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 www.suffolkrha.org

**Suffolk Redevelopment and Housing Authority (SRHA)  
 HERON'S LANDING PROJECT BASED VOUCHER APPLICATION**

**(Please Print)**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
 (Street Name or PO Box Number)

\_\_\_\_\_  
 (City) (State) (Zip Code)

Home Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
 MM/DD/YYYY

**HUD Household Type (Please Check One)**

- Disabled  Elderly  Family  Single

**Accessible Unit Requirements (Please Check ALL that Apply)**

- Hearing Impaired Requirements  Vision Impaired Requirements  Wheelchair Impaired Requirement  
 No Special Requirements

Are you currently a resident of the City of Suffolk?  Yes  No

**Ethnicity (Please Check One)**

- Hispanic or Latino  Not Hispanic or Latino

**Race For statistical purposes only. (Please Check One)**

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

**Please list the name of person(s) that will be living with you. Please choose from the \*Citizenship Types:  
 Eligible Citizen, Eligible Non Citizen, Ineligible Non Citizen, Pending Verification, Unknown /Unverified**

Name	Race	Social Security Number	Relationship	Age	Sex	Date of Birth	Disabled Yes or No	Citizenship
First Last (Example)	Other (Example)	XXX-XX-XXXX (Example)	Son (Example)	18 (Ex)	M (Ex)	MM/DD/YYYY (Example)	No (Example)	Eligible Citizen (Example)
			Head of Household					

**Please list income of you and person(s) that will be living with you. (Monetary or Non-Monetary) Please choose from the listing \*income types: Employment, Child Support, Medical Reimbursement, Federal Wage, General Assistance, Military Pay, Other Non Wage, Pension, SSI, Social Security, TANF.**

Name of Family Member with Income	Type of Income	Monthly Income	Name and Address of Income Source
(First) _____ (Last) _____		\$ _____	Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code)
(First) _____ (Last) _____		\$ _____	Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code)
(First) _____ (Last) _____		\$ _____	Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code)
(First) _____ (Last) _____		\$ _____	Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code)

**Preference Categories**

(Please check the statement(s) below that best describes your current housing situation. This will affect your position on the waiting list and must be verified.)

1. Are you expecting a Child?  Yes  No If yes, what is your estimated due date? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Why are you in need of Housing? (Please Check One)

- Domestic Violence (Displaced)
- Fire (Displaced)
- Government Action (Displaced)
- Hate Crimes (Displaced)
- Homeless
- Housing Owner (Displaced)
- Inaccessibility (Displaced)
- Overcrowded
- Rent too High
- Reprisals (Displaced)
- Substandard
- Other \_\_\_\_\_

3. Is your current Housing in poor condition or overcrowded?

Yes  No

4. Did you graduate from high school?

Yes  No

5. Did your spouse graduate from high school?

Yes  No

6. Has any family member(s) 18 or older GRADUATED from college/job training?

Yes  No

7. If yes, did you or any of your family member(s) graduate from college/job training in SUFFOLK?

Yes  No

8. Is any family member 18 or older currently ENROLLED in college/job training?

Yes  No

9. If yes, are they enrolled in SUFFOLK?

Yes  No

10. Is the employed person the Head of Household or Spouse?

Yes  No

11. Is the place of employment in SUFFOLK?

Yes  No

12. If employed, what is the age of the employed applicant?

\_\_\_\_\_

13. How much MONTHLY rent do you pay?

\$ \_\_\_\_\_

14. What is your average MONTHLY average for utilities?

\$ \_\_\_\_\_

15. Is the Head of Household or Spouse Disabled?

Yes  No

16. Is the Head of Household or Spouse Elderly?

Yes  No

17. Is the Head of Household or Spouse a Veteran?

Yes  No

**Criminal History**

1. Have you ever been convicted of a felony or misdemeanor?  Yes  No  
 If yes, Date \_\_\_/\_\_\_/\_\_\_ Place (state) \_\_\_\_\_
2. Has any member (s) of your household ever been convicted of a felony or a misdemeanor?  Yes  No  
 If yes, Who \_\_\_\_\_ Relationship \_\_\_\_\_ Place (state) \_\_\_\_\_  
 Who \_\_\_\_\_ Relationship \_\_\_\_\_ Place (state) \_\_\_\_\_  
 Who \_\_\_\_\_ Relationship \_\_\_\_\_ Place (state) \_\_\_\_\_
3. Have you, as Head of Household, or any anyone 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, explain \_\_\_\_\_
4. Have you or any of your household member(s) been evicted for a drug-related criminal activity; disturbing neighbors or property destruction?  Yes  No  
 If yes, explain \_\_\_\_\_
5. Have you or any of your household member(s) abused the use of alcohol within the last three years resulting in an alcohol related arrest or traffic violation?  Yes  No  
 If yes, explain \_\_\_\_\_
6. Do you owe money to SRHA or any federally subsidize housing programs?  Yes  No  
 If yes, explain \_\_\_\_\_
7. Are you or any of your household member(s) required to register on any state Sex Offender List?  Yes  No

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

I certify that all information I have provided in this application is complete and true to the best of my knowledge. I understand that I must report any changes in income, assets, family composition, address, or phone numbers to SRHA within ten (10) days of such changes on Tuesdays between 9:00 AM – 12:00 PM 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



**EQUAL HOUSING OPPORTUNITY** Suffolk Redevelopment and Housing Authority does not discriminate against any persons on the basis of race, color, sex, religion, national origin, age familiar status, or handicap. 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