



**CHARLOTTESVILLE REDEVELOPMENT  
AND HOUSING AUTHORITY**

500 SOUTH FIRST STREET  
CHARLOTTESVILLE, VIRGINIA 22902  
PHONE: (434) 326-4672 FAX: (434) 971-4795  
TTY: 711 VA Relay

**APPLICATION FOR PUBLIC HOUSING**

Please complete all sections. Incomplete applications will result in the application being returned to you.

If you need assistance filling out the application, please let us know.

**Please note all changes to this application must be submitted in writing in order to keep your application current at all times. Failure to provide updates may result in your application being denied.**

**TO BE COMPLETED BY HEAD OF HOUSEHOLD LISTING YOUR CURRENT ADDRESS**

MAILING ADDRESS	PO BOX/ STREET	PHYSICAL ADDRESS	STREET ADDRESS
	CITY/ TOWN		CITY/ TOWN
	STATE/ ZIP CODE		STATE/ ZIP CODE
E-MAIL ADDRESS	@		
TELEPHONE NUMBERS	HOME	WORK	PAGER/ CELL PHONE

**DECLARATION OF PREFERENCES:**

**IMPORTANT:** Please check if applicable. Verification of Preferences will be required.

- I qualify as "Homeless" according to the definition as follows: *Homeless families consisting of more than one person, including at least one child or dependent. To qualify for this preference, a family must have a Coordinated Assessment with the Continuum of Care.*
- Local Preference:** *I/We qualify for the local preference for housing as I/We live in the City of Charlottesville and/or at least one adult in the household works for or has been hired by an employer located in the City of Charlottesville.*
- Elderly Preference:** *Elderly (62+) Head of Household (HOH), co-head or Spouse.*
- Disabled Preference:** *Disabled Head of Household (HOH), co-head or Spouse.*

**I have read the preference criteria and certify, by signature, that I do qualify for all preferences selected. I understand that I am responsible to update my application should my preferences change. I understand that providing false information or failing to update my information should my preferences change is grounds for my application to be denied.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

### HOUSEHOLD COMPOSITION

List all persons who will be living in the household when you receive rental assistance.  
Use additional sheets if necessary.

NAME	RELATION	SOCIAL SECURITY #	SEX	Race	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						
7						
8						

Race: 1- Caucasian 2- African American 3 -American Indian/Alaska Native 4 – Asian 5- Native Hawaiian/Pacific Islander

If applicable, do you have custody of your children? YES  NO

YES NO Do you expect any additions to the household within the next twelve (12) months?

NAME AND RELATIONSHIP: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

### HOUSEHOLD INCOME

Include ALL income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any "Yes" for questions 1- 16 requires a detailed explanation in the table below.

YES	NO	DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:
<input type="checkbox"/>	<input type="checkbox"/>	1. Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-employment?
<input type="checkbox"/>	<input type="checkbox"/>	3. Regular pay as a family member of the Armed Forces?
<input type="checkbox"/>	<input type="checkbox"/>	4. Unemployment benefits or worker's compensation?
<input type="checkbox"/>	<input type="checkbox"/>	5. General Assistance, Temporary Assistance to Needy Families with Children (TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	6. Child Support or Alimony? Any AWARDED amounts, collected or uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payer.
<input type="checkbox"/>	<input type="checkbox"/>	7. Social Security, SSI or any other payments from the Social Security Administration?
<input type="checkbox"/>	<input type="checkbox"/>	8. Veteran's benefits, pensions, retirement benefits or annuities?
<input type="checkbox"/>	<input type="checkbox"/>	9. Severance payments?
<input type="checkbox"/>	<input type="checkbox"/>	10. Settlements, such as insurance settlements?
<input type="checkbox"/>	<input type="checkbox"/>	11. Disability, death benefits or life insurance dividends?
<input type="checkbox"/>	<input type="checkbox"/>	12. Regular gifts or payments from anyone outside the household?
<input type="checkbox"/>	<input type="checkbox"/>	13. Educational grants, scholarships, or other student benefits?
<input type="checkbox"/>	<input type="checkbox"/>	14. Lottery winnings or inheritance?
<input type="checkbox"/>	<input type="checkbox"/>	15. Payments from rental property, land contracts or other forms of real estate?
<input type="checkbox"/>	<input type="checkbox"/>	16. Any other income sources or types not listed, such as: food stamps, fuel assistance?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you or any household member expect any changes to your income in the next twelve (12) months?

QUESTION NUMBER	FAMILY MEMBER	INCOME SOURCE AND ADDRESS	AMOUNT
Example: 1	John	XYZ Corp., 125 Main Street, Charlottesville, VA 22902	\$15,000 per year
1			
2			
3			
4			
5			
6			
7			
8			

#### ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends, and/ or other income derived from the asset. An asset is defined as a lump sum amount that you hold or currently have access to.

YES	NO	DO YOU OR DOES ANYONE IN YOUR HOUSEHOLD HAVE:
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking or savings accounts?
<input type="checkbox"/>	<input type="checkbox"/>	2. CDs, money market accounts or treasury bills?
<input type="checkbox"/>	<input type="checkbox"/>	3. Stocks, bonds or other securities?
<input type="checkbox"/>	<input type="checkbox"/>	4. Trust funds?
<input type="checkbox"/>	<input type="checkbox"/>	5. Pensions, IRAs, KEOGH or other retirement accounts?
<input type="checkbox"/>	<input type="checkbox"/>	6. Cash on hand over \$500?
<input type="checkbox"/>	<input type="checkbox"/>	7. Real estate, rental property, land contracts/contract for deed or other real estate holdings? <i>This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Personal property as an investment? <i>Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.</i>
<input type="checkbox"/>	<input type="checkbox"/>	9. A safe deposit box?

QUESTION NUMBER	FAMILY MEMBER	ASSET	ACCOUNT NUMBER	TYPE	AMOUNT
Example: 1	John	Charter One Bank	123456	Savings	273.78

#### DISPOSITION OF ASSETS

YES  NO  Have you or a family member disposed or given away an asset(s) for LESS than fair market value within the past two years?  
 If Yes:  
 FAMILY MEMBER: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 EXPLANATION: \_\_\_\_\_

**CHILD CARE EXPENSES**

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include welfare, or a parent not part of the household.

**CHILD CARE PROVIDER**

**NAME AND ADDRESS**

**AMOUNT YOU PAY:**

**AMOUNT PAID BY OTHER SOURCE:**

**STUDENT INFORMATION**

**YES**   **NO**   Is any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.  
      *You will need to provide verification from the school.*

**STUDENT NAME**

**NAME OF SCHOOL**

**GENERAL INFORMATION**

**YES**   **NO**  
      a. Have you ever applied to the Charlottesville Redevelopment and Housing Authority before? If Yes, when:

     b. Have you ever been a tenant of the Charlottesville Redevelopment and Housing Authority before? If Yes, where and when:

     c. Have you ever lived in any other Public Housing? If Yes, where and when:

     d. Have you ever participated in a Housing Choice Voucher/Section 8 Program? If Yes, what is the Agency or Property Manager, Dates of Occupancy and Address of the assisted unit:

**AGENCY/PROPERTY MANAGER**

**ADDRESS:**

**DATES OF OCCUPANCY**

     e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

     f. Have you or any other family member ever been charged with or convicted of a crime? **This includes any pending charges.** If Yes, give details of the crime, when it took place and where:

**FAMILY MEMBER**

**CRIME**

**WHEN**

**DETAILS**

**WHERE**

g. Are you currently engaging in the illegal use of a controlled substance?

h. Are you or any other member of your household subject to a lifetime registration as a sex offender?

i. Have you ever been charged with or convicted of the illegal manufacture or distribution of a controlled substance including methamphetamine?

**PREVIOUS LANDLORD INFORMATION**

List the contact information for your all landlords you have had in the past three years.

**LANDLORD NAME, ADDRESS AND PHONE NUMBER**

1.

2.

3.

**WERE YOU EVICTED OR DO YOU OWE MONEY TO ANY PREVIOUS LANDLORDS? IF YES, WHO?**

**OPTIONAL DISABILITY DECLARATION**

There may be certain housing program benefits available to families who have a member who is disabled. If you or any member of your family qualifies and you would like to be considered for these benefits, please indicate below.

**YES**

Disabled? Who:

Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?

Will you or anyone in your household require a live in attendant?

NAME OF LIVE-IN ATTENDANT

RELATIONSHIP (IF ANY):

Name, address and phone number of health care provider to verify need for accommodation or live in attendant:

CRHA will provide reasonable accommodation, upon request, to provide assurances that persons with disabilities may fully access and utilize the housing program and related services. For help with this request, please contact Melinda Hite, Asset Manager at 434-326-4672.

All applicants who are victims of domestic violence, dating violence, and stalking are offered protection and rights under a federal law called the Violence Against Women Act (VAWA). If you would like additional information about VAWA, please let us know. If you are concerned for your safety or the safety of any other members of your family in regards to this application, please let us know how we can best work with you.

**APPLICANT CERTIFICATION**

I/We certify that the information given in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under Federal Law. I/We also understand that false statements or information are grounds for denial of my/our application or termination of my/our assistance.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



*CRHA does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, veteran status, or union affiliations in any of its federally assisted programs and activities.*



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Charlottesville Redevelopment and Housing Authority  
500 South First Street  
Charlottesville, Virginia 22902

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.