

**VILLAGE OF FAIRPORT  
FAIRPORT HOUSING AUTHORITY  
31 SOUTH MAIN STREET  
FAIRPORT, NY 14450  
(585) 223-0313**

**GARY C. FUOCO**  
**Housing Director**

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**Assistant Director**

**SECTION 8 RENTAL ASSISTANCE**

The Village of Fairport, has provided rental assistance since September of 1979, through the administration of the Section 8 Existing Housing Certificate Program. Effective in June of 1988, the Village of Fairport began providing a second type of rental assistance, through administering the Section 8 Existing Housing Voucher Program. Now, there is the Housing Choice Voucher program for all new assistance after September, 1999.

To become eligible for rental assistance, applicants must have an annual gross income that remains within the maximum established income limitation listed below, and must also qualify under one of the four following categories. In addition, for applicants at or below 30% of median income, a preference will be given for admission.

- 1) Family - With Children
- 2) Elderly - Age 62 and Over
- 3) Single Individuals-Classified as Handicapped/Disabled
- 4) Single Individuals (minimum age 18)

<u><b>Family Members</b></u>	<u><b>30% of Median Gross Income</b></u>	<u><b>Maximum Annual Gross Income</b></u>
1	\$ 14,250	\$ 23,750
2	16,300	27,150
3	18,350	30,550
4	20,350	33,900
5	22,000	36,650
6	23,650	39,350
7	25,250	42,050
8 Plus	26,900	44,750

Participants may move to, or remain in existing rental units that are located in the Village of Fairport and Towns of East Rochester, Penfield, Perinton, Webster, Macedon, Pittsford, Honeoye Falls, Henrietta, Brighton, Mendon and Rush. All Rental units must meet the regulations that exist under the Quality Housing Standards.

## GENERAL INFORMATION

The Section 8 Existing Housing Choice Voucher Program helps to offset the excessive cost of housing by assuring the eligible tenant/family that they will not pay more than 40% of their monthly adjusted income towards rent. The balance of the rent will be paid directly to the landlord/owners through the Voucher program.

Under the new Voucher program, the gross rent (rent and utilities) must pass a rent reasonableness test against other similar unassisted market units. In general, the gross rent will be capped at 20% above the **Fair Market Rent**.

A payment standard is used to calculate housing assistance payments. The payment standards must be established per bedroom sizes and be between 90 - 110% of the **Fair Market Rent**. Therefore, if the rent exceeds the Voucher payment standard, the tenant/family will be required to pay the difference. In such cases, a tenant/family will be required to pay more than 30% (but not more than 40%) of their monthly-adjusted income towards monthly rent and utility expenses.

Once this office receives an application it is reviewed for eligibility and placed on the waiting list. **Please remember**, that each applicant is responsible for updating their own application. Any changes such as a new address, income or changes in family composition should be reported to this office. When an applicant comes to the top of the waiting list and is certified as eligible, a Voucher will be assigned for sixty (60) days, an extension may be granted up to 60 additional days. If a certified applicant does not locate a suitable rental home, apartment or townhouse in one of the twelve areas previously mentioned within time period, the Voucher will be re-assigned to the next eligible applicant on the waiting list.

You may obtain a rental assistance application at our office, which is located on the second floor of the Fairport Village Hall, or you may request an application by calling our office at (716) 223-0313.

### **Other Requirements:**

- You must look for housing that is in good condition so that it will meet our Housing Quality Standards inspection.
- You and the landlord will have to sign a lease.
- The landlord will have to be willing to sign a Contract with FHA.
- If your income increases, you must report it and your rent will go up.
- If your income decreases, you may report it and in most circumstances your rent will go down.
- You must be prepared to pay a security deposit.

**INITIAL SECTION 8 RENTAL ASSISTANCE APPLICATION**

APPLICANT: \_\_\_\_\_

SUBJECT: Section 8 Preference Data Form

Federal Law requires Public Housing Agencies to obtain the following information to grant applicants to our Section 8 Program.

Please check all boxes below that apply to your current situation

**DISPLACED BY:**

- A Natural Disaster
- Governmental Action
- Physical Violence of a Spouse
- Action by a Housing Owner

**LIVING IN SUBSTANDARD HOUSING DUE TO:**

- The unit is seriously Dilapidated
- No Operable Indoor Plumbing
- No Usable Flush Toilets
- No Usable Bathtub
- No Electricity
- No Safe Heat
- No Kitchen Facilities
- Declared Unfit for Habitation by a Governmental Agency

**YOU ARE HOMELESS AND RESIDE IN:**

- A Supervised Temporary Shelter
- Waiting to be Institutionalized

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ SPOUSE' SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT MONTHLY RENT \_\_\_\_\_ NO. OF BEDROOMS \_\_\_\_\_ NO. IN HOUSEHOLD \_\_\_\_\_

AVERAGE MONTHLY UTILITY COSTS (Not included in Rent) \$ \_\_\_\_\_

**LIST ALL PERSONS INCLUDING YOURSELF, WHO WILL LIVE IN THE RENTAL UNIT WHILE YOU ARE ON THIS PROGRAM. (LIST ALL PERSONS, HEAD OF HOUSEHOLD FIRST.)**

FULL NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SEX	HANDI. OR DISABLED
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS INCLUDING UNEARNED INCOME FOR MINOR CHILDREN (EX: SSI). IF EMPLOYED, PLEASE INCLUDE EMPLOYER'S ADDRESS.

HOUSEHOLD MEMBER	SOURCE OF INCOME/ADDRESS	GROSS EARNINGS		
		WEEKLY	MONTHLY	ANNUALLY

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LIST ALL ASSETS SUCH AS CHECKING AND/OR SAVINGS ACCOUNTS, STOCKS, BONDS OR REAL ESTATE, ETC.

HOUSEHOLD MEMBER	DESCRIPTION AND CURRENT BALANCE(S)	ANNUAL AMOUNT OF
		INTEREST EARNED

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LIST ALL MEDICAL EXPENSES OR UNUSUAL EXPENSES (CHILDCARE) INCURRED WITHIN THE PAST 12 MONTHS. **\*NOTE: Medical expenses apply only to elderly, handicapped or disabled.**

HOUSEHOLD MEMBER	DESCRIPTION	MEDICAL*	UNUSUAL
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**\*HAVE YOU, OR ANYONE IN YOUR HOUSEHOLD, EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WARNING: TITLE 18 US CODE SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IF THIS FORM CONTAINS FALSE OR INCOMPLETE INFORMATION, YOU MAY BE REQUIRED TO REPAY ALL OVERPAID RENTAL ASSISTANCE YOU RECEIVED; FINED UP TO \$10,000, IMPRISONED FOR UP TO 5 YEARS; AND/OR PROHIBITED FROM RECEIVING FUTURE ASSISTANCE.**