

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. 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)**

- Domestic Violence (Displaced)
- Fire (Displaced)
- Government Action (Displaced)
- Hate Crimes (Displaced)
- Homeless
- Housing Owner (Displaced)
- Inaccessibility (Displaced)
- Overcrowded
- Rent to High
- Reprisals (Displaced)
- Substandard
- Other _____

3. Is your current Housing in poor condition or overcrowded? Yes No

4. Has any family member(s) 18 or older **GRADUATED** from college/job training? Yes No

5. If yes, did you or any of your family member(s) graduate from college/job training in **NORFOLK**? Yes No

6. Is any family member 18 or older currently **ENROLLED** in college/job training? Yes No

7. If yes, are they enrolled in **NORFOLK**? Yes No

8. Is the employed person the Head of Household, Spouse or other adult (18 or older)? Yes No

9. Is the place of employment in **NORFOLK**? Yes No

10. If employed, what is the age of the employed applicant?

11. How much **MONTHLY** rent do you pay? \$ _____

12. What is your average **MONTHLY** average for utilities? \$ _____

13. Is the Head of Household or Spouse Disabled? Yes No

14. Is the Head of Household or Spouse Elderly? Yes No

15. 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**



EQUAL HOUSING OPPORTUNITY 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**