



PLEASE MAIL APPLICATIONS TO:

NRHA
ATTENTION: OCCUPANCY DEPT.
PO BOX 968
NORFOLK, VA 23501

Hand delivered, faxed or express mail will not be accepted.





NORFOLK REDEVELOPMENT AND HOUSING AUTHORITY

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.





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:

- | | |
|---|--|
| <input type="checkbox"/> Young Terrace (1-3br) | <input type="checkbox"/> Grandy Village (1-4br) |
| <input type="checkbox"/> Tidewater Garden (1-4br) | <input type="checkbox"/> Calvert Square (1-4 br) |
| <input type="checkbox"/> Diggs Town (1-4br) | <input type="checkbox"/> Grandy Revitalization (2 & 3 br) (must be working 1 yr & 30 hrs per wk) |
| <input type="checkbox"/> Oakleaf Forrest (Pay Utilities; 1-7br) | |

MIDRISES:

- | | |
|---|--|
| <input type="checkbox"/> Sykes Midrise | <input type="checkbox"/> Franklin Arms |
| <input type="checkbox"/> Huntersquare Midrise | <input type="checkbox"/> Partrea Midrise |
| <input type="checkbox"/> Bobbitt Midrise | |

Applicant's Signature _____ 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.

| | |
|--|---|
| 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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| 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.



Norfolk Redevelopment and Housing Authority Affordable Housing

What is Assisted Housing?

Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public Housing comes in all sizes and types, from scattered single family houses to high-rise apartment for elderly families.

Who is eligible?

Public Housing is limited to low-income families and individuals. Your eligibility will be based on 1) annual gross income, 2) whether you qualify as an elderly, a person with a disability or as a family, and 3) U.S. citizenship/immigration status. Your references will be checked to make sure you and your family will be good tenants.

Current and former residents of Public Housing or Housing Choice Voucher Program Participant who owe a balance will not be processed until the balance is paid in full. In addition, you must meet the eligibility criteria for our program

Your income will be determined by the income limits developed by the Department of Housing and Urban Development (HUD). **[Click here to see HUD income limits](#)**

How does the application process work?

The NRHA will collect the following information to determine your eligibility:

1. Names of all persons who would be living in the unit with you, their sex, date of birth, social security number, and their relationship to the head of household.
2. Your present address and telephone number
3. Family characteristics (e.g. veteran) and their circumstances that may qualify the tenant for tenant selection preferences, such living in overcrowded conditions, or being in a rent burden.

4. Names and addresses of your current landlord, and previous landlords to determine your suitability as a tenant.
5. An estimate of your family's anticipated income for the next twelve months.
6. Names and addresses of employers, banks and any other information the agency would need to verify your income and deductions, and to verify the household composition.
7. NRHA may also conduct a home visit in your home to see how you manage the upkeep of your current home.
8. NRHA will conduct a credit check and a criminal background check to determine your suitability.

You will need to provide any documentation needed, such as birth certificates, social security cards, verification of income, assets, and expenses for your household.

When will I be notified?

NRHA will provide written notification. If NRHA determines that you are eligible, your name will be put on the waiting list, unless the agency is able to assist you immediately. If you are determined ineligible, NRHA will notify you why, and give you an opportunity to request an informal hearing.

Are there any selection preferences?

Yes, giving preferences to specific groups of families enables NRHA to direct their limited housing resources to the families with the greatest housing needs.

[Click here to see NRHA Selection Preferences](#)

How is rent determined?

Your rent will be based on your family's anticipated gross annual income less deductions, if any. HUD regulations allow Housing Agencies (HA) to exclude from annual income the following allowances: \$480.00 for each dependent; \$400 for any elderly family or a person with disability, and some medical deductions for families where the head of household (or spouse) is an elderly person or a person with disabilities. All families are required to pay at least \$50.00 minimum rent.

Rent will be calculated based of the highest of the below formula:

- 1) 30% of monthly adjusted income (Gross Annual Income less deductions allowed by the regulations).
- 2) 10% of monthly income;
- 3) a \$50.00 minimum rent, set by NRHA at this time.

Will I have to sign a lease?

If you are offered a unit and accept it, you will have to sign a lease with NRHA. You must be able to obtain your leasing funds, which will include your first month's rent and security deposit. The lease must be signed by both parties.

What is the role of the NRHA?

NRHA is responsible for the management and operation of its local public housing programs. NRHA also operate other types of housing program.

1)On-going functions (a) Assure compliance with leases; (b) Set other charges, such as security deposit, extra consumption, and damages to unit; (c) Perform periodic reexamination of family's income at **least** once every 12 months; (d) Repair and renovate units; (e) Transfer families from one unit to another, in order to correct over/under crowding; (f) Terminate lease as necessary; and (g) maintain the development in a decent, safe and sanitary condition.

NRHA also provides other services, which include homeownership opportunities for qualified families, employment training opportunities and other special training.

How long can I stay in Public Housing?

In general, you may stay in Public Housing as long as you comply with the lease.

If, at your reexamination your family income is sufficient to obtain housing in the private market, the HA may recommend that you move to affordable housing in the private market. You will not be required to move unless there is affordable housing available for you on the private market.

FAIR HOUSING POLICY

The Norfolk Redevelopment and Housing Authority does not discriminate against any person on the basis of age, race, color, religion, sex, disability, national origin, familial status, or handicap. If you believe you have been discriminated against, you may all the Fair Housing and Equal Opportunity National toll free hot line at 1-800-424-8590.





HUD Section 8 and Public Housing FY 2011 Income Limits -- MEDIAN \$69,900

| | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person | 9 Person | 10 Person | 11 Person | 12 Person |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| 30% of Median | 14700 | 16800 | 18900 | 20950 | 22650 | 24350 | 26000 | 27700 | 29350 | 33500 | 38000 | 42650 |
| 40% | 19575 | 22350 | 25150 | 27950 | 30175 | 32425 | 34650 | 36900 | 39150 | 41100 | 43625 | 45850 |
| 50% Very Low Income | 24500 | 28000 | 31500 | 34950 | 37750 | 40550 | 43350 | 46150 | 48950 | 55900 | 63250 | 71100 |
| 60% | 29400 | 33600 | 37800 | 41940 | 45300 | 48660 | 52020 | 55380 | 58700 | 67050 | 75900 | 85300 |
| 80% Low-Income | 39150 | 44750 | 50350 | 55900 | 60400 | 64850 | 69350 | 73800 | 78250 | 89400 | 101150 | 113750 |
| 100% | 48950 | 55900 | 62900 | 69900 | 75500 | 81100 | 86700 | 92250 | 97850 | 103450 | 109000 | 114650 |

Percentages 70% 80% 90% 108% 116% 124% 132% 140% 148% 156% 164%

Base Line/4 Person
rounded to nearest 50
Add 8% to 8 Persons
to get > 8 Persons

40% rounded to nearest 25



Dear NRHA Applicant:

Effective July 1, 2010 the Norfolk Redevelopment and Housing Authority (NRHA) will change its policy on waiting list preferences and how applicants will be positioned on the waiting list.

NRHA's former preference and placement on the waiting list allowed applicants to be placed in both an earned and a need category, giving the applicant an opportunity to be drawn from either category based on their preference as well as the date and time of their application.

NRHA's new policy will consist of a wait list with one category of preferences (listed in order of highest to lowest preference):

- 1 – Working/Displaced/Elderly/Disabled – Norfolk Residents
- 2 – Working/Displaced/Elderly/Disabled – Non-Residents of Norfolk
- 3 – Graduated from College or Job Training Program /Substandard Housing – Norfolk Residents
- 4 – Graduated from College or Job Training Program/Substandard Housing – Non-Residents of Norfolk
- 5 – Enrolled in College or Job Training Program/High Rent Burden – Norfolk Residents
- 6 – Enrolled in College or Job Training Program/High Rent Burden – Non-Residents of Norfolk
- 7 – No Preferences – Norfolk Residents
- 8 – No Preferences – Non-Residents of Norfolk

On July 1, 2010, all applicants will be moved to the new waiting list with their original application date. Applicants will be assigned a position on the new waiting list based on the applicable preference category above and the date of application. Please note that you must come in to report all changes in writing so that when you are drawn from the waiting list, you will meet the criterion that is stated on your application.

If your application is pulled from the waiting list and you do not meet the preference claimed, you will be placed back on the waiting list to reflect your current status. Please be advised that any changes reported by you or other applicants may affect your position on the waiting list. You may come in on any Wednesday or Friday between 9:00 AM and 12:00 Noon to report any changes. If you have questions, please contact us at (757) 624-8615.

We value you as a client and appreciate your interest in our program.

Sincerely,

Leaurie Johnson
Occupancy Supervisor



Norfolk Redevelopment and Housing Authority
Grandy Village Revitalization Community

Criteria to move into Grandy Village Revitalization include:

- Employed full-time (30 hours per week) for past 12 months, unless elderly or disabled household
- Must have acceptable Landlord reference for the last 12 months.
- Children must be attending and in good standing as defined by the Norfolk Public School system.
- Any household member who is 16 and older and not attending school full time shall be employed at minimum 20 hours per week and/or involved in a job training or vocational program.



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:** 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)**
 - About to be Homeless
 - Domestic Violence (Displaced)
 - Fire (Displaced)
 - Government Action (Displaced)
 - Hate Crimes (Displaced)
 - Homeless
 - Housing Owner (Displaced)
 - Inaccessibility (Displaced)
 - No Permanent Housing
 - 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. 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. 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? _____
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**