



OFFICE USE ONLY

Application # _____

Time received: _____

Received by: _____

SUFFOLK REDEVELOPMENT AND HOUSING AUTHORITY

PUBLIC HOUSING

Affordable Housing Application

530 E Pinner Street

Suffolk, Virginia 23434

Office :(757)539-2100

Name _____
(First) (Middle) (Last)

Mailing Address _____
(Street Name or PO Box)

(City) (State) (Zip Code)

Home Number (____) _____ - _____ Cell Number (____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____
MM DD YYYY

Ethnicity (Please Check One)

Hispanic or Latino Not Hispanic or Latino

Race For statistical purposes only (Please Check One)

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

HUD Household Type (Please Check ALL that Apply)

Disabled Elderly Family Single

Do you require a specific accommodation for a disability in order to fully utilize the program and our housing services? Yes No

What is your present address?

Street Address _____
Street City State Zip Code

Current Landlord's Name _____

Address _____

Street City State Zip Code

Telephone (____) _____

Previous address if less than 3 months

Street address

Street City State Zip Code

Previous Landlord Name and Address

If we are unable to reach you, whom could we contact locally

Name _____ Telephone Number () _____

Address _____

Please list the name of person (s) that will be living with you. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No	Legal Name	Sex (M/F)	Relationship to Head	Citizen Y/N	SSAN	DOB	Disabled Y/N
1							
2							
3							
4							
5							
6							

Is a change in the household composition expected? Yes No

If yes, what type? _____ When? _____

Income Information: Child Support, SSI, Disability, Social Security, Wages, Pension etc.

Name of Family Member	Type of Income	Monthly Income	Yearly Income	Name and Address

Does anyone outside of your household pay any of your bills or expenses? Yes No

(Asset Information: Land, Property, etc.)

Family Member	Asset Description	Market Value	Cash	Interest Rate

(Banking Information)

Family Member	Name of Bank	Type of Account	Joint/Individual	Balance

Child Care Provider Name: _____

Address: _____

City

State

Zip Code

Telephone: () _____ - _____

Program Integrity Information:

Have you ever lived in any type of assisted housing before?

Yes No

If yes, When? _____ Where? _____

Under What Name? _____ Who was Head of Household? _____

Do you owe any money to a Public Housing Agency?

Yes No

If yes, Which PHA? _____

Have you ever violated a family obligation in a HUD-assisted housing program?

Yes No

If yes, Which PHA? _____

Have you ever been evicted from public or assisted housing for a violent crime or drug related activity, disturbing neighbors or property damage?

Yes No

If yes, What is it? _____

Have you ever been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your residence?

Yes No

If yes, Why? _____

Have you ever used a name other than the one you are using now?

Yes No

If yes, What Name _____

Have you ever used a Social Security Number other than the one you listed above?

Yes No

If yes, What is it? _____

Have you or anyone in your household ever been arrested or convicted for the use, sale, manufacture or distribution of a controlled substance?

Yes No If yes, Who? _____

Date: _____ Charge: _____ Where: _____

Have you or anyone in your household ever been convicted of a felony or misdemeanor?

Yes No If yes, Who? _____

Date: _____ Charge: _____ Where: _____

Do you or anyone in your household currently use a controlled or illegal drug?

Yes No

If yes, Explain: _____

Are you or anyone in your household required to register on any Sex Offender List?

Yes No

If yes, Explain: _____

Failure to answer the above question may jeopardize your admission to Public Housing

Do you claim any of the Following Preferences?

Local Preference #1: 10 Points

Residency Preference: For families who live or work or have been hired to work in the jurisdiction of Suffolk Redevelopment and Housing Authority (SRHA). *Families who are unable to work due to age or disability automatically qualify for this preference.*

- Yes No

Or

Disabled Preference: This preference is extended to disabled persons or families with a disabled member.

- Yes No

Local Preference #2: 7 Points

Working Income Preference: Families with at least one adult who is employed and has been employed for twelve (12) months or longer.

- Yes No

Or

This preference is extended to elderly families whose Head or Spouse is receiving income based on their ability to work

- Yes No

Local Preference #3: 5 Points

Additional Working Preference: Families with at least one member who is employed and has been employed for less than twelve (12) months.

- Yes No

Local Preference #4: 5 Points

Families with two (2) employed incomes.

- Yes No

Local Preference #5: 7 Points

Families who live in substandard housing and that has been declared unfit for habitation by a government agency.

- Yes No

Displacement by natural disaster, governmental action, domestic violence: 10 Points

- Yes No

Domestic Violence Displacement # 6 10Points

- Yes No

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pymt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other

Work History: Last place of employment for ALL adult household

Family Member	From (year)	To (year)	Employer Name & Address

AUTHORIZATION, REPRESENTATIONS AND CERTIFICATIONS

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. I further understand that **false** statements or information are ground for denial of this application.

Signature of Head of Household

___/___/___
Date

Signature of Spouse /Co-head

___/___/___
Date

Signature of Other Adult

___/___/___
Date

PHA Representative _____ **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, marital 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**