

STAUNTON REDEVELOPMENT AND HOUSING AUTHORITY ADMISSIONS DECLARATION FOR RENTAL ASSISTANCE

900 Elizabeth Miller Gardens, Staunton, VA 24401

Phone (540) 886-3413 | Fax (540) 885-5414

TTY/TDD VA Relay Center 711 or 1-800-828-1120

Application for Section 8

Please complete all sections of this form and **ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "NO".** If you do not understand a question, you may ask for an explanation at your interview or have someone else explain it to you. **WARNING: Making false statements on this document is considered FRAUD and may result in APPLICATION DENIAL from the program waiting list(s) and/or CRIMINAL PROSECUTION.**

HEAD OF HOUSEHOLD Person applying

Last Name	First Name	Home Phone Number ()
Street Address	Apt Number	Cell Phone Number ()
City	Zip Code	Work/Message Phone Number ()

PREVIOUS OR CURRENT ASSISTED HOUSING HISTORY

Have you ever lived in housing owned or managed by Staunton Redevelopment & Housing?	Yes/No
Have you ever lived in Section 8 assisted housing?	Yes/No
Have you ever lived in Public Housing or Section 8 assisted housing in another city/state?	Yes/No
If you answered YES to any of the questions above, please list when and where.	

SECTION I - HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION

- Please **list ALL people currently living in your home.**

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

Full Name As appears on Social Security Card	Sex	Date of Birth (month-date-year)	Relationship to Head of Household	Social Security Number	Disabled Y/N	Race	Eligible Citizen Y/N
1)		- -	SELF	- -			
2)		- -		- -			
3)		- -		- -			
4)		- -		- -			
5)		- -		- -			
6)		- -		- -			
7)		- -		- -			
8)		- -		- -			

Race Code

1-White 2-African American 3-Native American 4-Asian 5-Pacific Islander



EQUAL HOUSING OPPORTUNITY

B. MARRIED/SEPARATED/DIVORCED Please list spouse or ex-spouse information			
Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)	Divorced? YES/NO	Year Separated
1)			
2)			
3)			

C. ABSENT PARENT(S) Please list absent parent(s) information for any of the children above.			
Child Name(s)	Absent Parent Name	Last Known Address	Any contact with absent parent? YES/NO
1)			
2)			
3)			

D. STUDENT STATUS Please list all family members who are attending school part time or full-time for elementary, high school and vocational school.				
• OFFICAL SCHOOL TRANSCRIPTS WILL BE REQUIRED FOR ALL COLLEGE STUDENTS				
Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

SECTION II – HOUSEHOLD INCOME

Please answer each question below. If you answered “YES” please fill out information below for the family member(s) who receives this income(s).

A. SSI / PENSION /OTHER BENEFITS			YES/NO
Do you or any household member(s) receive Social Security/SSI benefits?			
Do you or any household member(s) receive pension, retirement benefits or an annuity?			
Do you or any household member(s) receive unemployment benefits or disability benefits?			
Name of Household Member	Monthly/weekly amount	Name & address of Agency/Office	



B. EMPLOYMENT		YES/NO
Do you or any household member(s) receive full/part-time job earnings or severance pay ?		
Do you or any household member(s) receive cash, tips or bonuses ?		
Do you or any household member(s) receive military or reserve pay ?		
Are you or any household member(s) self-employed ?		
Are you participating in a qualifying state, federal or local employment training program ?		
Name of Household Member	Monthly Gross Pay	Name & address of Employer

C. PUBLIC ASSISTANCE BENEFITS		YES/NO
Do you or any household member(s) receive TANF, General Relief, food stamps, or other public assistance ?		
Do you or any household member(s) receive adoption or foster care payments ?		
Do you or any household member(s) receive In-Home Supportive Services to care for another person ?		
Do you or any household member(s) receive transportation reimbursement ?		
Are you participating in the VIEW Program ?		
Name of Household Member	Monthly Amount	Type of Benefit

D. CHILD SUPPORT OR ALIMONY BENEFIT(S)			YES/NO
Do you or any household member(s) have an open child support case with a court ?			
Do you or any household member(s) receive child support office payments ?			
Do you or any household member(s) receive child support /alimony directly from an absent parent/spouse ?			
Does the Absent Parent purchase items for child(ren) such as clothing, food, formula, diapers, etc ?			
Name of Child	Absent Parent/Spouse name and Address	Monthly Amount	Cash Value of Purchases, clothing, food, formula, etc

F. CONTRIBUTIONS		YES/NO
Does anyone outside your household give you money or pay your bills(s) for you ?		
Does anyone outside your household buy you supplies such as groceries, etc ?		
Did any organization help you pay a bill or expense ?		
If you answered yes, please explain:		



G. FEDERAL INCOME TAX			YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?			
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT to file a tax return?			
Were you or any household member(s) claimed as a dependent on someone else's taxes?			
Name of Household Member	TAX YEAR	Reason Taxes not filed	Name of Person claiming family member as dependent

SECTION III – ASSETS

Please answer each question below. If you answer "YES" please fill out information below for the family member(s) with that asset(s).

A. ACCOUNT INFORMATION			YES/NO
Do you or any household member(s) have a savings or checking account?			
Do you or any household member(s) have stocks, bonds or certificate of deposit (CD)?			
Do you or any household member(s) have a money market fund/trust fund?			
Do you or any household member(s) have a retirement, 401K, federal thrift savings plan, IRA or Keogh account?			
Name of Household member	Company/Bank Name	Type of Account	Account Number

B. LIFE INSURANCE POLICIES		YES/NO
Do you or any household member(s) have Life Insurance Policies		
Name of Household member	Company Name	Value

C. PROPERTY		YES/NO
Does anyone in your household own or have an interest in commercial or residential real estate or mobile home?		
Has anyone in your household sold any real estate in the last 2 years?		
Name of Household member	Type of Asset	Value



D. LUMP SUM INCOME				YES/NO
Did you or any member of your household receive a large sum of money from any source within the last 12 months?				
Name of Household member	Amount	Date	Type of Income	

SECTION IV – VEHICLES AND CREDIT CARDS

Please answer each question below. If you answer “YES” please fill out information below for the family member(s).

A. VEHICLES BEING USED BY YOUR HOUSEHOLD				YES/NO
Do you or any household member have a vehicle(s) registered to him/her?				
Do you or any household member(s) have use of any vehicle(s) that is not registered to him/her?				
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Monthly Payment

B. CREDIT CARD AND LOAN				YES/NO
If you need additional space to answer the question, you may use another sheet of paper and attach it to this form.				
Do you or any household member have a Visa, Master Card, Discover, or American Express?				
Do you or any household member(s) have department store, furniture store, or jewelry store accounts?				
Do you or any household member(s) have credit union loans, bank loans, or personal loans?				
Name of household member	Creditor/Bank Name	Account balance	Delinquent or in collections?	Monthly payment



SECTION V – EXPENSES

Please answer each question below. If you answer “YES” please fill out information below for the family member(s) with that expense(s).

A. CHILD CARE EXPENSES				YES/NO
Do you pay childcare for a child 12 and under to go to work or to school?				
Do you pay for care equipment for a household member with a disability for you to go to work?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of child or disabled member	Monthly Child care	Child care providers name	Name of Agency if paid by an agency	

B. MEDICAL EXPENSES	YES/NO
Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months?	
If yes, how much \$	

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write NO or NONE. Do not leave any spaces blank 					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$

TOTAL MONTHLY EXPENSES

\$



SECTION VI – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that family member(s).

A. HOUSEHOLD INFORMATION	YES/NO
1) Is there a family member(s): with a disability that started a new job or got a raise in the last 12 months?	
If yes, please explain:	
2) Is any household member temporarily absent from the home? Away at school or military service, etc	
3) Has any household member been out of the subsidized unit or county for more than 30 consecutive days in the past 12 months	
4) Does any Household member have any minor children that do not live in the home?	
If yes, please explain:	
5) Are you or anyone in your household currently or ever been on parole or probation ?	
6.) Have you or anyone in your household ever been cited, arrested, charged or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If yes, list in detail, regardless of date of offense:	
7) Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name of registrant and complete address where currently registered:	
8) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or issued by the Social Security Administration?	
If yes, please give name(s) and/or Social Security number(s):	
9) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing or been required to repay money for misrepresenting information on such program?	
If yes, list date and all details:	
10) Does anyone residing outside of your household receive mail at your residence or claim it as their legal residence on ANY legal document (driver’s license, vehicle registration, tax forms, school, etc.)?	
If yes, list name of person(s) and actual address where they reside.	
11) Is anyone in your household a person with disabilities that requires a specific accommodation in order to fully utilize our programs and services?	
If yes, list name of person(s) and the accommodation requested.	



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
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Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
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Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
---	------	---	------

Housing Authority Representative	Date
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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



REGISTRY CHECK FORM



FULL NAME

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Date



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
Landlord Name/Address/Phone#:		
Previous street address:		
City:	State:	ZIP Code:
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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 additional information, please request additional sheet(s). Failure to provide complete and accurate information above may result in a delay in processing your application.



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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
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:
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Landlord Name/Address/Phone#:		

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