

Northwestern Regional Housing Authority Field Offices

Alleghany County
29 Highland Village Circle
Sparta, NC 28675
Phone: 336-372-5256

Ashe County
410 McConnell Street
Jefferson, NC 28640
Phone: 336-846-3444

Avery County
253 Elk Park School Road
Elk Park, NC 28622
Phone: 828-733-1546

Mitchell County
101 Rhododendron Circle - Suite A
Bakersville, NC 28705
Phone: 828-688-3744

Watauga County
869 Hwy. 105 Extension - Suite 7
Boone, NC 28607
Phone: 828-266-9794

Wilkes County
215 W. South Street
Wilkesboro, NC 28697
Phone: 336-667-8979

Yancey County
23 Woodland Drive
Burnsville, NC 28714
Phone: 828-682-2216



Northwestern Regional Housing Authority



Preliminary Application for HCV (Section 8) Rental Assistance

Complete the application packet and return to our drop box for processing. You do not have to see anyone to apply for rental assistance. NWRHA manages assisted housing and administers rental assistance programs in Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties. You may only apply in one of the seven counties we serve. Eligibility for these programs varies and is based on income, household composition, and criminal background check.

Because of limited funding, our program has a waiting list in all counties. The length of the waiting list and the time before assistance can be provided will vary depending on your current situation. Completing the attached sheets and answering all questions will determine your placement on the waiting list.

The application process:

1. This Preliminary Application is used to determine initial program eligibility and to place your name on the waiting list.
2. When your name comes up on the waiting list, you will be asked to complete a Final Application, which provides our office with updated and accurate information. This information is used to determine final program eligibility. When you complete the final application, you will also be required to verify your citizenship status, provide birth certificates (a state issued document), and social security cards for all household members, and verify your family's gross annual income.

Please see the next page for important instructions on how to complete the application and other important information to prevent delays in the acceptance of your application.

Fair Housing Act: A federal law which prohibits discrimination in housing based on race, color, religion, sex, handicap, familial status and national origin.

Should you have any questions, please call or write.

INSTRUCTIONS -Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.

1. **You can only apply in one of our seven counties: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey.**
2. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice and HUD-52675 Form-Debts Owed to Public Housing Agencies and Terminations. All members 18 and over must sign a separate form. Contact the office for additional forms.
3. Optional- You have the right to include as part of your application the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care of service you may require as a tenant. See SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING form.

YOUR APPLICATION WILL BE DENIED IF ANY OF THE FOLLOWING APPLY:

- Illegible Applications: If NWRHA cannot read your application it will be returned to you to be completed again legibly.
 - Incomplete Applications: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
 - Over-Income: The programs administered by NWRHA have varying income requirements. You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
 - Money Owed: If you have an outstanding debt with NWRHA, another housing authority, or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation that it is paid in full or a repayment agreement has been signed.
 - Custody of Dependents: If you are including a dependent as part of your household who is a member of another household assisted by NWRHA, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the guardian.
 - Pre-applications may be removed from the waiting list if any of the following are determined; Drug or violent criminal activity within the last five years, registered sex offender, persons convicted of manufacturing or producing methamphetamine, if any member has been evicted/terminated from a federally assisted housing program. It is the responsibility of the applicant to contact the housing authority office in writing to report any changes in address, family composition, change of income, or any other change that may affect their status.
 - Applicants will receive a letter within 15 business days after NWRHA receives and processes the application confirming your placement on the waiting list or a denial letter of ineligibility.
- Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by NWRHA will be subject to denial of his/her application or the termination of assistance. NWRHA is required by federal law to investigate all allegations of fraud. NWRHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution. Incomplete applications will be held for 30 days before destroying.

NORTHWESTERN REGIONAL HOUSING AUTHORITY

PRELIMINARY APPLICATION

Housing Choice Voucher Program / Public Housing Program

For Agency Use Only:
Client ID #: _____

PLEASE PRINT USE BLACK OR BLUE INK ONLY

Name of Head of Household _____

Present Mailing Address: _____
Street City State/Zip Code

Street Address (If different): _____
Street City State/Zip Code

Home Phone: _____ Cell Phone: _____ Message Number: _____

Email _____ Message Contact: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

NOTE: USE LEGAL NAMES ONLY

| First Name, Middle Name, Last Name | Relationship To Head | Gender M / F | Date of Birth | Social Security Number | Race | Hispanic Yes/No | Full Time Student |
|------------------------------------|----------------------|--------------|---------------|------------------------|------|-----------------|-------------------|
| | Head | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |
| | | | | | | Y N | Y N |

Are all household members eligible citizens of the United States? Yes _____ No _____

Yes No
 Have you ever used another name other than your current name?
 If yes, who? _____ What prior names? _____
 Do you anticipate any additions to the household due to: pregnancy_____, marriage_____, other _____?
 _____ When? _____

HOUSEHOLD GROSS INCOME:

List all sources of income for all family/household members. Examples include TANF/Work First, Full/Part-time Employment, Social Security, SSI/Disability, Alimony, Child Support, VA Benefits, Pension, Self-employment, etc.

| Member Receiving Income | Source of Income | Amount/Hrs per Week |
|-------------------------|------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Yes No
 Does anyone outside of the household pay for any bills or contribute money to the household?
 If yes, name/explain _____ Amount: _____

PHA USE ONLY: HOUSEHOLD GROSS ANNUAL INCOME: _____

Yes **No**

- Have you ever received rental assistance or lived in public housing?
If yes, where? _____ When? _____
- Have you or any household member ever been evicted from federally assisted housing?
If yes, list place and date: _____
- Have you or any household member ever committed fraud while living in federally assisted housing or been required to repay money for knowingly misrepresenting information?
If yes, list Housing Authority: _____ Amount? _____
- Does any household member owe money to a Housing Authority or Public Housing Agency for any reason?
If yes, explain: _____ Amount? _____
- Have you or any other household member ever been **arrested, charged, and/or convicted** for a crime other than a traffic violation? If yes, please specify **ALL** charges (including pending charges):

- Has any household member been **charged/convicted** in the **last 5 years** for any drug related criminal activity? If yes, please specify **ALL** charges: _____
- Are you or any household member currently participating in a drug rehabilitation program?
- Are you or any household member required to register as a sex offender in any state?
If yes, who? _____ State _____

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature

Date

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.

FOR AGENCY USE ONLY

Preferences:

- (1) Homeless w/ Children _____
- (2) Substandard Housing _____
- (3) Rent Burden _____
- (4) Dire Emergency _____
- (5) Domestic Violence _____
- (6) Involuntary Displacement _____
- (7) Veteran _____
- (8) TCLI _____
- (9) Eldery _____
- (10) Homeless _____

Programs applied for:

- Section 8 - HCV _____
- Public Housing _____
- Unit size needed _____

Special Programs:

- NED _____
- FUPF _____
- MS _____

Signature of Housing Representative

Interview Date and Time

A.) Homeless Preference-Are you currently staying in:

1. YES ___ NO ___ a homeless or domestic violence shelter?
2. YES ___ NO ___ a hotel due to being homeless?
3. YES ___ NO ___ a tent, camper, vehicle, or outside?
4. YES ___ NO ___ a housing for the mentally ill?

B.) Substandard Unit-Does the unit you currently live in:

5. YES ___ NO ___ endanger the safety and well-being of your family due to defects that require rebuilding or repair?
6. YES ___ NO ___ have working indoor plumbing?
7. YES ___ NO ___ have a usable indoor flushable toilet?
8. YES ___ NO ___ have a usable bathtub or shower?
9. YES ___ NO ___ have adequate and safe electrical source?
10. YES ___ NO ___ have a kitchen?
11. YES ___ NO ___ been declared by an agency unfit to live in?

C.) Rent Burden

12. YES ___ NO ___ Are you currently paying rent to a landlord?
13. What is your gross monthly income? _____
14. When did you begin renting? _____
15. How much do you pay each month for rent? _____
16. What is your average monthly electric bill? _____
17. What is your main source of heat? _____
18. What is your average heating bill if not electric heat? _____
19. How much do you pay for garbage collection monthly? _____

D.) Domestic Violence

20. YES ___ NO ___ Are you currently living in a unit with someone who engages in domestic violence against you or another family member?
21. YES ___ NO ___ Have you left your unit within the last 3 months due to someone in your unit engaging in domestic violence against you or another family member?

E.) Involuntarily Displaced-Have you had to leave the unit you were recently living in due to:

22. YES ___ NO ___ a natural disaster, fire or flood?
23. YES ___ NO ___ a state or county public improvement plan such as a new highway or bridge?
24. YES ___ NO ___ the landlord no longer renting the unit on the rental market?
25. YES ___ NO ___ the owner wanting it for their own personal use?
26. YES ___ NO ___ the owner selling the unit?
27. YES ___ NO ___ any other legally authorized act that would withdraw the unit from the rental market?
28. YES ___ NO ___ relocating because of providing law enforcement with information regarding criminal activity in your neighborhood and fearing for your safety for reporting it?
29. YES ___ NO ___ hate crimes, which are actual threats of physical violence or intimidation based on the seven protected classes
30. YES ___ NO ___ a member of the household not being able to access the critical elements of the unit(such as the bathroom/bedroom) due to immobility or an impairment

F.) Veteran Status

31. YES ___ NO ___ Are you an eligible veteran of the U.S. Armed Forces, holding an honorable discharge?

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.

| | |
|--|--|
| | |
|--|--|

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.