



900 Elizabeth Miller Gardens  
Staunton, VA 24401

Phone: 540-886-3413  
Fax: 540-885-5414

## APPLICATION FOR SUBSIDIZED HOUSING

The SRHA runs three separate programs that provide subsidized housing. Please review the three options below and clearly mark which programs you are applying for. You may apply for all programs.

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### HOUSING CHOICE VOUCHER (HCV) PROGRAM

This program is commonly referred to as "Section 8." If qualified, the applicant will be issued a voucher which they can use to find housing in Staunton City or Augusta County.

### MULTIFAMILY APARTMENTS PROGRAM

This program maintains the apartments at Elizabeth Miller Gardens and Farrier Court, both in Staunton. Checking this box will place you on the waiting list for both complexes. We are unable to determine which complex qualified applicants will be placed in. We have 1-bedroom units up to 5-bedroom units.

### PROJECT BASED VOUCHER (PBV) PROGRAM

This program is similar to both the HCV and Multifamily programs. The SRHA works with the landlords of certain apartment complexes in our jurisdiction and offers vouchers for these specific units. It is important to note that this program currently only offers 2- and 3-bedroom units.

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## IMPORTANT INFORMATION

### FOR ALL APPLICANTS

- Please fill out every section of this application **completely**. If a piece of information does not apply, you may write N/A.
- You **must** provide a mailing address for your application to be processed. We send correspondence via mail, and you may be removed from the waiting list(s) if you do not respond to this correspondence.
- You **must** report any changes in address to our office within **10 business days**.

### FOR HCV PROGRAM APPLICANTS

- In order to qualify for portability, you **must** have lived in our jurisdiction (Staunton City or Augusta County) for the 12 months **prior** to being issued a voucher.
- The only rental references you need to supply are subsidized housing.

### FOR MULTIFAMILY APPLICANTS

- You must provide as many complete rental references as possible, including any property you rented at market rate (not subsidized or income-based).



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Applicant Name \_\_\_\_\_ Applicant SSN \_\_\_\_\_  
 Current Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Driver's License/ID card number \_\_\_\_\_

**Accessibility Features Requested**     Vision     Hearing     Wheelchair     Physical (1<sup>st</sup> 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 Housing Authority \_\_\_\_\_  
 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	Disabled? 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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Gross Income Per: \$ \_\_\_\_\_/Week \$ \_\_\_\_\_/Month City, State, Zip \_\_\_\_\_  
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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**  
See front page for details

<b>Applicant Information</b>		
<b>CURRENT</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

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<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment/rent: \$	From: to
Landlord Name/Address/Phone#:		

<b>Previous</b> street address:		
City:	State:	ZIP Code:
Owned Rented (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 **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? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Who? When? For what? \_\_\_\_\_

Has anyone in your household ever been **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.

<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.

\_\_\_\_\_  
**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.

## 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.**

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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
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Housing Authority Representative	Date
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**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](http://www.hud.gov/fairhousing)

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

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**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](http://www.hud.gov/fairhousing)

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