

BINGHAMTON HOUSING AUTHORITY

EXECUTIVE OFFICES
35 EXCHANGE STREET
POST OFFICE BOX 1906
BINGHAMTON, NEW YORK 13902
PHONE (607) 723-9491
FAX (607) 722-5031

REMOVAL FROM LEASE

Date: _____

Tenant Name: _____

Address: _____

I would like to remove _____ from my lease.

_____ is currently living at _____

Will they be gone temporarily permanently
If temporarily absent, when will they return to your household?

List below the persons remaining in the household

_____	_____
_____	_____
_____	_____

I certify that the information contained herein is true and correct.

Tenant's Signature: _____

Notary: _____

Site Manager's Authorization: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

SAVINGS ACCOUNT(S)

Account Number(s)	Present Account Balance	Annual Interest Rate
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Interest amount paid last full calendar year \$ _____

CERTIFICATE OF DEPOSIT(S)

Account Number(s)	Present Value	Annual Interest Rate
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Dividends paid last full calendar year \$ _____

TRUST

Value of Trust Fund administered \$ _____

Anticipated amount of income to be earned by Trust over next 12 months \$ _____

PROPERTY

Value of Equity Real Property \$ _____

I certify that the above information is true and correct, as of this date, to the best of my knowledge.

Name of Institution: _____

Address: _____

Print Preparer's Name: _____ Date: _____

Signature: _____

Phone : _____ Fax: _____

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THE FOLLOWING TENANT STATES THAT SHE/HE PROVIDES CHILD CARE SERVICES FOR YOU. PLEASE FILL IN THE FOLLOWING INFORMATION.

Date: _____

Tenant Name: _____ Child's Parent: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to tenant (if any): _____

THE FOLLOWING IS TO BE COMPLETED BY CHILD CARE RECIPIENT

This is to certify that I pay for child care services to the person named above.

1. Names/ages of children cared for: _____
2. I pay \$ _____ per hour, week, or month (circle one) during the school year.
3. I pay \$ _____ per hour, week, or month (circle one) during school vacations.
4. If paying on hourly basis, how many hours per week do you pay for?
_____ hours during the school year
_____ hours during school vacations
5. Child care is paid by (check one): _____ Social Services
_____ Self
_____ Other (explain)

I certify that the above information is true and correct.

Parent of Child _____ Date _____ Phone _____

Notary: _____ 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 or agency of the United States as to any matter within its jurisdiction.

TO BE COMPLETED BY BHA PERSONNEL ONLY

Document Notarized? _____

Verification? _____

Payment Receipt Copies? _____

Staff Signature/Date _____

OFFICE USE ONLY

Application #: _____
Date: _____
Time: _____
Unit Size: _____

**Application for
Apartment**

(Time & Date Stamp)

Binghamton Housing Authority

35 Exchange Street - P.O. Box 1906 - Binghamton - New York 13902 - Phone (607) 723-9491 - Fax (607) 723-5031

ADD-ON APPLICATION FORM

(To be completed by Add-On applicant but signed by Head of Household and Applicant)

HEAD OF HOUSEHOLD: _____

RELATIONSHIP OF APPLICANT TO HEAD OF HOUSEHOLD: _____

Is any applicant pregnant? No _____ Yes _____ (Name: _____ Due Date: _____)

ADD-ON APPLICANT

LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____
FIRST: _____ MIDDLE: _____ MARITAL STATUS: _____ PLACE OF BIRTH: _____
(PRIOR/MAIDEN): _____ AGE: _____ SEX: _____ SOC.SEC.# _____
STATUS: _____
 US CITIZEN Resident Alien (Registration # _____) RACE* _____ ETHNICITY** _____

ADD-ON DEPENDENT #1

LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____
FIRST: _____ MIDDLE: _____ MARITAL STATUS: _____ PLACE OF BIRTH: _____
(PRIOR/MAIDEN): _____ AGE: _____ SEX: _____ SOC.SEC.# _____
STATUS: _____
 US CITIZEN Resident Alien (Registration # _____) RACE* _____ ETHNICITY** _____

ADD-ON DEPENDENT #2

LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____
FIRST: _____ MIDDLE: _____ MARITAL STATUS: _____ PLACE OF BIRTH: _____
(PRIOR/MAIDEN): _____ AGE: _____ SEX: _____ SOC.SEC.# _____
STATUS: _____
 US CITIZEN Resident Alien (Registration # _____) RACE* _____ ETHNICITY** _____

ADD-ON DEPENDENT #3

LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____
FIRST: _____ MIDDLE: _____ MARITAL STATUS: _____ PLACE OF BIRTH: _____
(PRIOR/MAIDEN): _____ AGE: _____ SEX: _____ SOC.SEC.# _____
STATUS: _____
 US CITIZEN Resident Alien (Registration # _____) RACE* _____ ETHNICITY** _____

ADD-ON DEPENDENT #4

LAST NAME: _____ RELATION: _____ DATE OF BIRTH: _____
FIRST: _____ MIDDLE: _____ MARITAL STATUS: _____ PLACE OF BIRTH: _____
(PRIOR/MAIDEN): _____ AGE: _____ SEX: _____ SOC.SEC.# _____
STATUS: _____
 US CITIZEN Resident Alien (Registration # _____) RACE* _____ ETHNICITY** _____

*RACE CODES: 1-WHITE, 2-BLACK, 3-AMERICAN INDIAN/ALASKA NATIVE, 4-ASIAN/PACIFIC ISLANDER

**ETHNICITY CODES: 1-HISPANIC, 2-NON-HISPANIC

THE BINGHAMTON HOUSING AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONALITY

BINGHAMTON HOUSING AUTHORITY
35 EXCHANGE STREET
PO BOX 1906
BINGHAMTON, NY 13902

DECLARATION OF SECTION 214 STATUS
Alien Certification & Registration

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because () Please check appropriate box):

_____ I am a citizen by birth, a naturalized citizen or a national of the United States.

_____ I have eligible immigration status and I am 62 years of age or older. (Attach proof of age.) (ii)

_____ I have an eligible immigration status as checked below. (See reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status signed verification consent form.

_____ Immigration status under Sect. 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) (iii)

_____ Permanent resident Under Sect. 249 of the INA (iv)

_____ Refugee, asylum or conditional entry status under Sec. 207, 208 or 203 of the INA (v)

_____ Parole status under Sect. 212(d)(5) of the INA (vii)

_____ Threat to life or freedom under Sect. 243(h) of the INA (vii)

_____ Amnesty under Sect. A of the INA (viii)

(Signature of Adult Family Member)

(Date)

(If minor child, Adult Family Member's Signature Required and Check Below)

_____ Check box on left if signature is of adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification # _____

(Date)

DECLARATION OF SECTION 214 STATUS
Alien Certification & Registration

Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five (5) years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- (ii) Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- (iii) Immigrant status under &101(a)(15) or 101(a)(20) for the INA. Non-citizen lawfully admitted for permanent residence, as defined by &101(a)(20) or the immigration and national act (INA), as an immigrant, as defined by &101(a)(15) of the INA (8 U.S.C. 1101(a)(2) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under &210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- (iv) Permanent residence under &249 or INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under &249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- (v) Refugee, asylum, or conditional entry status under &&207, 208 or 203 of the INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under &207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under &208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under &203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being up-rooted by catastrophic national calamity [conditional entry status].
- (vi) Parole status under &212(b)(5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under &212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].
- (vii) Threat to life or freedom under &243(h) of the INA. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under &243(h) of the INA (8 U.S.C. 1253(h) [Threat to life or freedom].
- (viii) Amnesty under &245A of the INA. A non-citizen who is lawfully admitted for temporary or permanent residence under &245A of the INA 98 U.S.C. 1255A) [Amnesty granted under INA 245A].