

Dear Applicant:

Thank you for your interest and desire to take advantage of our Housing Assistance and self-sufficiency program at “The Villages at Lincoln”.

Thanks to a 1999 HOPE VI Grant from the Department of Housing and Urban Development, housing assistance at the Villages at Lincoln will not be a permanent residence, but a platform for families and individuals to achieve economic self-sufficiency. Therefore, in order to be considered, every head of household, except disabled or 62 and older, must agree to participate in the Family Self-Sufficiency (FSS) Program by signing a five-year Contract of Participation and developing an Individual Service and Training Plan (ISTP). With the assistance of a FSS Coordinator, an ISTP will be created for all adult members of the household and it will spell out the specific goals and objectives necessary for the economic self-sufficiency of your family. Additionally, participants will be linked to the services available in the Roanoke Valley that can help you and your family members obtain the appropriate education, job training and supportive services needed to meet your self-sufficiency goals.

Enclosed you will find Application Instructions and Application forms. Please read the instructions carefully and complete all the necessary information on the Application forms, and return them by mail in the envelope provided. Once we have received your application forms, your name will be placed on the pending list(s) and an interview will be scheduled for you to complete the verification process.

We are looking forward to serving your needs

Roanoke Redevelopment and Housing Authority

## **Application Instruction for Public Housing**

**This is not a Section 8 application and cannot be used for the Housing Voucher program.**

**Instructions: Please read Carefully. Incomplete applications will not be processed.**

1. This application is valid for all public housing properties operated by RRHA.
2. To be qualified for admission to public housing all family members must:
  - (a) Be a family as defined in Roanoke Redevelopment and Housing Authority (RRHA) Admission and Continued Occupancy policy;
  - (b) Meet the HUD requirements on citizenship or immigration status;
  - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in RRHA offices.
  - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
  - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a RRHA-approved pre-occupancy orientation session, if requested to do so;
  - (f) Pay any money owed to RRHA or any other housing authority;
  - (g) Not have had a lease terminated by RRHA or other Public Housing, Indian Housing, Section 23 or any Section 8 program in the past 36 months because of drug-related criminal activity;
  - (h) Be able and willing to comply with the RRHA lease; and
  - (i) Meet the screening requirements related to Credit and Criminal History.
3. Complete applications will be entered on the pending wait list in the order received. Each applicant will be contacted by mail for a full application interview.
4. Applicants with disabilities may seek assistance with the completion of the application at any of RRHA apartment locations.
5. A criminal record check will be conducted on all applicants age 18 years and older.
6. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
7. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.
8. At your interview, you will be required to provide Photo I.D. for all household members 18 or older.
9. Be prepared to provide proof of birth/birth certificate for all household members under the age of 18 and over the age of 62.

**\*\*\*\*IMPORTANT\*\*\*\***

After you have completed all necessary information on the Application forms, please mail to the address of the location you desire to live.

**APPLICATION PACKAGES WILL ONLY BE ACCEPTED BY MAIL**

**RRHA is an Equal Housing Provider**



## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants with Disabilities**

The Roanoke Redevelopment and Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. The Roanoke Redevelopment and Housing Authority (RRHA) is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, RRHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change that can be made to a unit or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of our programs. Examples of reasonable accommodations would include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a family development where the size of dog is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with RRHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the RRHA's applicant screening criteria

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the RRHA, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with RRHA that is your right.



# The Village at Lincoln

Management Department

For Office Use Only

ROANOKE REDEVELOPMENT  
AND HOUSING AUTHORITY  
2624 SALEM TURNPIKE, NW  
ROANOKE, VA 24017

Client # \_\_\_\_\_

Site Location: \_\_\_\_\_

Application Date: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

1. LAST NAME:		FIRST NAME:		MIDDLE INITIAL (MI):
2. CURRENT STREET ADDRESS:		CITY, STATE, ZIP		3. TELEPHONE #:
4. NAME AND ADDRESS OF PRESENT LANDLORD:				5. TELEPHONE #:
6. HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS: YEARS: _____ MONTHS: _____				7. OWN: <input type="checkbox"/> RENT: <input type="checkbox"/>
8. MONTHLY RENT OR MORTGAGE: \$		9. DOES THIS AMOUNT INCLUDE UTILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. IF LESS THAN TWO (2) YEARS AT PRESENT ADDRESS, GIVE PREVIOUS ADDRESS				
11. NAME AND ADDRESS OF PREVIOUS LANDLORD:				

**B. LIST ALL FAMILY MEMBERS WHO WILL BE LIVING WITH YOU. (PLEASE INCLUDE YOURSELF AND ALL FULL-TIME STUDENTS)**

1. LAST NAME	2. FIRST NAME	3. MI.	4. RELATION	5. SEX	6. BIRTHDATE	7. SSN	8. BIRTH PLACE

**C. INCOME \*preference**

1. NAME	2. SOURCE OF INCOME	3. ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME

**D. ASSETS (Checking Accounts, Savings Accounts, CD's, Stocks, Bonds, Real Estate, etc.)**

1. OWNER OF ASSET	2. DESCRIPTION OF INCOME	3. NAME OF BANK, OR BANKING INSTITUTION	4. AMOUNT

**E. ALLOWANCES (PRESCRIPTIONS, HEALTH INSURANCE, MEDICAL BILLS, ETC.)**

1. NAME	2. DESCRIPTION	3. AMOUNT

**F. DO YOU PAY CHILD CARE EXPENSES**  NO  YES, HOW MUCH? \$

**G. 1. DO YOU PRESENTLY LIVE IN SUBSIDIZED HOUSING?**  NO  YES Explain: \_\_\_\_\_  
**2. HAVE YOU EVER LIVED IN SECTION 8 HOUSING?**  NO  YES Explain: \_\_\_\_\_  
**3. HAVE YOU EVER LIVED IN PUBLIC HOUSING?**  NO  YES, GIVE ADDRESS(ES) AND MOVE OUT DATE(S): \_\_\_\_\_

**H. THE INFORMATION BELOW IS REQUIRED BY HUD FOR STATISTICAL PURPOSES**

1. RACE OF HEAD OF HOUSEHOLD  CAUCASION/WHITE  AFRICAN AMERICAN/BLACK  AMERICAN INDIAN/ALASKAN NATIVE  ASIAN  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
2. ETHNICITY OF HEAD OF HOUSEHOLD:  HISPANIC/LATINO  NON-HISPANIC/NON-LATINO

**I. PREFERENCES: INVOLUNTARY DISPLACEMENT**

The dwelling where I am now living has been made uninhabitable by:

1) A disaster, such as fire or flood;  
 2) Condemned by a government agency;  
 3) The owner is converting the property to nonresidential use or vacating it for redevelopment, or has sold it on the condition that it is vacant;  
 4) I am required to move because of actual or threatened physical violence directed at you or your family;  
 5) You or a member of your family have been victim of hate crimes;  
 6) A member of your family is mobility impaired; or  
 7) HUD is disposing of a rent property under Section 203.

If any of the above boxes are checked, please provide Name, Address and Phone Number of person who can verify this preference:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**WE WILL REQUIRE PROOF AT A LATER DATE IF ANY OF THE ABOVE ITEMS ARE CHECKED. PLEASE BE CERTAIN THAT WHAT YOU CHECKED ABOVE ACTUALLY APPLIES TO YOUR CURRENT LIVING CONDITIONS.**

**J. APPLICATION CERTIFICATION**

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the Roanoke Housing Authority to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and that any false information given will be grounds for rejection of this application or grounds for the City of Roanoke Redevelopment and Housing Authority to terminate any assistance which may have been given.

I/We understand that to keep my/our application active it is my responsibility to report any changes, such as family composition, address, phone, or income. Failure to report any changes shall result in my application being placed in an inactive status.

1. Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
 2. Signature of Co-Applicant/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY:

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**THE ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY HOUSING APPLICANT BECAUSE OF RACE COLOR RELIGION NATIONAL ORIGIN SEX AGE DISABILITY OR FAMILIAL STATUS**

Authorization for the Release of Information/  
Privacy Act Notice

U.S. Department of Housing and  
Urban Development Office of  
Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)  City of Roanoke Redevelopment and Housing Authority 2624 Salem Turnpike, N.W. Roanoke, Virginia 24017 (540) 983-9281	<del>HA requesting release of information: (Cross out space if none)          (Full address, name of contact person, and date)</del>
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**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or im-proper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult Members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained** State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.