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SECTION 8 HOUSING – HOUSING FOR THE ELDERLY OR ELDERLY HANDICAPPED

Send by regular mail or drop off only one (1) application per family. Do not send by registered or certified mail. **Applications will be accepted beginning February 27, 2024, and must be received by or postmarked no later than March 18, 2024.**

If you require a reasonable accommodation to submit this application, please contact Christina Arocho at (516) 503-1239, or carocho@riseboro.org.

MAIL TO : **Goodwin Place Housing for the Elderly**
OR : **Goodwin Himrod Apartments**
DROP OFF : **55 Goodwin Place, Management Office**
Brooklyn, NY 11221

All questions below must be answered. If a question does not apply to you, write "N/A." Each application received will be logged. Since so many senior citizens need housing, this development will not be able to accommodate all who are eligible. As qualified applicants can be reached, they will be informed of an interview. The head of household **must be 62 years of age or older or 18 years of age or older living with a disability.** **Please be sure to sign the application. Photocopies of this application will not be accepted.**

No payment or fee should be given to anyone in connection with the preparation, processing, or filing of this application for Section 8 Housing.

THE MAXIMUM ALLOWABLE OCCUPANTS FOR A ONE (1) BEDROOM APARTMENT IS TWO (2) OCCUPANTS.

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT(S):

Head of Household Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: (_____) _____ Cell Phone No.: (_____) _____

FAMILY COMPOSITION:

How many persons are in your household? _____

How many bedrooms do you have now? _____

List all persons who will live with you in this Section 8 development, begin with yourself.

<u>Full Name</u>	<u>Relationship</u>	Birthdate	Age	Gender	Occupation*
_____	<u>Head of Household</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If retired, write "retired" for occupation

FUNCTIONAL STATUS:

Do you or any member of your family require an accommodation(s)? YES NO

If "YES" which member(s) of your household? _____

Do you or any member of your household require a wheelchair, walker, crutches, metal braces, cane, or any type of mechanical aid to assist in walking or otherwise live with a mobility impairment? YES NO

If "YES" which member(s) of your household? (Name): _____

INCOME:

List all full and/or part-time employment for all household members. Included self-employed earnings.

Household Member	Employer's Name & Address	Gross Earnings
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

OTHER SOURCES OF INCOME:

Examples include Welfare, Social Security, SSI, Pension, Disability Compensation, Interest, Baby Sitting, Foster Care, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental of Property, Armed Forces Reserves, Scholarships, Unemployment Compensation, and Grants.

Household Member	Type of Income	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CURRENT ASSETS:

Checking Accounts

Name of Bank	Account Number	Current Balance
_____	_____	\$ _____
_____	_____	\$ _____

Savings Accounts

Name of Bank	Account Number	Current Balance
_____	_____	\$ _____
_____	_____	\$ _____

Certificates of Deposit or Savings Certificates

Name of Bank	Account Number	Current Balance
_____	_____	\$ _____
_____	_____	\$ _____

Stocks & Bonds (value) \$ _____

War Bonds (value) \$ _____

Life Insurance (value) \$ _____

Pension (value) \$ _____

Real Estate

Do you own real estate? YES NO

If "YES" what is the current value? \$_____

RECENTLY DISPOSED ASSETS:

Have you or anyone who will be living with you disposed of any assets for less than fair market value, during the past two (2) years?

If "YES" provide the following information:

Type of Asset (Include gifts)	Asset's Market Value at time of Disposition	Date of Disposition	Amount Received
_____	\$_____	_____	\$_____
_____	\$_____	_____	\$_____

MEDICAL EXPENSES:

Consider only medical expenses that **WILL NOT** be paid or reimbursed by an outside source such as insurance, Medicare, or grants by a government agency or charitable organization.

What are the medical expenses **anticipated** to be paid by your household in the coming 12-month period?

\$_____

HANDICAPPED EXPENSES:

This allowance applies only if a family member is Handicapped or Disabled. Consider only handicap expenses that **WILL NOT** be paid or reimbursed by an outside source such as insurance, Medicare, or grants by a government agency or charitable organization.

What are the medical expenses **anticipated** to be paid by your household in the coming 12-month period?

\$_____

DO YOU CURRENTLY LIVE IN PUBLIC HOUSING OR FEDERALLY ASSISTED HOUSING? YES NO

If "YES" enter the Name of Project: _____

Address of the Project: _____

Phone No. of the Project Manager: _____

DO YOU CURRENTLY HAVE SECTION 8? YES NO

If "YES" enter the Building Address: _____

Name of the Landlord: _____

Phone No. of the Landlord: _____

INVOLUNTARY DISPLACEMENT:

If you have experienced involuntary displacement due to any of the reasons listed below, please check all that apply.

- A disaster, such as fire or flood, has made the unit uninhabitable
- The unit or building is undergoing code enforcement activities by a government agency
- The project owner has taken an action which resulted in you having to vacate the unit*

*If yes, check one of the three reasons below

- The action was due to late, non- or under-payment of rents due
- The action was beyond your control
- Other

Please describe the action:

Are you vacating or have you vacated the unit as a result of actual or threatened physical violence against one or more family members or do you live in a unit with an individual who engages in such violence?

YES NO

PAYING MORE THAN 50 PERCENT OF INCOME FOR RENT:

Are you paying more than fifty percent (50%) of your gross monthly income for rent and for utilities? YES NO

What is your monthly rent under current lease agreement? \$ _____

What is your average monthly utilities for the past year? \$ _____

Check the utilities currently paid by you and indicate the amount:

Gas \$ _____ Electric \$ _____ Heat \$ _____ Water \$ _____

SUBSTANDARD HOUSING:

Check all of the following that describe your current housing.

- is dilapidated (endangers the health, safety, or well-being of the family)
- does not have operable indoor plumbing
- does not have a usable flush toilet for the exclusive use of the family
- does not have a usable bathtub/shower for the exclusive use of the family
- does not have electricity, or has inadequate or unsafe electrical service
- does not have a safe or an adequate source of heat
- should, but does not have a kitchen
- has been declared unfit for habitation by an agency or unit of government
- neighborhood conditions that are detrimental or hazardous to the health, safety and well-being of the applicant, such as crime, drugs, etc.

Any applicant who is a "homeless family" meets the criteria of substandard housing. A "homeless family" is defined as any individual or family who lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is:

- living in a place not meant for human habitation
- living in emergency shelter
- living in transitional housing
- exiting an institution where they temporarily resided

PROGRAM INFORMATION:

How did you hear about this development? Check all that apply.

- Posted Sign or Flyer Newspaper Ad Local Organization or Church
- Friend or family Section 8 Housing List
- Social Media Post Radio Ad RiseBoro Community Partnership
- Other: _____

**55 Goodwin Place
SIGNATURE PAGE**

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL OR FALSE STATEMENTS OR INFORMATION OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Head of Household Signature

Date

Member of Household Signature

Date

DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY PER BUILDING. IF MORE THAN ONE APPLICATION IS RECEIVED PER BUILDING, IT WILL BE DROPPED TO THE BOTTOM OF THE WAITLIST.

NOTE: APPLICATION MUST BE SIGNED