

**CATTARAUGUS COUNTY**  
**Rental Supplement Program (RSP)**  
**Application/Recertification**

The Rental Supplement Program provides rental supplements to individuals and families, both with and without children, residing in Cattaraugus County who are experiencing homelessness or are facing an imminent loss of housing, regardless of immigration status.

Guidelines to Income Limits 2025

Person(s)	Monthly Income Limit
1	\$2,584
2	\$2,950
3	\$3,321
4	\$3,688
5	\$3,984
6	\$4,280
7	\$4,575
8	\$4,871

**APPLICATION PROCEDURE**

**Please read and answer every question on the application and sign and date. If the question doesn't apply to your household type N/A or check no. Submit all required documents – copies will be made and originals given back.**

1. Fill out application and submit all required documents listed on the checklist on the next page. Applications are INCOMPLETE and cannot be processed if missing the following:
  - a. Application
  - b. Required verification
  - c. Release form
2. Complete applications and the signed release forms must be faxed, mailed or dropped off at the Cattaraugus County Department of Social Services.
  - a. Fax number 716-701-3721 ATTN: RSP Unit
  - b. Mailed or dropped off to:

Cattaraugus County Department of Social Services  
ATTN: RSP Unit  
One Leo Moss Drive, Suite 6010  
Olean NY 14760

3. Applicants must complete an interview with an RSP examiner to determine program eligibility.
4. Applicants are notified in writing with thirty (30) calendar days of the application date of the determination.
5. If approved, households must recertify every twelve (12) months to determine continued eligibility for RSP.

## TO ALL APPLICANTS FOR RENTAL SUPPLEMENTAL PROGRAM

The following is a list of information that **MUST** be included with your completed rental application. The list pertains to all members of your household whom you have included on your application.

CHECKLIST	
	Application must be COMPLETELY filled out with appropriate pages signed and dated
	Release of Information Agreement
VERIFICATION OF INCOME	
	Filed Federal Tax Return from the past year (if self-employed)
	Four (4) current pay stubs (actual not Payroll Summary) (if applicable)
	Disability, Social Security, Social Services, Insurance payment, pension award letters (if applicable)
	Statement of income from other sources of income (if applicable)
IDENTIFICATION (copies of the following <b>MUST</b> be provided for EVERYONE on the application)	
	Photo ID (driver's license, tribal enrollment card, passport) for all adults over 18
	Birth certificate (if applicable)
	Social Security number (if applicable)
HOUSEHOLD COMPOSITION/ADDRESS/EXPENSE	
	Lease or:
	LDSS 3688 shelter verification form (available upon request) or:
	Statement from landlord

HEAD OF HOUSEHOLD INFORMATION					
Name					
Physical Address					
Mailing Address					
Main Phone #					
2 <sup>nd</sup> Phone #					
email address					
HOUSEHOLD COMPOSITION (list all persons who will live in dwelling)					
	Name	Relationship to applicant	Date of Birth	Sex	Social Security Number (if applicable)
1		Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
2				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
3				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
4				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
5				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
6				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
7				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
8				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Anticipated changes in household composition:					

MILITARY SERVICE
Are you or a household member currently serving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who:
Are you or a household member a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a Veteran, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge Date
DISABLED
Do you consider yourself or anyone in the household disabled and/or handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, why?

### LANDLORD AND RENTAL INFORMATION

Do you consider yourself homeless? ☐ Yes ☐ No If yes, what are your current living arrangements?

Are you about to be without housing? ☐ Yes ☐ No If yes, why and when?

Are you or have you ever been evicted in the past five (5) years? ☐ Yes ☐ No When?

If YES, why? (check all that apply) ☐ Housekeeping unacceptable

☐ Property damage ☐ Unpaid balance ☐ Unauthorized person(s) residing in the home

☐ Inappropriate functions on property ☐ Other:

### CURRENT RESIDENCE

#### LANDLORD INFORMATION:

Name: Phone #

Address:

How long have you been a tenant? Monthly rent amount

Name and Address of Utility Companies Monthly utility amount

Electric:

Gas:

Water/Sewer:

#### HOUSING CONDITIONS:

#### Do you have the following at your current residence?

Running Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proper cooking appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usable tub or shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	Usable toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dwelling structure safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe heating source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Drinking water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mold-free dwelling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Electrical service	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### OTHER ASSISTANCE

Are you receiving any of the following:

	Yes	No	Who	Amount
Temporary Assistance				
SNAP				
HEAP				
Medicaid				
SSI				
Monthly Rental Subsidy from another program				

## INCOME

List income for ALL persons in your household				
	Yes	No	Who	Amount
Wages, Salary or Self-employment income				
Unemployment Insurance Benefits				
Supplemental Security Income (SSI) Benefits (state and federal total)				
Social Security Disability (SSD) Benefits				
Social Security Dependent Benefits				
Social Security Survivor's Benefits				
Social Security Retirement Benefits				
Railroad Retirement Benefits				
Retirement Benefits (Pensions)				
Dividends/Interest from Stocks, Bonds, Savings, etc.				
Workers' Compensation				
NYS Disability Benefits				
Veteran's Pension/Benefits/Aid and Attendance				
GI Dependency Allotment				
Contributions/Gifts (Received)				
Foster Care Payments (Received)				
Child Support Payments (Received)				
Received from:				
Spousal Support (Received)				
Private Disability Insurance – Health/Accident Insurance Policy Income				
No-Fault Insurance Benefits				
Union Benefits (including strike benefits)				
Loans, other than Education (Received)				
Income from a Trust (including income you are currently entitled to receive, or were entitled to receive in the past, that has not been distributed)				
Training Allotments/Stipends				
Rental Income (Received)				
Boarders/Lodgers Income (Received)				
Has real estate, including income-producing and non-income-producing property				
Other Income (Please specify)				

**APPLICANT ACKNOWLEDGEMENT**

1. I certify that all the information provided on this application is accurate and complete to the best of my knowledge. Initials \_\_\_\_\_
2. I am aware that I am to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to supply information may result in denial. Initials \_\_\_\_\_
3. I am aware that I must notify the RSP examiner within ten(10) calendar days of any changes in my household composition, address, shelter expense or income while my application is pending or while receiving assistance. Initials \_\_\_\_\_
4. I understand that knowingly supplying false, incomplete or inaccurate information could result in my household having to repay the rental supplement program assistance for assistance I received that I was not eligible for. Initials \_\_\_\_\_
5. I understand that receiving duplication benefits upon approval of Rental Supplement Program from other sources that may assist with paying future rent/ongoing rental supplement may constitute fraud. Initials \_\_\_\_\_
6. I understand that Federal and state laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for benefits at the Department of Social Services or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial and continuing eligibility for Assistance, Benefits or Services, or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Assistance, Benefits or Services. It is unlawful to obtain Assistance, Benefits or Services by concealing information or providing false information. Initials \_\_\_\_\_

**I have read and understand the notices above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the social services district is complete and correct.**

Signature

Date

**FOR OFFICE USE ONLY**

Application Date	Worker ID	RSP Case #	TA Case #	<b>Cattaraugus County</b>
Eligibility Determined by	Date	Approved by	Date	