

# HAMBURG COMMUNITY DEVELOPMENT

6100 South Park Avenue \* Hamburg \* New York \* 14075

(716) 648 - 6216 \* [www.townofhamburgny.gov/195/community-development](http://www.townofhamburgny.gov/195/community-development)

Assistant Director: Timothy J. Regan \* Senior Clerk: Brigit J. Hubert

Hamburg Town Supervisor: Elizabeth Farrell - Lorentz

Council Members: Frank Bogulski \* Lynne Dixon \* Daniel Kozub \* Nicholas Ortiz



## Town of Hamburg Homeless Prevention Program (HPP) - Program Year 2025

**Due to the funding source for this program, assistance will only be provided to persons/families who can demonstrate and maintain stable housing once they have been assisted by our program**

**2025 HUD Income Limits (Must be below limit for family size):**

Family Size:	Maximum Income:
1	\$56,600
2	\$64,650
3	\$72,750
4	\$80,800
5	\$87,300
6	\$93,750

1) **Applicant's Name(s):**

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2) **Address of Property Rented:**

**E-Mail Address:**

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3) **Phone #:** **(Cell)** **(Work)** **(Home)**

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 own any property? Location/Address:** \_\_\_\_\_

7) **Employment for all persons over 18 years of age:**

**Applicant(s)**  
**Employer's Name:** \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

9) **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) **Total GROSS Monthly income for entire household:** \$ \_\_\_\_\_

13) **Current Monthly Rent Payment:** \$ \_\_\_\_\_

**Delinquent in Rent Payment(s):** [ ]Yes [ ]No Current Delinquent Amount \_\_\_\_\_

**Lot Rent:** \$ \_\_\_\_\_ [ ] Current [ ] Default # of months in default? \_\_\_\_\_

14) **Utilities:**

**Heat:** [ ]Natural Gas [ ]Electric \$ \_\_\_\_\_ /Month # of months in default? \_\_\_\_\_

**Electric:** \$ \_\_\_\_\_ /Month # of months in default? \_\_\_\_\_

**Water:** \$ \_\_\_\_\_ /Month # of months in default? \_\_\_\_\_

**TOTAL Utility Costs/Month:** \$ \_\_\_\_\_

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## Form to Obtain/Release Confidential Information Homeless Prevention Program & The Center for Elder Law & Justice

Applicant Name(s):

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Address:

E-Mail Address:

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

**Family Size/Income Eligibility Verified by Hamburg Community Development:**  Yes

Initials

I/We, hereby authorize the Town of Hamburg Department of Community Development to **obtain/release** information **from/to** (The Center for Elder Law & Justice, landlord, utility company(s), attorney, employer, 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)**

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

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

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

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

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

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

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) and The Center for Elder Law & Justice. 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

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## Exhibit "A"

### Town of Hamburg - Homeless Prevention Program Income Verification/Required Documents (Copies ONLY)

- 1) Copy of Rental/Lease Agreement for unit being rented or Copy of lot rent lease agreement.
- 2) Copy of eviction notice.
- 3) Copy of **2025** federal and state income tax filings, including all schedules & **2025** - W2's.
- 4) Verification of checking and savings accounts, interest and annuities. (Provide last three months statements from your financial institution).
- 5) Verification of employment (four most recent pay stubs for all employed occupants).
- 6) 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
  - i) Welfare
  - j) Insurance dividends
  - k) Other

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

### "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.

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

### **Homeless Prevention Program (HPP) - HUD Data Collection 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:** \_\_\_\_\_

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## Town of Hamburg Homeless Prevention Program (HPP) Guidelines 2025 Program Year

**\* KEEP THIS PAGE FOR YOUR RECORDS \***

The goal of this Homeless Prevention Program (HPP) is to provide temporary assistance to low/moderate income persons/families that are at risk of becoming homeless or will otherwise become homeless. **Due to the funding source for this program, assistance will only be provided to persons/families who can demonstrate and maintain stable housing once they have been assisted by our program.** Eligibility is limited to a one (1) time use (subject to funding/availability).

### 2025 HUD Income Limits

Family Size:	Maximum Income:
1	\$56,600
2	\$64,650
3	\$72,750
4	\$80,800
5	\$87,300
6	\$93,750
7	\$100,200
8 or more	\$106,700

### At - Risk of becoming homeless:

- 1) Household has received notice that they are facing eviction.
- 2) Household has experienced a sudden and significant loss of all income without future relief.
- 3) Is fleeing existing housing due to one of the following reasons (Domestic Violence; Abuse; etc.)

Specific Measures: Measures provided must be utilized for clients/families that are **at risk** of being homeless with no appropriate, subsequent housing options along with lacking the financial resources and support network needed to obtain immediate replacement housing or to remain in their existing housing. Clients/families must be low or moderate income (see chart above) and must currently reside within the Town of Hamburg. All services and assistance to be provided on a temporary basis only. It is the intention of the Town of Hamburg to stabilize an existing household situation so that time and effort can then be directed to the client/family receiving case management assistance, housing search assistance, legal services, advocacy, and, in some cases, financial assistance from the Town of Hamburg, if funding is available.

### Financial Assistance - Rent Arrears/Short-term Rental Assistance:

A maximum of three (3) months rent can be offered as financial assistance to approved, qualified households/families. In determining financial assistance, it must be clear that the financial assistance to be provided will be sufficient to assist the household/family. Each household/family is eligible to utilize this program once (or once per grant year in extreme or rare cases of need as determined by the Director of Community Development). If a household/family is so far delinquent in their rent that three (3) months of financial assistance would not be enough to help the overall situation, no funding can be provided from the Town.

Utility Arrears: A maximum of three (3) months of utility payments can be offered as financial assistance to approved, qualified households/families. In determining financial assistance, it must be clear that the financial assistance to be provided will be sufficient to assist the household/family. Each household/family is eligible to utilize this program once, (or once per grant year in extreme or rare cases of need as determined by the Director of Community Development) so as to avoid abuse of the system and program funding. If a household/family is so far delinquent in their utility payments that three months of financial assistance would not be enough to help the overall situation, no funding can be provided from the Town.

Program Regulations:

- A) The Director of Community Development for the Town of Hamburg or his/her designee has the final say/decision in all matters/situations pertaining to this program.
- B) The program regulations can be changed at any time throughout the grant year due to reasons of funding or program need. In addition, the entire program may be withdrawn and/or changed by the Town of Hamburg Department of Community Development for reasons of funding or program affect.