

STEPH INTAKE FORM

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
YEARLY	\$ 13,900	\$ 15,900	\$ 17,900	\$ 19,850	\$ 21,450	\$ 23,050	\$ 24,650	\$ 26,250
MONTHLY	\$ 1,158	\$ 1,409	\$ 1,491	\$ 1,654	\$ 1,787	\$ 1,920	\$ 2,054	\$ 2,187
WEEKLY	\$ 269	\$ 308	\$ 346	\$ 384	\$ 415	\$ 446	\$ 477	\$ 508

REFERRED BY:

NAME:	DATE:
ADDRESS:	CITY/STATE/ZIP:
PHONE/MESSAGE #:	FAMILY SIZE:
YEARLY INCOME:	DO YOU RECEIVE HUD/HOUSING ASST?
PENDING EVICTION:	HOMELESS:
LIVING IN HOTEL:	LIVING WITH FAMILY/FRIENDS:
HAVE YOU PREVIOUSLY RECEIVED ASST FROM STEHP:	HAVE YOU EVER SERVED IN THE MILITARY?
DO YOU CURRENTLY OWN REAL PROPERTY?	ARE YOU BUYING ANY PROPERTY ON A LAND CONTRACT?

PLEASE BRIEFLY DESCRIBE YOUR CURRENT LIVING SITUATION AND WHAT YOU NEED ASSISTANCE WITH: _____

Snow Belt Housing Company, Inc.

7500 South State Street * Lowville, NY 13367
(315) 376-2639 * (315) 376-2518 fax
NYS Relay Service No. – TTD 1-800-662-1220

**AUTHORIZATION
FOR RELEASE OF INFORMATION**

Consent

I authorize and direct any Federal, State, or Local Agency, Organization, Business, or Individual to release to Snow Belt Housing Company, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- * USDA Section 515 and 533 Programs
- * Solutions to End Homelessness Program (STEHP)
- * Section 8 Housing Assistance Program
- * Federal HOME Program
- * DHCR administered programs
- * Rural Rent Assistance Program (RRAP)
- * Federal CDBG Program

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development in administering and enforcing program rules and policies.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- * Identity and Marital Status
- * Income and Assets
- * Medical or Child Care Allowances
- * Credit and Criminal Activity
- * Employment
- * Residences/Rental Activity
- * Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in Snow Belt's housing assistance programs.



This institution is an equal opportunity provider and employer



GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information on (depending on program requirements) include but are not limited to:

- * Previous Landlords (including Public Housing Agencies)
- * Post Offices
- * Schools and Colleges
- * Support and Alimony Providers
- * Veterans Administration Retirement Systems
- * Credit Providers and Credit Bureaus
- * Past and Present Employers
- * Welfare Agencies
- * State Unemployment Agencies
- * Social Security Administration
- * Medical and Child Care Providers
- * Banks and other Financial Institutions
- * Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U. S. Postal Service, the Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

Head of Household

Signature (Print Name) Date

Co-Head of Household

Signature (Print Name) Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 "Request for copy of Tax Form" must be prepared and signed separately.