



## **ALL APPLICATIONS MUST BE MAILED TO:**

Norfolk Redevelopment and Housing Authority  
Occupancy Department  
PO Box 968  
Norfolk, VA 23501

**HAND DELIVERED, FAXED, FEDERAL EXPRESS  
OR CERTIFIED MAILED APPLICATIONS  
WILL NOT BE ACCEPTED**

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### **WAIT LIST INFORMATION NUMBER**

(757) 314-2665

PLEASE ALLOW 90-120 DAYS  
FOR THE APPLICATION  
TO BE PROCESSED

**YOU MAY CALL TO CHECK YOUR STATUS AFTER THAT TIME.**





## **REPORTING APPLICATION CHANGES**

**I understand that I must report any changes in income, assets, family composition (dependents, disability), address, education, or phone numbers to NRHA within ten (10) days of such changes (once my application is on the Waiting List) on Wednesdays or Fridays between 9:00 AM – 12:00PM so I may meet my preference when I am drawn off the Waiting List.**

**I also understand that these changes may affect my position on the waitlist.**

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

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE





**Project Based Voucher Program Site Selection Form**  
**Please return this form with your application**

Applicant's Full Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please check the box for the community of your choice:**

- *NOTE: Select the community of your choice ONLY if you meet the Criteria/Bedroom size*

**Project Based Voucher Program**

- RAD – North Wellington (3-4br ONLY) Pay Utilities – (Applicant must be eligible for a 3 or 4 bedroom and employed 15 hours a week unless you are elderly or disabled).

**Single Room Occupancy (SRO) Program** - Single Individual ONLY (Studio Apartments) Applicants MUST be homeless (applicants residing with family members or friends will not be considered homeless)

- Herons Landing  South Bay  Crescent Square  Gosnold

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_





**LOW INCOME PUBLIC HOUSING  
COMMUNITY SELECTION FORM**

**Please return this form with your application**

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 LIPH Community of your choice –  
(MUST BE ELIGIBLE FOR 2 BEDROOMS OR MORE FOR LIPH & 2  
BEDROOMS FOR MIDRISES)**

**Low-Income Affordable Housing (LIPH) - 2 or more bedrooms ONLY**

- Young Terrace  Oakleaf Forrest (Pay Utilities)  
 Calvert Square

**MIDRISES (2 bedrooms for Elderly/Disable applicants ONLY )**

- Sykes Midrise  Hunter Square  
 Bobbitt Midrise  Partrea Midrise

Accessible Unit Required - Number of Bedrooms \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_





### Request for Reasonable Accommodations

Head of Household Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

- 1. The following member of my household has a disability as defined below:  
A physical or mental impairment that substantially limits one or more life activities; or has a record of having such an impairment; or is regarded as having such an impairment.

The household member that the request is being made for: \_\_\_\_\_  
 Relationship to the Head of Household \*: \_\_\_\_\_

- 2. As a result of this disability I am requesting the following reasonable accommodation:[**check one**]

A modification in my unit or another part of the community: Please specify  
 \_\_\_\_\_  
 \_\_\_\_\_

An exception in the following rule, policy or procedure (NOTE – that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.): Please specify  
 \_\_\_\_\_  
 \_\_\_\_\_

Other accommodation (Example: service animal, the way NRHA communicates with your household): Please specify:  
 \_\_\_\_\_  
 \_\_\_\_\_

- 3. This request for reasonable accommodations is necessary so that the household member listed in section one above can: Please specify

\_\_\_\_\_  
 \_\_\_\_\_

- 4. By signing below I authorize NRHA to verify that the person listed in section one above has a disability and has the need for the reasonable accommodation that I have requested. To verify this information NRHA may contact the doctor, medical professional, non-medical service agency whose function is to provide services to the disabled and is knowledgeable regarding the member listed in section one above.

Name: \_\_\_\_\_  
 Title of professional or expert: \_\_\_\_\_  
 Agency or Facility: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

I understand that the information obtained by NRHA will be kept completely confidential and will only be used to make a determination on the reasonable accommodation request for the household member listed in section one above. **I have reviewed and understand this Authorization. Falsifying information constitutes program fraud under 24 CFR § 982.55 (k) and may result in denial or termination of benefits.**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of member listed in section one if over 18 years old: \_\_\_\_\_

NRHA Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.



PO Box 968
Norfolk, Virginia 23501
(P) 757.624.8615 (F) 757.314.2112
www.nrha.us

Norfolk Redevelopment and Housing Authority (NRHA)
AFFORDABLE HOUSING APPLICATION (HCV/PH)

(Please Print)

Name (First) (Middle) (Last) Social Security Number

Mailing Address (Street Name or PO Box Number)

(City) (State) (Zip Code)

Home Number ( ) - Cell Number ( ) -

Date of Birth MM/DD/YYYY 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, to include, YOURSELF as Head of

Household. Please choose from the \*Citizenship Types: Eligible Citizen, Eligible Non Citizen, Ineligible Non Citizen, Pending Verification, Unknown/Unverified

Table with 9 columns: Name, Race, Social Security Number, Relationship, Age, Sex, Date of Birth, Disabled Yes or No, \*Citizenship. Includes example rows and a row for '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. If a question do not apply to you, please check "NO".

1. Is the Head of Household, Spouse or other adult (18 or older) employed?  
 Yes  No
  
2. Do you work a minimum of 15 hours per week?  
 Yes  No
  
3. Is the place of employment in **NORFOLK**?  
 Yes  No
  
4. Is the Head of Household or Spouse Disabled?  
 Yes  No
  
5. Is the Head of Household the primary caregiver for a disabled household member?  
 Yes  No
  
6. Is the Head of Household or Spouse Elderly?  
 Yes  No
  
7. Is the Head of Household or Spouse a Veteran with a Honorable or Other Than Honorable Discharge?  
 Yes  No



**Criminal History**

1. Have you, as Head of Household, or 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, date of occurrence?** \_\_\_\_\_

2. Do you owe money to NRHA or any federally subsidized housing programs?

Yes  No

**If yes, explain** \_\_\_\_\_

3. 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**