Norfolk Redevelopment and Housing Authority (NRHA)
AFFORDABLE HOUSING APPLICATION

(Please Print)

Name ___________________________________________       Social Security Number ______-_____-______
(First)                     (Middle)                     (Last)

Mailing Address __________________________________________________________________________

(City)                                           (State)                                 (Zip Code)

Home Number (______) _______- _______      Cell Number (______) _______- _______

Date of Birth ____/____/_____          Sex □ M □ F

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 Norfolk? □ 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Race</th>
<th>Social Security Number</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Disabled Yes or No</th>
<th>*Citizenship</th>
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<tbody>
<tr>
<td>First (Example)</td>
<td>Other (Example)</td>
<td>XXX-XX-XXXX (Example)</td>
<td>Son (Example)</td>
<td>18 (Ex)</td>
<td>M (Ex)</td>
<td>MM/DD/YYYY (Example)</td>
<td>No (Example)</td>
<td>Eligible Citizen (Example)</td>
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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.

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<tr>
<th>Name of Family Member with Income</th>
<th>*Type of Income</th>
<th>Monthly Income</th>
<th>Name and Address of Income Source</th>
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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 NORFOLK? ☐ 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 NORFOLK? ☐ Yes ☐ No

10. Is the employed person the Head of Household or Spouse? ☐ Yes ☐ No

11. Is the place of employment in NORFOLK? ☐ Yes ☐ No

12. If employed, what is the age of the employed applicant? ☐ Yes ☐ No

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 NRHA 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 Norfolk 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 Norfolk 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 NRHA within ten (10) days of such changes on Wednesdays or Fridays 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

Norfolk 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
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)

☐ Emergency ☐ Assist with Recertification Process
☐ Unable to contact you ☐ Change in lease terms
☐ Termination of rental assistance ☐ Change in house rules
☐ Eviction from unit ☐ Other: ______________________________
☐ 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.

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.

Form HUD- 92006 (05/09)
LOW INCOME PUBLIC HOUSING COMMUNITY SELECTION FORM

Applicant’s Full Name ________________________________

Applicant’s Social Security Number _______ - _____ - ______________

Applicant’s Current Address ________________________________

City __________________________ State _________ Zip Code __________

Please check up to three (3) box(s) for the Community of your choice:

□ Young Terrace (1-3br)          □ Grandy Village (1-4br)
□ Tidewater Garden (1-4br)       □ Calvert Square (1-4br)
□ Diggs Town (1-4br)             □ Grandy Revitalization (2& 3br, must be working 1 yr and 30hrs per wk)
□ Oakleaf Forrest (Pay Utilities, 1-7br)

MIDRISES (1&2 bedrooms Elderly/Disabled only)

□ Sykes Midrise          □ Franklin Arms
□ Hunter Square          □ Partrea Midrise
□ Bobbitt Midrise

Applicant’s Signature ______________________  Date ________________

Equal Housing Opportunity