



Albemarle County Office of Housing
Preliminary Application for Housing
Assistance

Please print neatly in ink. All fields are required to be completed. Incomplete applications will not be accepted and will be returned.

Please indicate which program(s) you are applying for:

Scottsville Apartments – 1 Bedroom (Must be at least 55 yrs old) _____

Treesdale Apartments 3 Bedroom (Households of 5-6 members ONLY)

Name of Head of Household: _____
Last First

Current Address: _____ City, State, Zip Code _____

Mailing Address: _____ City, State, Zip Code _____

Phone number where you can be reached: _____

Email: _____

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic or Latino ethnicity. Please select as many as appropriate. Your answers will not affect your application.

Is the Head of Household (select as many as appropriate)

Caucasian/White African American/Black Asian/Pacific Islander

Native American/Alaskan Native

Is the Head of Household (check only one)

Hispanic Non-Hispanic

Marital Status

Single Married Separated Divorced Widowed

Beginning with you, list ALL persons who will live in the unit, including foster children, live-on aides (if needed for the care of a family member). Each box must be completed for each family member.

	First & Last Name	Date of Birth	Sex	Social Security Number or Alternate ID Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
H					SELF		
2							
3							
4							
5							
6							

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, veteran benefits, pensions, social security, SSI, TANF, child support, unemployment, workers compensation, business or any other source. Include payments made to family members 18 or older on behalf of other family member under the age of 18.

Family Member Name	Income Source/Name & Address of Employer	Average Gross Income	How Often	
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Yearly

Have you or anyone in your household ever received housing assistance through Public Housing or through Section 8 Housing Choice Voucher Program before? Yes No

If yes, please list the name of the head of household and the name and address of the Housing Authority

Do you or anyone in your household owe money to any Housing Authority? Yes No

Are you or anyone in your household subject to lifetime registration as a sex offender?
 Yes No

If yes, please list the person(s) name _____

I/We do hereby swear the information provided is accurate and truthful. I/We understand that any fraudulent information provided may be cause for removal from the waiting list and consideration for rental assistance. I/We understand that I/We must inform the County of Albemarle Office of Housing, in writing, of any changes in the information provided. I/We understand that all notifications are through the mail. If I/We do not respond or the mail cannot be delivered to the address given, my application will be deleted from the waiting list.

Applicant's Signature

Date

Co-Applicant's Signature

Date

***Warning: 18 U.S.C 1001 provides among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.*

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.



Please return completed application to:

County of Albemarle Office of Housing
1600 5th Street Suite B
Charlottesville, VA 22902

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.