNIZED EDUCATIONAL OR EMPLOYMENT TRAINING PROGRAM?</b>				
<b>ARE YOU OR YOUR SPOUSE A VETERAN?</b>				

**INCOME INFORMATION: SOURCES OF INCOME INCLUDE WAGES, SELF-EMPLOYMENT INCOME, WELFARE (TANF, HOME RELIEF, ETC.) SOCIAL SECURITY, SSI, SSD, PENSIONS, INCOME FROM INTEREST OR DIVIDENDS, CHILD SUPPORT, FOSTER CARE PAYMENTS, ANNUITIES, FINANCIAL AID, ETC. LIST THE TYPE, AMOUNT, AND FREQUENCY OF ALL INCOME RECEIVED BY ANY FAMILY MEMBER WHO WILL BE LIVING WITH YOU, INCLUDING YOURSELF.**

	TYPE/SOURCE OF INCOME	YEARLY AMOUNT
SELF		
OTHER MEMBERS:		

**IF YOU DO NOT KNOW THE YEARLY AMOUNT OF YOUR INCOME, YOU CAN GIVE US THE HOURLY AMOUNT AND THE NUMBER OF HOURS WORKED PER WEEK, OR THE WEEKLY AMOUNT. PLEASE MAKE SURE YOU TELL US WHETHER IT IS HOURLY (AND INCLUDE THE NUMBER OF HOURS PER WEEK) OR WHETHER THE AMOUNT IS WEEKLY!**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**REASONABLE ACCOMMODATION AVAILABLE FOR ANYONE NEEDING ASSISTANCE TO COMPLETE APPLICATION**

**YOU ARE RESPONSIBLE FOR KEEPING YOUR ADDRESS UP TO DATE. IF YOU HAVE A CHANGE OF ADDRESS, YOU MUST COMPLETE A CHANGE OF ADDRESS FORM AT 200 S. PEARL STREET. CHANGES OF ADDRESS ARE NOT TAKEN OVER THE PHONE OR ON-LINE. YOUR FILE WILL BE CLOSED IF ANY MAIL WE SEND YOU IS RETURNED AS UNDELIVERABLE BY THE POST OFFICE.**

## SPECIAL UNIT REQUIREMENT QUESTIONNAIRE

This questionnaire must be completed by every applicant for Public Housing. It will be used to determine whether an applicant needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of unit with special features go to families that actually need these features.

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

DO YOU, OR DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAPPED ACCESSIBLE APARTMENT?      YES \_\_\_\_\_      NO \_\_\_\_\_

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Do you, or does any member of our family have a condition that requires:

\_\_\_\_\_ A separate bedroom

\_\_\_\_\_ Unit for visually impaired

\_\_\_\_\_ A barrier-free apartment

\_\_\_\_\_ Unit for hearing impaired

\_\_\_\_\_ One-level unit

\_\_\_\_\_ BR/Bath on 1<sup>st</sup> floor

\_\_\_\_\_ Physical Modification to a typical apartment

2. Can you and all your family members go up and down stairs unassisted? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please indicate how we should accommodate your family:

\_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_

5. What is the name of the family member who needs the features identified above?

\_\_\_\_\_