

**Chesapeake Redevelopment & Housing Authority
Housing Choice Voucher Department**

1468 South Military Highway, Chesapeake, Virginia 23320

Voice: 757-523-0401 Fax: 757-523-1601 (For Hearing Impaired) VA Relay 7.1.1.

www.crhava.org



DATE/TIME: _____
CLIENT #: _____
BEDROOM SIZE: _____
RECEIVED BY: _____

PROJECT BASED VOUCHER APPLICATION

If you need assistance filling out this form, please contact our office at 757-523-0401.

Print information in blue or black ink ONLY:

Last Name				First Name			MI	Social Security #		
Mailing Address		City	ST	Zip	E-mail Address					
Home Telephone ()				Work/Cell Telephone ()						
Family Information: First list applicant than spouse, co-head, or other Adult, and all children that will live with you.										
Last	First	MI	Social Security #	Relationship	Sex	Birth Date	Disabled Yes/NO	Student Yes/No	Place of Birth	
				HOH			Y/N	Y/N		
							Y/N	Y/N		

Ethnicity (Please Check One): Hispanic or Latino Not Hispanic or Latino

Race (for statistical purposes only). (Please Check Any that Apply)

- White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Other

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

TENANCY INFORMATION

- Does anyone in the household require any type of accommodation to fully utilize our program and services? Yes No If yes, who? _____ What type of accommodation is needed?

- Are you Homeless? Yes No
- Are you a Veteran? Yes No
- Does any household member owe money to CRHA or any other federally subsidized housing programs?
 Yes No If yes, please explain: _____
- Have you, or any other member in your household ever committed fraud in a Federal Assisted Housing Program, or been requested to repay money related to Federal Housing? Yes No If yes, Date of Occurrence: _____
- Has any household member been evicted from federally subsidized housing? Yes No If yes, please explain: _____
- Has any household member been evicted for drug-related criminal activity; disturbing neighbors; or property destruction? Yes No If yes, please explain: _____
- Has any household member ever been evicted for the production or manufacturing of methamphetamines on the premises of federally assisted housing? Yes No If yes, please explain: _____
- Has any household member been charged/convicted with a felony or misdemeanor? Yes No If yes, please explain: _____
- Is any household member required to register on any state Sex Offender List/Registry? Yes No _____

ASSETS OF THE HOUSEHOLD

List all assets for all household members (checking, savings, COD's, stocks, bonds, life insurance polies, etc.)

Family Member Name	Bank Name	Account Type	Account #	Balance

INCOME AVAILABLE TO HOUSEHOLD

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

Family Member Name	Type of Income (Employment, SSI, Social Security, Public Assistance, etc.)	Amount Received Per Month

Chesapeake Redevelopment & Housing Authority-PBV Initial Application



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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Involuntary displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property disposition) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Victim of domestic violence | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Victim of reprisals or hate crimes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Working families and those unable to work because of age or disability
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 deconcentrating 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Those currently enrolled in educational, training, or upward mobility programs
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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Involuntary displacement due to public housing disposition, demolition, renovation, or substantial modernization within the City of Chesapeake. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A statewide criminal 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 to be considered for housing.**

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.

I hereby authorize Chesapeake Redevelopment & Housing Authority to obtain information it deems desirable in the processing of my application, including civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. I release Chesapeake Redevelopment & Housing Authority, and its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

By my signature below, I do hereby swear and attest that all information on this application is true and correct to the best of my knowledge. I understand that I must report any changes in income, assets, family composition, address, or phone number to CRHA within ten (10) days of such changes for my application to remain valid. I also understand that these changes may affect my position on the waitlist. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household

Date

Signature of Spouse, Co-Head, or Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATED THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Chesapeake Redevelopment & Housing Authority does not discriminate against any persons on the basis of race, color, sex, religion, national origin, age, familiar status, or disability. If you believe you have been discriminated against, you may call the fair housing and Equal Opportunity national toll free hot line 1-800-424-8590

