

Dear Applicant,

Thank you for your interest in Public Housing through Chesapeake Redevelopment and Housing Authority. You will be placed on the waiting list based on the information you provide in the attached Application. The selection process is based on local preferences, therefore there may be other applicants ahead of you on the waitlist. Once you have completed the application you may either mail or drop off your application to:

CRHA
1468 South Military Highway
Chesapeake, VA 23320
Attn: Occupancy Department

Applications will be accepted Monday through Friday from 9am to 4pm beginning October 16, 2006 until January 19, 2007. Incomplete applications and applications with a postmark date after January 19, 2007 will **NOT** be processed.

The waiting list **will close** on **January 19, 2007 at 4:00 p.m.**

What are the income limits for Public Housing?

HUD sets the lower income limits at 80% and very low income limits at 50% of the median income for the area in which you choose to live. Income limits vary from one PHA Jurisdiction to another, so you may be eligible at one and not the other. In order to qualify for assistance your annual income may not exceed the limit set for the number of persons in your family composition. (For example: If there are 3 persons in your family composition your annual income may not exceed \$43,450.)

| # Persons | Income Limit | # Persons | Income Limit |
|-----------|--------------|-----------|--------------|
| 1 | \$33,800 | 5 | \$52,100 |
| 2 | \$38,600 | 6 | \$55,950 |
| 3 | \$43,450 | 7 | \$59,850 |
| 4 | \$48,250 | 8 | \$63,700 |

What is Flat Rate Rent?

Each year, the PHA must give families the choice of paying either income-based rent or flat rent. The amount of the flat rent is based on market value or, what a private owner would charge for rent if the unit wasn't subsidized. Flat rent benefits families with increasing income who would otherwise face constantly increasing rent.

| Monthly Flat Rate Rent Table | | | | | |
|------------------------------|----------------|-------|-------|-------|-------|
| Development Property | Apartment Size | | | | |
| | 1-BR | 2-BR | 3-BR | 4-BR | 5-BR |
| Broadlawn Park | \$489 | \$549 | \$649 | \$709 | \$793 |
| Macdonald Manor | \$489 | \$549 | \$649 | | |
| Owen's Village | | \$549 | \$649 | | |
| Peaceful Village | | | \$680 | \$744 | |
| Schooner Cove | | | \$649 | | |

What are local preferences?

- Residents who live and/or work in the Jurisdiction of Chesapeake
- Involuntary displaced (Disaster, Government Action, Action of Housing Owner, Inaccessibility, or Property Disposition)
- Victim of Domestic Violence
- Victim of Reprisals or Hate Crimes
- Working families and those unable to work because of age or disability
- Those currently enrolled in educational, training, or upward mobility programs

Thank you for your interest and we look forward to having you on our Program!

Chesapeake Redevelopment & Housing Authority Occupancy Department
 1468 S. Military Highway Phone: (757) 233-6410
 Chesapeake, VA 23320 Fax: (757) 523-1601
 (757) 523-0401 TDD: (757) 523-1316

Date/Time: _____
 Client #: _____
 Bedroom Size: _____
 Received by: _____

Application for Public Housing Assistance

If you need assistance filling out this form, please contact our office at (757) 233-6410 or 233-6416

Print information in ink ONLY

| | | |
|------------------------|-------------------------|--------------------------------|
| Last Name of Applicant | First Name of Applicant | Social Security # of Applicant |
| Home Address: | | Mailing Address (If different) |
| Home Telephone: () | | Work/Cell Telephone:() |

Family Information: First list applicant, spouse, and all children (who will live with you) in order of age, starting with the oldest, then list all others who will live with you.

| Last | First | MI | Social Security # | Relationship | Sex | Race & Ethnicity | Birth Date | Disabled Yes/No | Student Yes/No | Place of Birth |
|------|-------|----|-------------------|-------------------|-----|------------------|------------|-----------------|----------------|----------------|
| 1. | | | | Head of Household | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |

Have you or any other adult family member listed on this application ever lived in CRHA Public Housing and /or received Section 8 Housing Assistance? Yes No If yes, Name of Property: _____

IF YOU ARE A FORMER RESIDENT OF CRHA PUBLIC HOUSING OR HOUSING CHOICE VOUCHER PROGRAM AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.

If you are requesting a reasonable accommodation, complete the questions below:

Do you or any member of your household need an accessible unit because of disability, mobility impairment, or special feature(s) due to a disability? (Ex: wheelchair or difficulty walking) Yes No

TENANCY INFORMATION

Do you owe money to CRHA or any other federally subsidized housing program? Yes No
 Details: _____

Has any household member been evicted from federally subsidized housing? Yes No
 Details: _____

Has any household member been evicted for drug-related criminal activity; disturbing neighbors or property destruction? If yes, please explain: _____ Yes No

Has any household member abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation? Yes No

Details: _____
 Has any household member ever been arrested or charged with any felony or misdemeanor? Yes No

Details: _____
 Is any household member required to register on any state sex offender list? Yes No

Please list the highest grade completed in High School: _____

Are you currently attending College? Yes No If yes, list school: _____

Have you graduated? Yes No If yes, what year: _____

Do you have a GED Certificate? Yes No If yes, list year certificate received: _____

INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

| Family Member Name | Type of Income (Employment, SSI, Social Security, Public Assistance, etc.) | Amount Received Per Month |
|--------------------|--|---------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

LOCAL PREFERENCES

You **MUST** provide documentation for any preference(s) you claim.

Check all that apply

1. **Residents who live and/or work in the Jurisdiction (City of Chesapeake) (75 points)** Yes No
2. **Involuntary displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) (50 Points)** Yes No
3. **Victim of Domestic Violence (50 points)** Yes No
4. **Victim of Reprisals or Hate Crimes (50 points)** Yes No
5. **Working families and those unable to work because of age or disability (20 points)** Yes No
Definition: Applicant families whose head of household, or spouse is employed or has a bona fide offer for employment, (this preference will not be based on the amount of earned income and the PHA may not prefer higher income families over families with lower incomes to occupy a development or unit except to the extent that the PHA has identified the need to implement economic deconcentration and income targeting). Families whose head of household or spouse is at least sixty-two (62) years of age or disabled automatically receive the maximum level of local preference.
6. **Those currently enrolled in educational, training, or upward mobility programs (15 points)** Yes No
Definition: Graduate of, or participant in job training programs, which have prepared the head of household, spouse or other adult member(s) to enter the job market. Documentation of the completion of Job training program will be required.

A statewide criminal and credit check will be run on all household members over age 17. All information provided on this application and at the interview is subject to verification. **All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.**

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 10 days of such changes for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

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 OF AGENCY OF THE UNITED STATES.
 If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-8000-669-9777.

CRHA Fair Housing and Equal Opportunity Statement

It is the policy of Chesapeake Redevelopment & Housing Authority (CRHA) to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. CRHA does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.