

# HAMBURG COMMUNITY DEVELOPMENT

6100 South Park Avenue \* Hamburg \* New York \* 14075  
(716) 648-6216 \* [www.townofhamburgny.com/community-development](http://www.townofhamburgny.com/community-development)  
Director: Christopher Hull \* Assistant Director: Timothy J. Regan

Hamburg Town Supervisor: James M. Shaw  
Council Members: Shawn P. Connolly \* Elizabeth C. Farrell \* Karen L. Hoak \* Michael R. Petrie



## Town of Hamburg Homeless Prevention Program (HPP) Program Year - 2020

1) Applicant's Name(s):

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2) Address of Property Rented:

E-Mail Address:

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3) Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

4) Social Security #(s):

\_\_\_\_\_  
We keep this information confidential

\_\_\_\_\_  
We keep this information confidential

5) Name(s) & Age(s) of all persons who reside at the above address:

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6) Do you currently reside at this address? Yes [ ] No [ ]

7) Do you own any property? Address: \_\_\_\_\_

8) **Employment Record for all persons over 18:**

Applicant(s)

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

9) **What Homeless Prevention Program (HPP) measures are you applying for?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) **Gross Annual Income for Household:**    \$ \_\_\_\_\_

**See Exhibit "A" for required income documentation (provide copies only).**

11) **Total Number of Persons Residing in Household:**    \_\_\_\_\_

**Number of children under the age of eighteen (18)**    \_\_\_\_\_

12) **Additional/other important information:**

\_\_\_\_\_

\_\_\_\_\_



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## Homeless Prevention Program (HPP) Authorization Page

### "Authorization to Receive and Verify Credit Information"

(I)(We) hereby consent to the sharing among you of any credit information which (I)(we) obtain for the purpose of processing (my)(our) application for the Town of Hamburg Homeless Prevention Program. (I)(We) waive any rights which (I)(we) may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive any funds through this program. (I)(We) also agree to hold harmless the Town of Hamburg from any claims or damages for use of that information in the manner provided by this waiver. NOTICE TO APPLICANT: By signing this form you consent to lenders sharing credit information about you to process this application.

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

### "Authorization to Receive and Verify Employment Information"

(I)(We) hereby consent to the sharing among you of any credit information which (I)(we) obtain for the purpose of processing (my)(our) application for the Town of Hamburg Homeless Prevention Program. (I)(We) waive any rights which (I)(we) may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive any funds through this program. (I)(We) also agree to hold harmless the Town of Hamburg from any claims or damages for use of that information in the manner provided by this waiver. NOTICE TO APPLICANT: By signing this form you consent to lenders sharing credit information about you to process this application.

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

### "Authorization of Inspection"

I/We hereby grant the **Town of Hamburg Department of Community Development** permission to inspect and be on my/our property, if required, which is located at:

\_\_\_\_\_

for the purpose of evaluating program need and to ensure the safety and viability of the residents. Inspection for items such as: Code Violations, Lead Based Paint, etc. will be completed, if required. I also agree to hold harmless the Town of Hamburg and its employees from any and all claims for damages via the access provided through this program.

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

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## Town of Hamburg Homeless Prevention Program (HPP) Certifications

- 1) I hereby certify that I/We am/are the occupant(s) of the rental unit to be included within the Town of Hamburg Homeless Prevention Program. To the best of my knowledge, all of the information provided above is true and accurate. I agree to cooperate with the **Town of Hamburg Department of Community Development** which is administering this program and to comply with their specified rules and procedures.
- 2) The above information is true and accurate to the best of my knowledge. I am aware that Section 1001 of Title 18 of the United States code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. **In addition**, I also certify that all information provided in this program application and all financial information provided to the Town of Hamburg is true and accurate. If upon further review, information that was provided to the Town of Hamburg for program purposes is found to be false, I understand that criminal proceedings will be commenced.

SIGNATURE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF NEW YORK)  
COUNTY OF ERIE)      SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

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## **Exhibit "A"**

### **Town of Hamburg**

#### **Homeless Prevention Program (HPP)**

#### **Income Verification & Required Documents (Renters) Copies ONLY)**

- 1) Copy of Rental Agreement for unit being rented.
- 2) Copy of lot rent lease agreement.
- 3) Copy of eviction notice.
- 3) Copy of homeowner's insurance policy.
- 4) Copy of latest federal and state income tax filings (INCLUDING ALL SCHEDULES AND W-2's).
- 5) Verification of checking and savings accounts, interest and annuities. (Provide last three months statements from your financial institution.
- 6) Verification of employment (four most recent pay stubs for all employed occupants).
- 7) Verification of benefits: (Provide copies of notice of award or benefit)
  - a) Social Security
  - b) Pension
  - c) SSI
  - d) Disability
  - e) Alimony/child support
  - f) Food stamps/HEAP/Etc.
  - g) Veterans
  - h) Unemployment
  - l) Welfare
  - j) Insurance dividends
  - k) Other
- 8) Verification of ALL land owned (Deed or title to property).
- 9) Verification of certificates of deposit (produce all financial documentation).
- 10) Verification of all annuities, insurance income, etc.

**Please submit income documentation from the list above that applies to all members of your household.**

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## Exhibit "B"

### Homeless Prevention Program (HPP)

#### Data Collection ONLY

For U.S. Department of Housing & Urban Development (HUD) Reporting Use Only (Not for program selection)

Ethnicity: (Select only one)	Hispanic or Latino:	_____
	Not Hispanic or Latino:	_____
Race: (Select one or more)	American Indian or Alaska Native:	_____
	Asian:	_____
	Black or African American:	_____
	Native Hawaiian or Other Pacific Islander:	_____
	White:	_____

#### Person(s) residing in home and age(s):

Name: _____	Age: _____

This information will NOT be used in the selection of program participants. All housing and program selection is available on an Equal Opportunity Basis. The Town of Hamburg heeds all federal and state Fair Housing Laws as well as having its own, more strict, Fair Housing Law. Furthermore, the Town of Hamburg is under contract with Housing Opportunities Made Equal, Inc. (HOME) to further Fair Housing within the town. For more information on Fair Housing, please contact the Town of Hamburg or Housing Opportunities Made Equal, Inc. For a brochure detailing the Town of Hamburg's Fair Housing law, contact 648-6216.

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## Form to Obtain/Release Confidential Information - Homeless Prevention Program

I/We, \_\_\_\_\_ hereby authorize the Town of Hamburg Department of Community Development to **obtain/release** information **from/to** (community manager, landlord, utility company contact(s), employer(s), attorney, etc.) for the purpose of expediting my progress into/through the Homeless Prevention Program (HPP). This information will be utilized for this program only.

Name: \_\_\_\_\_  
(1<sup>st</sup> Contact)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(2<sup>nd</sup> Contact)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(3<sup>rd</sup> Contact)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(4<sup>th</sup> Contact)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

By completing this form, the Town of Hamburg Department of Community Development is authorized to discuss my file/case with the above named person(s). I understand that I waive any and all confidentiality I have with the Town of Hamburg Department of Community Development for this purpose. Furthermore, with my signature, I understand that the Town of Hamburg, the United States Department of Housing and Urban Development, the State of New York nor the County of Erie, its employees/agents are NOT responsible or liable for any breach of confidentiality, liability or damage which might arise from the release of confidential information for the purpose of this program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

STATE OF NEW YORK)  
COUNTY OF ERIE) SS:

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public