



Public and Elderly Housing Preliminary Application
918 Chamberlayne Parkway
Richmond, VA 23220

Phone: (804) 780-4908

Relay: 211

FAX: (804) 643-3960

Please print neatly in ink. All fields are required. Incomplete applications will not be accepted. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

Which Housing Program (s) are you applying for? <input type="checkbox"/> Public Housing <input type="checkbox"/> Elderly Housing (55 years or older)

Name	Last	First	MI
Street Address	City	State	Zip
Telephone #:		Cell #:	
Are you 18 Years Old or Emancipated? <input type="checkbox"/> Yes <input type="checkbox"/> No			

	Name	SSN	Student Y/N	Relations To Head Of Household	Birth Date	U. S. Citizen Y/N
Head						
2						
3						
4						
5						
6						

	Birth Place	Gender		Ethnicity		Race					Handicap/ Disabled		Pregnant	
		M	F	1	2	1	2	3	4	5	Y	N	Y	N
Head														
2														
3														
4														
5														
6														

** Please provide proof of pregnancy documentation from your physician*

Race Code	Ethnicity 1= Hispanic 2= Non-Hispanic
1 = Black/African American 2 = White 3 = American Indian/Alaska Native 4 = Asian 5 = Other	

Have you ever lived in Public Housing? Yes No If so, which AMP? _____
 Are you currently receiving or have you ever received Section 8 Assistance? Yes No
 Do you have court ordered final physical custody of all minors listed on your application?
 Yes No Not applicable

Do you require any modifications in order to fully utilize the unit or the program and its services?
 Handicap Accessible Unit? Y N Wheelchair? Y N Service Animal? Y N
 Vision Impaired? Y N Other ? Y N. If you answered Yes to any of the above please
 provide a certification statement from your doctor so we can better serve you.

INCOME

Family Member Name	Source of Income Name of Company or Agency	Income Type (WAGES, TANF, Child Support, Unemployment, SS, SSI, Pension, etc.)	Rate Frequency

PROGRAM INTEGRITY

Adult Member Name	Are you or any household member currently on Parole/Probation? Y/N	Are you or any household member subject to a lifetime sex offender registration requirement in any state? Y/N	Have you or any household member ever been charged or convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project Y/N

APPLICANT RESIDENTIAL HISTORY

Adult Member Name	Have you or any household member resided in another state Y/N	List all states where in which you or any household member has resided

PROGRAM PREFERENCES

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.

Involuntarily Displaced – You are losing your home.

(IMPORTANT: If you check one of these displaced preference statements, you must provide a certified referral from the list of approved agencies with this application.)

- Involuntary displaced or about to be involuntary displaced by government action, fire, natural disaster, domestic violence, to avoid reprisals, hate crimes.
- Involuntary displaced due to a real estate acquisition by RRHA.
- Involuntary displaced or about to be involuntary displaced due to a funding shortfall in the Housing Choice Voucher Program.
- Displaced due to non-compliance with the site-based residency requirement for continued occupancy of 30 hours a week employment obligation in RRHA's Private Management Programs.

Families certified and referred by Richmond Behavioral Health Authority and or Homeward to RRHA for public housing under the terms of the MOU, reside in a recognized partner shelter and meet all the requirement of the Shelter.

- Homelessness – Families residing in Family Shelters.

You are Working and Paying More than 50% of Income for Rent.

- Working families paying more than 50% of their income for rent.
- Working Individuals paying more than 50% of their income for rent.

You have been hired to work or have a written job offer in Richmond.

- You are now a resident of City of Richmond who has been hired to work or have a written job offer in Richmond.

You are NOT Working and Paying More than 50% of Income for Rent.

- Families who are paying more than 50% of their income for rent.
- Individuals paying more than 50% of their income for rent.

You are 62 years old and applying for designated elderly housing.

- Households in which the Head, Spouse or Sole member is at least 62 years old or older in public housing designated for occupancy only by elderly families.

You are a Veteran (must provide documentation of military records)

- Disabled Veterans Preference – families of disabled veterans whose disabilities have been determined by the United States Veterans Administration to be service-connected.
- Deceased Veterans Preference – families of deceased veterans and servicemen whose deaths have been determined by the United States Veterans Administration to be service-connected.
- Veterans Preference – families of all other veterans and who are not disabled or deceased

You are a City Resident.

- City Resident.
- None of the above.

CRIMINAL RECORD VERIFICATION

The Richmond Redevelopment and Housing Authority are obliged to verify certain information about all adult members of families applying for admission to our Public Housing Programs. Anyone 18 years of age or older must sign.

_____	_____	_____	_____
Head of Household	Date	Other Adult	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date

Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the U.S. or the Department of Housing and Urban Development.

By providing the requested information and signature(s) below, the adult members of the household consent to a complete criminal background check.

Full Name First, MI, Last Please Print	Male Or Female	Date of Birth	SSN	Current Street Address	Do you use any other Name/s? If yes, list all	Maiden Name (Females Only)

CERTIFICATION OF APPLICANT - Please read this statement very carefully by signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this preliminary application is true and accurate. I understand that:

- Any misrepresentation or false information will result in my application being withdrawn, denied or returned to the waiting list.
- This is a pre-application for public housing assistance through RRHA and is not an offer of housing.
- At the time I rise to the top of the waiting list, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and RRHA policy.
- My selected preference will affect my position on the waiting list and must be verified. Failure to qualify for selected preference may result in my application being withdrawn, denied or returned to the waiting list. Certification of selected preference must accompany all involuntary displaced applications.
- It is my responsibility to notify the **Tenant Selection Office** of any change of address and/or changes in the information reported on this application in writing and I understand that my application may be withdrawn if I fail to do so.
- My participation in the Public Housing Program is subject to my being eligible and in compliance with HUD and RRHA regulations.
- I hereby authorize Richmond 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 Richmond Redevelopment and Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for withdrawal, eviction or termination of assistance.

I DO HERBY CERIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE AND OUR SIGNATURES BELOW AUTHORIZES RICHMOND REDEVELOPMENT AND HOUSING AUTHORITY TO VERIFY ANY INFORMATION.

Head of Household Date

Co-Head of Household Date

Co-Head of Household Date

Co-Head of Household Date



The Richmond Redevelopment and Housing Authority complies with the Fair Housing Act and provides reasonable accommodations/modifications to person with disabilities.



Revised 8/20/2014