



**Application for Admission to Project Based
Rental Assistance**

900 Elizabeth Miller Gardens
Staunton, VA 24401
540-886-3413 Fax 540-885-5414

Applicant Name _____ **Applicant SSN** _____

****You must provide an address in order for your application to be processed.****

Current Street Address _____

City, State, Zip _____

Cell Phone _____ **Work Phone** _____ **Message Phone** _____

Mailing Address (if different) _____

City, State, Zip _____

Accessibility Features Requested Vision Hearing Wheelchair Physical (1st floor)
 Elderly Other _____

Pet Information Cats _____ Dogs _____ Other _____

Requested Bedroom Size: _____ (1,2,3,4, or 5 bedrooms)

Have you previously lived in Public Housing or received a Section 8 Voucher? YES _____ NO _____

Previous HA Name _____

Address _____

City, State, Zip _____

Dates lived there from _____ **to** _____

Family Household Composition -

List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

Full Name	SSN Must Provide SSN for Everyone in the Household	S e x	Date of Birth M/D/Y	Relationship to Head of Household	Race	Eligible Citizen? Y/N	Dis- abled ? Y/N
1				Self			
2							
3							
4							
5							
6							
7							

Household Income

Please provide **all** types of income that any household member will have in the next year. Include Social Security, disability, unemployment, pension, retirement, TANF, food stamps, child support, job earnings, military pay or self-employment income.

Family Member _____ Source/Company _____
Income Type _____ Position _____
Start Date _____ How Long? _____ Address _____
Gross Income Per: \$ _____/Week \$ _____/Month City, State, Zip _____
\$ _____/Hour Hours per Week _____ Telephone _____

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Start Date _____ How Long? _____ Address _____
Gross Income Per: \$ _____/Week \$ _____/Month City, State, Zip _____
\$ _____/Hour Hours per Week _____ Telephone _____

If you have additional information, please request additional sheet(s). Failure to provide complete and accurate information above may result in a delay in processing your application.

RENTAL REFERENCES

Applicant Information		
Current street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
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Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
Owned <input type="checkbox"/> Rented <input type="checkbox"/> (Please circle)	Monthly payment/rent: \$	From: _____ to _____
Landlord Name/Address/Phone#:		

If you have additional information, please request additional sheet(s). Failure to provide complete and accurate information above may result in a delay in processing your application.

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of controlled substances (drugs)? YES _____ NO _____

If yes: Who? When? For What? _____

Does anyone in your household currently use a controlled or illegal drug? YES _____ NO _____

If yes, please explain. _____

Has anyone in your household ever been convicted of a felony or arrested for a violent crime? YES _____ NO _____

If yes: Who? When? For what? _____

Does anyone outside your household pay for any of your bills or expenses? YES _____ NO _____

If yes: Who? When? For what? _____

How did you find out about us? Social Services Internet Church
 Newspaper Radio Other _____

WARNING - Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate and complete to the best of my knowledge.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Other Member over 18 _____ Date _____

Other Member over 18 _____ Date _____

Other Member over 18 _____ Date _____

Other Member over 18 _____ Date _____

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



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. You can write the Hotline at:



451 7th Street, SW

HUD OIG Hotline, GFI

Washington, DC 20410

December 2005



We do business in Accordance with the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, DC 20410

Conducimos nuestros negocios de acuerdo a la Ley Federal de Vivienda Justa
(Acta de enmiendas de 1988 de la Ley Federal de Vivienda Justa)

Cualquier persona que sienta que fue discriminada debe de enviar su queja de discriminacion:

1-800-669-9777 (Llamada gratis)

1-800-927-9275 (TTY llamada gratis)

www.hud.gov/fairhousing

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, DC 20410

Fraud Affidavit

STAUNTON REDEVELOPMENT AND HOUSING AUTHORITY

Penalties for Fraud

FRAUD – Withholding information from this Agency OR providing false information to this Agency

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If a resident submits fraudulent information to this agency OR withholds relevant information from this agency, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law.
3. Tenants will be required to pay market rent – retroactively, if applicable.

Resident Acknowledgement(s)

By signing below, I confirm:

1. That I have read the penalties for submitting fraudulent information above;
2. That I understand what fraud is, and;
3. That I understand the penalties for committing fraud.

Printed Name of the Head of Household: _____

Signature

Date

Signature

Date

Signature

Date

SECTION VIII – AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to 24 C.F.R. parts 750 and 760, I being at least 18 years of age, do hereby authorized any agencies, offices, groups, organizations or business firms to release to the STAUNTON REDEVELOPMENT AND HOUSING AUTHORITY, P. O. BOX 1369, STAUNTON, VIRGINIA 24401-1369, any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs.

The information needed may include verification or inquiries regarding my personal identity, my employment and income, criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; Internal Revenue Service; HUD Office of Inspector General; Department of Justice; welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Housing Authority Representative	Date		

REGISTRY CHECK FORM

FULL NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH (mm/dd/yyyy)

DRIVERS LICENSE NUMBER

STATE

CURRENT ADDRESS

Street
Address

Unit Number

City

State

Zip

PREVIOUS ADDRESS

Street
Address

Unit Number

City

State

Zip

By signing below, you are agreeing to allow the Staunton Redevelopment and Housing Authority to collect information regarding your criminal background and rental history.

Signature

Date

