



District of Columbia Housing Authority

300 7th Street, SW | 10th Floor
 Washington, DC 20024
 (202) 535-1000 | dchousing.org

APPLICATION FOR HOUSING ASSISTANCE

Effective December 1, 2006, the District of Columbia Housing Authority, Housing Choice Voucher Eligibility Division, changed to an appointment only process for accepting applications for housing and updating housing application information. To schedule an appointment to apply for housing, update your application information or check on the status of your application, please visit www.dchousing.org or call (202)535-1000.

Print information in ink

Last Name of Applicant		First Name of Applicant	S.S. # for Applicant
Home Address:		Mailing Address (If different)	
Home Telephone: ()		Work Telephone/Cell Phone: ()	

CHECK THE HOUSING PROGRAM THAT YOU ARE APPLYING FOR. YOU CAN MAKE MORE THAN ONE CHOICE:

Public Housing Section 8 Voucher Program Section 8 Moderate Rehabilitation

Household Information:

First list applicant, the co-applicant and all children (who will live with you) in order of age starting with the oldest. Then list all others who will live with you.

<u>First and Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>Social Security # of All Household Members 6 years of age or older</u>
1.	Applicant			
2.	Co-Applicant			
3.				
4.				
5.				
6.				

Total number who will live in the unit _____.

Have you or any other adult household member(s) listed on this application ever lived in public housing and/or received Section 8 Housing Assistance? [] Yes [] No

If DCHA Public Housing, list property name. _____

IF YOU ARE A FORMER RESIDENT OF DCHA PUBLIC HOUSING OR RECEIVED SECTION 8 HOUSING ASSISTANCE AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.

Revised 01/04/20

DCHA is committed to providing equal access to this event for all participants & residents with disabilities. If you need a reasonable accommodation or sign language interpreter service, please contact our ADA/504/Language Department at 202-535-2737 or ADA504@dchousing.org with your complete request. Please allow at least 3 business days to make the necessary arrangements. If you need a foreign language translator, please contact our ADA/504/Language Department at 202-535-2737 or email LA@dchousing.org. Please allow at least 5 business days to make the necessary arrangements.

Have you or any other household member(s) listed ever been arrested or convicted of a criminal offense involving a sex offense, illegal drug activity, weapon possession or violence against people or property? Yes No
If yes, please list the household member(s), crime, when and where it was committed:

<u>Name Of Member</u>	<u>Crime</u>	<u>Date</u>	<u>Location Of Crime</u>
1.			
2.			
3.			
4.			

WHAT IS YOUR CURRENT LIVING CONDITION? Check all that apply

- I am **homeless**; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- I have been **displaced** due to government action, disaster (such as fire or flood), or actions taken by owner.
- I have been **displaced** due to recent or continuing **domestic violence**.
- I have been **displaced** due to recent or continuing **hate crimes**.
- I am unable to fully use my current housing due to **inaccessibility of my unit** because I or a member of my Household has a mobility or other impairment.
- I am living in a unit **unfit for habitation** and it has **building/housing code violations**.
- I am currently paying more than **50% of my income towards rent and utilities**.

WORKING FAMILIES— I (applicant) and/or my spouse is/are (Check all that apply):

- Currently working at least 20 hours per week;
- Currently self-employed;
- Attending a certified General Equivalency Diploma (GED) Program;
- Participating in a verifiable job training program;
- 62 years of age or older; or
- Disabled

IF YOU MARKED THE DISABLED PREFERENCE, PLEASE INDICATE IF YOU OR A HOUSEHOLD MEMBER WITH A DISABILITY NEED ANY OF THE FOLLOWING SPECIAL FEATURES AS A REASONABLE ACCOMMODATION:

- Wheelchair Accessible Unit Live-In Aide Other _____
- Hearing Impaired Hardware Unit Without Steps
- Sight Impaired Accommodations None

INCOME:

List all income for all household members who will live in your unit

<u>Household Member Name</u>	<u>Type of Income</u>	<u>Amount Received Per Month</u>
1.		
2.		
3.		
4.		

-REASONABLE ACCOMMODATION SURVEY-

The information gathered in this section will help the District of Columbia Housing Authority (DCHA) better serve the housing needs of persons with disabilities. Your assistance is needed to identify persons with disabilities on the public housing waiting list that need special features in their units to take full advantage of housing owned and managed by DCHA. The special features are known as “reasonable accommodations.” A reasonable accommodation is a change that can be made to a unit or procedure to allow a person with disabilities to have the same opportunity for housing as any other applicant. **NO ONE IS REQUIRED TO DISCLOSE A DISABILITY. THIS INFORMATION IS OPTIONAL.**

Please complete the questions below if you or the household member with disabilities needs special features in the public housing unit:

1. Will you have an attendant living with you? Yes No
(Prior to admission, Live-in Aides will have to meet applicant screening criteria.)
2. Do you or anyone in your household need an accessible parking space? Yes No
3. Do you need parking for a raised roof van or wheelchair lift? Yes No
4. Do you or anyone in your household need assistance with daily activities such as: (check all that apply):
 Using the bathroom Bathing/Showering Eating Dressing Cleaning
 None of the above
5. Is it hard for you or anyone you live with to climb stairs? Yes No
6. Do you or anyone you live with use any of the following devices? (Check all that apply):
 Wheelchair Walker Crutches Cane Other (specify) _____
7. What, if any, modifications do you or anyone in your household need in your bathroom?
(Check all that apply)
 Grab bars Roll in shower Extendable hand shower Raised toilet seat
 Lower toilet seats Extended handles on faucets Other (specify) _____
8. Is it hard for you or anyone who will live with you to:
 Open room doors Open kitchen appliances such as refrigerator, stove, microwave
 Turn on sinks, tubs, flushing toilets Lift Reach Other (specify) _____
9. Do you need:
 Lower light switches Lower room temperature control (thermostat)
 Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)
 Adjustment of electrical appliances (refrigerators, stoves, laundry machines)
 Adjustment to table/counter height Other (specify) _____
10. Do you or any member of your household need Braille labeling or raised letters in your apartment and in common areas of the building? Yes No

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11. Do you need flashing warning lights for:

- Smoke-detection Doorbell Security purposes

12. Do you or anyone you live with use a service animal? Yes No

13. Do you or any household member need any accommodation(s) not mentioned? Yes No

If yes, please indicate how the DCHA could accommodate your Household:

RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT
(used for statistical purposes only)

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program.

Race:

- Black/African American
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Other _____

Ethnicity:

- Hispanic Non-Hispanic

Is Primary Language Spoken by Head of Household English?

- Yes No

If no, please check the language spoken:

- Spanish
- Chinese
- Vietnamese
- Korean
- Amharic
- Other _____

Application MUST be signed to be considered complete.

I declare that the statements contained in this application are true and correct and that I have not made a false statement, given false information or omitted information in connection with this application.

Applicant's Signature & Date

Co-Applicant's Signature & Date

WARNING: False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.

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"/> 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	
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.

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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.