



Preliminary Application for Admission

Please complete and return to:
Durham Housing Authority
 Attn: Eligibility Unit
 PO Box 1731
 Durham, NC 27702

(DHA office use only)
 Control
 # _____
 F D E NE

If you need assistance completing the Application or have questions about the Application process, please contact the DHA Eligibility Unit at (919) 683-1551. TDD/TTY 1-800-545-1833, Ext. 774

Please print neatly in ink. All fields are required.

Are you a current or prior DHA resident? Yes No

Program Applying For: Public Housing Housing Choice Voucher / Section 8



HEAD OF HOUSEHOLD													
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;">-</td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;">-</td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;"> </td> <td style="width:20%; border: 1px solid black;"> </td> </tr> </table>				-			-			
			-			-							
Address (include Apt. #) (best place for DHA to reach you by mail): 													
City:		State:	Zip:										
Race: <input type="checkbox"/> White(1) <input type="checkbox"/> Black(2) <input type="checkbox"/> American Indian/ Alaskan(3) <input type="checkbox"/> Asian(4) <input type="checkbox"/> Native Hawaiian/ Pacific Islander(5) <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic(1) <input type="checkbox"/> Non-Hispanic(2)											
Primary Phone:		Alternate Phone:											
Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other		Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other											
Email:		Marital Status: Married/Single/Widow(er)/Divorced _____											

EMERGENCY CONTACT

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other

LIST ALL MEMBERS WHO WILL LIVE IN THE UNIT OTHER THAN THE HEAD OF HOUSEHOLD:

Legal Name	Race	Ethnicity Hispanic/Non-Hispanic	Social Security Nbr. ###-##-####	Relationship to Head of Household Spouse or Co-Tenant	Date of Birth mm/dd/yyyy	Gender (M or F)	Monthly Gross Income	Source of Income
1								
2								
3								
4								
5								
6								

Do you anticipate any changes in your family composition? Yes No If yes, describe? _____

Primary Language Spoken: English Spanish Portuguese Chinese Other: _____

- 1) Do you own a home? Yes No
- 2) At your current residence, is there a lease in your name? Yes No
 - a. If yes, name and address of current property / owner _____
- 3) Are you living with another family? Yes No
 - a. If yes, list the name of the Head of Household with whom you live: _____
- 4) Description of apartment / house where you live: _____
 - a. Do you have running water? Y / N
 - b. Do you have a private bath or a shared bath? Private / Shared
 - c. Do you have an outside toilet? Y / N
 - d. Do you have a kitchen with a sink? Y / N
 - e. Do you have electricity? Y / N
 - f. Do you have hot water? Y / N
- 5) How much is your monthly rent? _____ per week month. Are you without housing? Y / N
- 6) Has your family been asked to move by an agency through no fault of your own? Y / N
 - a. If Yes, please explain why and the type of notice you received, i.e. 30 day notice to vacate: _____
- 7) Does anyone in your household have a recent history of criminal activity? Y / N
- 8) Have you ever lived in Public Housing or Federally-Assisted Housing? Y / N Section 8/HCV? Y / N
 - a. If Yes, where and when? _____

SELECTION PREFERENCES

Check ALL of the following situation(s) that apply:

Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected.

- € **Homeless Veterans** – Members of the US Armed Forces, Veterans, or surviving spouses of Veterans who served in active military, naval, or air service, and have been discharged or released from such service under conditions other than dishonorable who meet both the homeless and Veteran definitions.
- € **HCV Program Termination** – Any family that has been terminated from its HCV program due to insufficient program funding.
- € **Working** – Where the head, spouse, co-head, or sole member has been continuously employed for at least 6 months, and who is employed at least 20 hours per week, or who are active participants in an accredited educational and training programs designed to prepare the individual for the job market.
- € **Elderly / Disabled** – Where the head and spouse, or sole member is age 62 or older, or is a person with disabilities.
- € **Rent Burden** – Applies to families paying more than 50% of their income for rent and utilities for at least 90 days (commencing before they were selected from the Wait List, and continuing through the verification of preference).
- € **DHA Relocation** – families who reside in DHA-owned units who are required to relocate as a result of DHA demolition or rehabilitation.
- € **City of Durham Relocation** – families referred to the DHA by the City of Durham's Relocation Program.
- € **Educational / Training Participants** – Where the head and/or spouse/co-head, with adult member(s) are graduates of or active participants in educational and training programs designed to prepare the individual for the job market.
- € **NONE OF THE ABOVE APPLIES TO ME, MY SPOUSE, OR CO-HEAD.**

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

Household Member	Mobility (M)	Hearing (H)	Vision (V)	Communication (C)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail any other accommodations that you require.

NOTICE OF NONDISCRIMINATION

The Durham Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

NOTIFICATION OF APPLICANT RESPONSIBILITY

It is the responsibility of each applicant to notify the Durham Housing Authority, 330 E. Main Street, PO Box 1731, Durham, NC 27702, **in writing and in person within 10 days of the occurrence**, each time the address changes for the applicant family.

Failure to keep this office informed of any and all changes of address will prevent contact by mail, and will leave us no alternative but to withdraw the application and remove the family from the Wait List. In the event this happens, if the Wait List is open, it will be necessary for the applicant to submit a new application, which will automatically assign the family a new application position. DHA will take affirmative steps to communicate with people who need services or information in a language other than English.

If a letter is mailed and returned by the post office, the application will be withdrawn automatically, unless a forwarding address is listed. When a forwarding address is listed the DHA will re-mail the letter.

IDENTIFICATION VERIFICATION POLICY

Durham Housing Authority (DHA) is required by Federal Law to obtain, verify and record information that identifies each individual who does business with us. When you visit us, we will ask for your name, address and other information that will allow us to identify you such as photo identification, social security number, and date of birth. DHA will collect this information to verify each member of the assisted family and property owner/agent.

APPLICANT CERTIFICATION

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Durham Housing Authority of any change of address, income, reasonable accommodation, preference and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of my application or termination of tenancy or program participation. **WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Applicant Signature: _____

Date: _____

Co-Head Signature: _____

Date: _____