



County of Albemarle Office of Housing

HOUSING CHOICE VOUCHER PROJECT BASED HOUSING RENTAL ASSISTANCE PRE-APPLICATION

Please complete the application thoroughly. Incomplete applications will not be accepted and will be returned.

Please include my application on the following waiting lists for which I may qualify:

- The Crossings (Single Person Household and Homeless*):
- Scottsville School (55 yrs or older/Disabled):

PREFERENCE CERTIFICATION

I/We certify that I/We qualify for the County of Albemarle's Office of Housing Preference for the Housing Choice Voucher Program by virtue of:

Living in Albemarle County? Working in Albemarle County, including the University of Virginia?

Employer: _____ Employer Address _____

HOUSEHOLD INFORMATION

LAST NAME	FIRST NAME	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	/ /
PHYSICAL ADDRESS		
MAILING ADDRESS		
TELEPHONE NUMBER	EMAIL	

Please list all persons, including yourself, that will be residing within the household:

Legal Name	Gender	Relationship	SS# or Alien Reg #	Birth Date	Employment & Location	Monthly Income

Please Answer the Following Questions

Have you ever applied for assistance with the Albemarle County Office of Housing? With another agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what was the name of the agency and when did you apply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received rental assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what was the agency and when did you apply?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you owe money to any rental assistance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what is the name of the agency providing assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or anyone in your household been evicted or barred from public or assisted housing for drug related activity within the past 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, has that person successfully completed an approved, supervised drug rehabilitation program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or anyone in your household ever been convicted of drug-related criminal activity within the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or anyone in your household subject to lifetime registration as a sex offender?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or anyone in your household ever been convicted of engaging in violent criminal activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This Section is VOLUNTARY and has NO Bearing on Housing Assistance Eligibility.

Hispanic/Latino <input type="checkbox"/>	Not Hispanic/ Not Latino <input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>
Asian <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>		

I/We do hereby swear the information provided is accurate and truthful. I/We understand that any fraudulent information provided may be cause for removal from the waiting list and consideration for rental housing assistance. I/We understand that I/We must inform the County of Albemarle Office of Housing of any changes in the information provided.

Signature: _____ Date: _____

Please mail completed applications to:
 County of Albemarle Office of Housing
 1600 5th St, Suite B
 Charlottesville, VA 22902

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.

HOMELESS DEFINITION
Albemarle County's Rental Assistance Programs

For rental assistance programs administered by the Albemarle County Office of Housing (ACOH) the following definitions for "homeless" will be used in considering any preferences related to admission into the Housing Choice Voucher Program including Project-based Vouchers.

An individual or family who *lacks a fixed, regular, and adequate nighttime residence*, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; *or*
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); *or*
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Any individual or family who:

- i. Is *fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking,* or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; *and*
- ii. Has no other residence; *and*
- iii. Lacks the resources or support networks, e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing

