

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 (Example)	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 to 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 subsidized housing programs? Yes
 No 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**