



**Application for Section 8
Housing Choice Voucher**

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.****

****In order to qualify for PORTABILITY, you must have lived in SRHA's jurisdiction (Staunton and Augusta County) for the 12 months prior to being issued a voucher.****

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 _____

Have you previously lived in subsidized housing? YES ____ NO ____

Previous HA Name _____

Address _____ **City, State, Zip** _____

Lived there from _____ **to** _____

Family Household Composition - Please list ALL people that will be living in your home including yourself.

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	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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\$ _____/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.

Section 8 Subsidized Rental References Only

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



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)

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