



Charlottesville Redevelopment & Housing Authority

Housing Choice Voucher/Rental Office
500 South First Street
Charlottesville, VA. 22902
TTY/Telephone: 711/ 434-326-4672 Fax: 434-293-3460
www.cvillerha.com
email: comments@cvillerha.com

Mainstream Voucher Cover Page

IMPORTANT: Please read below and check ALL applicable:

Applicant Requirements

- I/we have a family member who is disabled and aged 18 but not yet 62.
- I /we am/are currently experiencing homelessness or near homelessness.
- I/we am/are currently a client in a permanent supportive housing or rapid-rehousing project.
- I/we meet requirements 2 or 3
 - By signing below, you are certifying that all information provided is true and correct.
 - By signing below, you are certifying the understanding that your homelessness/housing status will be verified by Thomas Jefferson Area Coalition for the Homeless, Continuum of Care Coordinated Entry System or another agency at the request of CRHA.
 - By signing below, I understand providing false information is grounds for this application to be denied.

Head of Household Date

CRHA Staff Date

CRHA Use Only:

Date and Time of Submission

Date added to Yardi Initials.



**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 OF ELIGIBILITY FOR MAINSTREAM VOUCHER

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.

- Local Preference:** *I/We qualify for the local preference for housing as I/We live in the City of Charlottesville.*

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 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, HCV Program 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 regard 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.

