



## Public Housing Criteria

In order to be placed on the Public Housing waiting list you must:

- ✓ Have an annual income at or below a PHA's income limit;
- ✓ Meet one of the PHA's definitions of "family";
- ✓ Have at least one family member who is either a U.S. citizen or an eligible immigrant;
- ✓ Provide Social Security numbers for every family member or certify they do not have a Social Security number;
- ✓ Head of Household must be 18 years of age or emancipated under State law at the time the application is submitted; and
- ✓ Not owe a debt to Hampton Redevelopment and Housing Authority in any amount.

The following will be evaluated at Final Eligibility **NOT** for placement on the waiting list:

- ✓ **Rental References** – must be satisfactory; no evictions or lease terminations within the past 5 years, no more than 4 late payments in a 12 month period, no damages to the unit or property, no current balance owed, must have good housekeeping habits, must not have disturbed neighbors, must not have allowed guests to damage unit/property or disturb other residents
- ✓ **Credit History** – must be satisfactory; no unsatisfied judgments or collections for current or previous landlords
- ✓ **Criminal History** – must be satisfactory; no convictions (or charges that have not been tried) for violent or drug related criminal activity within the past 5 years, family members with convictions for producing methamphetamine or registered sex offenders will be permanently denied

## HRHA Public Housing Income Limits

Persons	1	2	3	4	5	6	7	8
Low	\$41,850	\$47,800	\$53,800	\$59,750	\$64,550	\$69,300	\$74,100	\$78,900



**An application for the Public Housing Rental Assistance Program is attached.**

- ✓ Complete the application in ink pen. Fill out all sections of the application on both the front and back page. Carefully list your complete mailing address so we can contact you when necessary. If you do not have a stable address, list a mailing address where you are sure to get your mail. If the application is not complete and we are not able to contact you, your name will not be placed on the waiting list.
- ✓ A self addressed envelope is attached for your convenience. You are responsible for postage.
- ✓ After we review the application and your information is entered into our data base in the computer, you will receive a letter regarding the status of your application.
- ✓ The **ESTIMATED** waiting period for public housing in Hampton is as follows:

■ **Langley Village** (Must be 50 years of age or older to apply) **36 – 72 months**

■ **North Phoebus** **36 – 72 months**

North Phoebus: 1&2 bedroom applications **are not** being accepted at this time.

**NO EMERGENCY HOUSING is available.** We must serve all applicants in order by placement on the list.

**Hampton Redevelopment and Housing Authority is an Equal Housing Provider**

The Hampton Redevelopment and Housing Authority does not discriminate against any faith-based organization nor any person on the basis of race, color, religion, sex, national or ethnic origin, disability, age, marital status, genetic information, or any other protected characteristic or factor.

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**IMPORTANT:**

- Report all changes to your application in writing within ten (10) days because it may affect your placement on the waiting list.
- Due to the high volume of customers, we are unable to see applicants without an appointment and ask that you do not call to check the status of your application. You will be contacted in writing when your name reaches the top of the waiting list; **NO emergency housing is available.**

100 Langley Avenue, Hampton, VA 23669  
Phone: (757) 727-1106 Fax: (757) 727-1198 Text Users: 1-800-828-1120



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

## **NOTICE TO HOUSING CHOICE VOUCHER APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)**

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or “VAWA.” This notice explains your rights under VAWA.

### **Protections for Victims**

If you are eligible for a Section 8 voucher, the housing authority cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, you cannot be terminated from the Section 8 program or evicted based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you or terminating your rental assistance if you were the victim of the abuse.

### **Reasons You Can Be Evicted**

You can be evicted and your rental assistance can be terminated if the housing authority or your landlord can show there is an *actual* and *imminent* (immediate) threat to other tenants or employees at the property if you remain in your housing. Also, you can be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking committed against you. The housing authority and your landlord cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

### **Removing the Abuser from the Household**

Your landlord may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the assisted unit. Also, the housing authority can terminate the abuser's Section 8 rental assistance while allowing you to continue to receive assistance. If the landlord or housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, your landlord must follow federal, state, and local eviction procedures.

### **Moving to Protect Your Safety**

The housing authority may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The housing authority may require that you be current on your rent or other obligations in the housing choice voucher program. The housing authority may ask you to provide proof that you are moving because of incidences of abuse.

### **Proving that You Are a Victim of Domestic Violence, Dating Violence, or Stalking**

The housing authority and your landlord can ask you to prove or “certify” that you are a victim of domestic violence, dating violence, or stalking. The housing authority or your landlord must give you at least 14 business days (i.e. Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority or your landlord. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the landlord may evict you, and the housing authority may terminate your rental assistance.

### **Confidentiality**

The housing authority and your landlord must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority or your landlord to release the information.
- Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority or your landlord to release the information.

If release of the information would put your safety at risk, you should inform the housing authority and your landlord.

### **VAWA and Other Laws**

VAWA does not limit the housing authority's or your landlord's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

### **For Additional Information**

If you have any questions regarding VAWA, please contact **Survivors, Inc.** at **(hotline) 800-787-8106 or (office) (717) 334-0589** .

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

### **Definitions**

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines *domestic violence* to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common

- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *stalking* as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

## Violence Against Women Act Report

The Hampton Redevelopment and Housing Authority offers referrals to the following service providers to child or adult victims of domestic violence, dating violence, sexual assault, or stalking:

Transition Family Services	757.723.7774
Center for Child and Family Services	757.838.1960
Family Violence & Sexual Assault VA Hotline	1.800.838.8238
H.E.R. Help Emergency Response	757.485.3384
Domestic Violence Support Group	757.886.6700

The Hampton Redevelopment and Housing Authority offers referrals to the following service providers to child and adult victims of domestic violence, dating violence, sexual assault, or stalking to obtain or maintain housing:

Transition Family Services	757.723.7774
Center for Child and Family Services	757.838.1960
Family Violence & Sexual Assault VA Hotline	1.800.838.8238
H.E.R. Help Emergency Response	757.485.3384
Domestic Violence Support Group	757.886.6700
Anger Control Group	757.838.1960

The Hampton Redevelopment and Housing Authority offers referrals to the following service providers to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families:

Transition Family Services	757.723.7774
Center for Child and Family Services	757.838.1960
Family Violence & Sexual Assault VA Hotline	1.800.838.8238
H.E.R. Help Emergency Response	757.485.3384
Domestic Violence Support Group	757.886.6700
Anger Control Group	757.838.1960



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

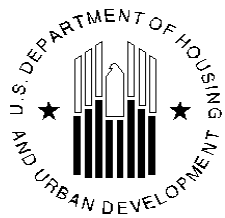
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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

# Hampton Redevelopment and Housing Authority

## Public Housing Application for Langley Village

*For Office Use Only*

BR Size: \_\_\_\_\_

Client #: \_\_\_\_\_

Mailing Address: HRHA, 100 Langley Avenue, Hampton, VA 23669

Accessible format available on request

### Head of Household (Adult submitting the application):

<b>Last</b>		<b>First</b>		<b>M.I.</b>	
If applicable, Maiden Name: _____					
<b>Social Security No:</b>		<b>Date of Birth:</b>		<b>Age:</b>	
<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single				
<b>Sex:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		
<b>Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____				

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No

If yes, please explain: \_\_\_\_\_

### Where would you like HRHA to mail any correspondence? (Changes must be reported in writing)

<b>Mailing Address:</b>					
	Street	Apt #	City	State	Zip

### Where are you currently residing?

<b>Street Address:</b>				
	Street	Apt #	City	State Zip
<b>Dates of Residence:</b>	From _____	To	Present	
<b>Are you on the lease?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rent amount \$</b>	_____	<b>per month</b>
<b>Home Phone:</b>	( )	<b>Work Phone:</b>	( )	
<b>Owner/Agent Name:</b>	_____			
<b>Owner/Agent Phone:</b>	( )			

**Local Preferences:** The following are our local preferences for the Public Housing waiting list. Please check all that apply to your household. Verification is required in order to claim any of these preferences.

- Working Preference:** The HEAD, SPOUSE, CO-HEAD or SOLE member is employed at least 30 hours per week. (Please provide four (4) copies of pay check stubs or letter from employer.)
- Residency:** Must reside or work in the City of Hampton at the time of initial application.
- Disabled:** Family whose HEAD or SPOUSE is receiving income based on their inability to work (i.e., SSI Letter, SSDI Letter).
- Special Circumstances:** Household member is participating in the Witness Protection Program or has experienced a disaster, such as a fire, flood, etc., that has caused the unit to be uninhabitable. For domestic violence circumstances please provide verification document.
- Elderly:** A family whose HEAD, SPOUSE, or SOLE member is at least 62 years of age or older.
- Targeted Income:** Combined gross annual income for all household members is between fifty-one percent (51%) and eighty percent (80%) of the HUD published area median income (AMI). (Please provide four (4) copies of pay check stubs or letter from employer.)

**Household members:** Please list ALL persons that will be living with you. Start with yourself as the HEAD of household, then list spouse or co-head, then any other adults, and then minors (from oldest to youngest).

Full Legal Name	Social Security Number	Relationship to Head	Sex M/F	Date of Birth	Age	Place of Birth City, State	Ethnicity (H) Hispanic (N) Non-Hispanic	US Citizen Yes or No	Full Time Student Yes or No
		<b>Head</b>					H or N	Y or N	Y or N
							H or N	Y or N	Y or N
							H or N	Y or N	Y or N
							H or N	Y or N	Y or N
							H or N	Y or N	Y or N
							H or N	Y or N	Y or N

If you have more household members, please attach an extra sheet of paper listing them, their social security number, relationship to you, sex, date of birth, ethnicity, U.S. Citizen, and full time student status.

**Asset Information:**

Do you or any household member own stocks, bonds, or real property, land or house?

Yes  No Value: \$ \_\_\_\_\_

Have you or any household member sold property within the last two (2) years?  Yes  No

If yes, sold below/above market value? \_\_\_\_\_

Do you or any household member have a bank account, savings & loan, or credit union account?

Yes  No If yes, complete below:

Name of Household Member	Name of Bank or Financial Institution	Account Number	Type of Account	Joint/Indiv	Balance	
					Current	6-mo. Avg.

**Total Household Income:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), income from bank accounts, alimony, and all other sources.

Name of Family Member	Employer	Total Weekly Wages	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
						per
						per
						per
						per

**Criminal History:**

Have you or any household member ever been convicted of violent or drug related criminal activity?  
 **Yes**  **No** If yes, what was the charge(s)? \_\_\_\_\_ Date: \_\_\_\_\_

Have you or any household member ever committed fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  **Yes**  **No** Date: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Hampton Redevelopment and Housing Authority does not discriminate against any person on the basis of race, color, sex, religion, national origin, age, familial status, or handicap. All information regarding race, color, sex, religion, national origin, age, familial status, or handicap is being collected to allow Hampton Redevelopment and Housing Authority to comply with civil rights record keeping requirements and the information will not be used in making any decision regarding eligibility for housing. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hot line at 1-800-424-8590.

Applicant(s) statement: I/We certify that the information provided in this application is true and complete to the best of my/our knowledge. I/We understand that the falsification of any portion of this application or the failure to supply information that may affect my/our position on the waiting list, eligibility, apartment size, or the amount of my/our rent and security deposit is punishable under federal, state, and local law.

**NOTICE: You are required to notify the Housing Authority (in writing) of any change of address, family size, income, or preference status in order for your application to receive proper placement on our waiting list. If we cannot contact you at the address listed on the front of this application, your name will be removed from the waiting list and you will have to reapply.**

I authorize the Hampton Redevelopment and Housing Authority to request and obtain information from police history reports and any other information which the Authority deems necessary to verify eligibility for the Public Housing Program.

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

\_\_\_\_\_  
Date

Date/Time Received

\_\_\_\_\_  
Signature of Spouse or Other Adult Household Member

\_\_\_\_\_  
Date



## Special Unit Requirement(s) Questionnaire

This questionnaire is to be administered to every applicant for public housing at the Hampton Redevelopment and Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit (generally as a reasonable accommodation for a disability or medical condition). The need for special features or other special accommodations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. This questionnaire is also provided to any current resident requesting transfer to a unit with special features, or special accommodations, or to accommodate a live-in aide.

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

Head of Household Social Security Number: \_\_\_\_\_

1. Will you or any member of your family require a unit with any of the following features as a reasonable accommodation for a disability or medical condition?

**Yes**  **No** If you answered yes, please check the appropriate box.

- |   |  |
|---|--|
| <input type="checkbox"/> A separate bedroom       | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing Impaired   |
| <input type="checkbox"/> One-level apartment      | <input type="checkbox"/> Extra Bedroom               |
| <input type="checkbox"/> Other modifications      | <input type="checkbox"/> Handicapped Accessible Unit |

Specify: \_\_\_\_\_

If you checked any of the above, please explain what you require to accommodate your needs:

\_\_\_\_\_

\_\_\_\_\_

2. Can you and all family members use stairs unassisted?  **Yes**  **No**

3. Will you or any of your family members need a live-in aide for assistance?  **Yes**  **No**  
If yes, who will be your live-in aide? \_\_\_\_\_

4. Please list the name of the family member needing the features or accommodations identified above: \_\_\_\_\_

When you reach the top of the waiting list you will receive an appointment letter in the mail. At the appointment you will need to provide verification from a medical professional to support this request.

**NOTICE:** This information is being collected to comply with the civil rights record keeping requirements and will not be used in making an eligibility determination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



100 Langley Avenue, Hampton, VA 23669

Phone: (757) 727-1106 Fax: (757) 727-1198 Text Users: 1-800-828-1120