



**IT IS YOUR OBLIGATION TO NOTIFY US WITHIN TEN (10) BUSINESS DAYS
IF ANY OF THE FOLLOWING INFORMATION CHANGES.**

PART I. TENANT INFORMATION

 (NAME) (ADDRESS) (circle) SEPARATED DIVORCED

 (NAME) (ADDRESS) (circle) SEPARATED DIVORCED

EMERGENCY CONTACTS: Please list two individuals we may contact if you are not available:

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____

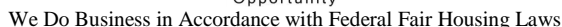
PART II. HOUSEHOLD INFORMATION

**Please list YOURSELF and ALL PERSONS living in the assisted unit, INCLUDING
ANYONE WHO SPENDS THE NIGHT MORE THAN FOURTEEN NIGHTS/YEAR.**

Live-in Aides must be listed in the Household Composition but will not be considered a remaining member of the household and have no rights to the Housing Unit.

List all persons who moved out during the past 12 months (including any deaths, marriages, jail, permanent placement in nursing homes, etc.)

Do you have any pets? Yes No How Many _____ Type _____ Breed _____



I understand that an additional family member may not be added to the lease until I have submitted a request and the request has been formally approved by the Housing Authority and/or the Landlord. I certify that this Family Composition information given to the Lynchburg Redevelopment & Housing Authority is TRUE, ACCURATE, and COMPLETE. I know I am required to report immediately, in writing, any changes in household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me.
THIS MUST BE SIGNED IN THE PRESENCE OF YOUR HOUSING SPECIALIST OR A NOTARY.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse or Other Adult	_____ Print Name	_____ Date
_____ Signature of Other Adult	_____ Print Name	_____ Date

I certify that I have reviewed the information on Household Information for completeness and accuracy and am acting in accordance with Public Housing/S8 Housing Choice Voucher program procedure.

_____ Signature Housing Technician	_____ Print Name	_____ Date
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PART III. PRIOR HOUSING ASSISTANCE

Please circle “YES” or “NO” to the following questions.

Do you expect anyone to move in or out of your household within the next twelve months? YES NO
If yes, explain: _____

Is there any member of the household who is now temporarily or permanently absent from the home? YES NO
If yes, explain: _____

Has any member of the household had a change in citizenship or immigration status? YES NO
If yes, explain: _____

Have you or any household member ever used a name other than the one you are using now? YES NO
If yes, who, what was the name, and why: _____

Do you have any overnight guests that spend 2 or more nights a month? YES NO
If yes, please list the guests’ names and why: _____

Head of Household or Spouse is disabled. YES NO
Other family member is disabled (list names): _____ YES NO
Is a reasonable accommodation based on disability necessary? If so, please indicate below YES NO

☐ Live-in Aid ☐ Additional Bedroom ☐ Rent Exception ☐ Hearing impaired Smoke Detector ☐ Other

Do you read, write and understand the English language? YES NO
If no, please explain: _____

Are you interested in information about/or a referral to a program that teaches reading? YES NO
Are you interested in information about/or a referral to a program that teaches English as a Second Language? YES NO

Has any member of your household, including adults and minors, ever used a social security number other than the one lawfully assigned? YES NO
If yes, please explain: _____

Are you now living, or have you **ever** lived in Public Housing, received Section 8 assistance or any other form of government assistance (as Head of Household or any other member of the family): YES NO
If yes, where: _____

Are you currently, or have you ever been in a repayment status with any public assistance or assisted housing agency? YES NO

Have you ever been evicted? YES NO
If yes, please list who evicted you and the dates. _____

Please list every city and state in which you have lived for the past seven years: _____

I certify that this report on Prior Housing Assistance information given to the Lynchburg Redevelopment & Housing Authority is TRUE, ACCURATE and COMPLETE. I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that if I have received previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

I certify that the dwelling unit will be my primary residence and I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying the LRHA in writing. I will not sub-lease my assisted residence. **THIS MUST BE SIGNED IN THE PRESENCE OF THE HOUSING SPECIALIST OR A NOTARY.**

_____ Signature Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse or Other Adult	_____ Print Name	_____ Date
_____ Signature of Other Adult	_____ Print Name	_____ Date

I certify that I have reviewed this report on Prior Housing Assistance for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.



PART IV. CRIMINAL HISTORY

Please note that it is important that you answer these questions fully, accurately and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed to explain your situation.

Please circle "YES" or "NO" to the following questions.

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with drug related or violent criminal activity? (circle) YES NO

If yes, who?
When? What was the charge? What was the outcome?
In what city and state?

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? (circle) YES NO

If yes, who?
What dates?
When? What was the charge? What was the outcome?
In what city and state?

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program or has any household member been requested to repay money for knowingly misrepresenting information for such housing programs? (circle) YES NO

If yes, who?
What dates?
When? What was the charge? What was the outcome?
In what city and state?

Has any household member used drugs or alcohol in the last three years to the degree that it caused a problem? (circle) YES NO

If yes, who?
When?

Is any member of your household required to register as a sex offender? (circle) YES NO

If yes, who? When? What was the charge? What was the outcome?
In what city and state did the offense occur?
On what dates?

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? (circle) YES NO

If yes, who?
In what city and state did the offense occur?
When? What was the charge? What was the outcome?

Has any member of your household, including adults and minors, ever been on supervised release, parole or probation? (circle) YES NO

If yes, who?
When? What was the charge? What was the outcome?
Is any family member still on parole or probation? (circle) YES NO
Who?
Who is/was the probation or parole officer and what is their contact number?
In what state did the offense occur?
What charges resulted in the parole or probation?

Has any member of your household, including adults and minors, ever been involved in drug court? (circle) YES NO

Who?
What incidents lead to their involvement with drug court?
When? What was the charge? What was the outcome?

Is any household member, including adults and minors, currently involved with Department of Children and Families, mental health court, court coordinated services? (circle) YES NO

Who?
What incidents lead to their involvement with mental health court, court coordinated services, or DCF?
On what dates did the incidents occur?

I/we certify that this Criminal History information given to the Lynchburg Redevelopment & Housing Authority is TRUE and ACCURATE. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.

Signature of Head of Household
Signature of Spouse or Other Adult
Signature of Other Adult
Print Name
Print Name
Print Name
Date
Date
Date

I certify that I have reviewed the information on Criminal History for completeness and accuracy and am acting in accordance with Public Housing/S8 Housing Choice Voucher program procedure.

Signature of Housing Technician

Print Name

Date



PART V. FAMILY DEDUCTIONS

Please circle "YES" or "NO" to the following questions.

CHILDCARE

Do YOU pay child care for a family member under the age of thirteen (13)? YES NO
For which child(ren)?

Child Care Name:
Address:
Total Monthly Cost: Your cost:
Do you receive financial assistance with your child care costs from the State? YES NO
If yes, how much?

HANDICAPPED ASSISTANCE EXPENSES

Do you employ a Care Attendant or supply Auxiliary Apparatus (i.e., a wheelchair) for a disabled family member in order to allow a family member, age 18 or older, including the disabled member, to become gainfully employed? YES NO

MEDICAL EXPENSES

If the head of household or spouse is a person with disabilities or is age 62 years or older, please fill out this section so that we may consider your household medical expenses in the calculation of your housing benefits. Also, household members who are 18 years of age or older who have medical expenses should sign this form if their medical expenses are to be considered.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION IN ACCORDANCE WITH HIPAA COMPLIANCE GUIDELINES

By my signature, I hereby authorize only the health care providers listed below to disclose to the Lynchburg Redevelopment & Housing Authority any information they request regarding the cost of my medical treatment. The LRHA may only use this information to verify my eligibility for and/or calculate the amount of my housing assistance.

I may revoke this authorization at any time I choose by notifying the LRHA in writing at 918 Commerce Street, Lynchburg, VA 24504. I understand that my revocation is effective only after it has been received and logged by LRHA. I further understand that any disclosures previously made in accordance with this signed authorization will not be affected by a revocation.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible? YES NO
If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.

Unless revoked in writing by me, this Authorization will expire twelve (12) months from the date of my signature below. I understand that when I recertify, I will sign a new Authorization that will be effective for the next twelve (12) months.

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to a copy of this authorization.

I understand that I have the right to not sign this authorization. I understand the information used or disclosed pursuant to this Authorization may possibly be re-disclosed by the recipient and no longer be protected by federal law.

I hereby certify that I have reviewed and understand this Authorization. I know that if I do not understand, I may request clarification from my case worker.

Signature of Head of Household Printed Name Date Signed
Signature of Other Adult Printed Name Date Signed

List all Health Care Providers whom you pay out of pocket that LRHA may contact to verify your household's medical expenses. Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Table with 5 columns: Type of Expense, Name of the Provider You Pay for this Expense, Complete Mailing Address, Phone/Fax Number, Amount Paid "Out of Pocket". It contains 4 rows of checkboxes for various medical expenses like Insurance, Prescriptions, Doctor/Dental/Hospital, etc.

If you have more health care providers than you can list here, please make a copy of this sheet, or contact the LRHA for additional copies.

PART VI. FAMILY INCOME

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

☐ UNEMPLOYMENT COMPENSATION

☐ ANNUITY PAYMENTS

☐ RETIREMENT PENSION

☐ EMPLOYMENT/WAGES

☐ CHILD SUPPORT

☐ EDUCATIONAL GRANTS

☐ VETERAN’S BENEFITS

☐ PUBLIC ASSIST (TANF) STAMPS

☐ SELF-EMPLOYMENT INCOME

☐ S.S.I.

☐ SOCIAL SECURITY

☐ ALIMONY

☐ WORKMAN’S COMPENSATION

☐ OTHER (INCLUDING GIFTS, UNDER THE TABLE, ILLEGAL, ETC.)

On the chart below list all sources and gross amounts of money received by any or all members of your household. Refer to Household Member number, from Section I.

MBR #	Employee Wages		Unemployment Compensation	Cash Assist Food Stamps	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

Does anyone outside of your household pay any of your bills or give you or any household member money? **YES** **NO**

If yes, how much is given? _____

Who gives it? _____

How often is it given? _____

Although we will verify your employment information on another form, please list the Employer Information below.

Person Employed: _____

Employer’s Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Fax #: _____

Person Employed: _____

Employer’s Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Fax #: _____

Are you currently looking for employment? **YES** **NO**

When and where were you most recently employed? _____

Are you interested in being contacted by vendors performing work for the housing authority? **YES** **NO**

If yes, what kind of work would you like to do? _____

What are your skills or training? _____

Are you an owner or co-owner in any business or real estate? **YES** **NO**

If yes, what is the name of the business? _____

PART VII. FAMILY ASSETS

List all assets held by all household members. If you are unsure where to place an asset please list it in “other.” List all vehicles owned or co-owned by all members of your household.

Make/Model	Year/Color	VIN	License Plate Number

Please attach copies of your current statements for all assets listed. Refer to Household member # from composition list, above.

Type of Asset	Do you have?	Household Member	Account #	Name and complete mailing address of bank, brokerage, or company	Phone Number	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stocks/Bonds/Annuities/CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No					
IRA/KEOGH/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Please circle “YES” or “NO” to the following questions.

Have you disposed of, sold, or given away any assets for less than the Fair Market Value during the past two (2) years? YES NO

If yes, please complete the following:

- 1) Type of asset: _____
- 2) Date of disposal: _____
- 3) Amount received: \$ _____
- 4) Market value when disposed: \$ _____

Do you own, or are you purchasing a house, mobile home, or any other form of real estate? YES NO

Mortgage Company: _____

Address: _____

I certify that this Family Income information given to the Lynchburg Redevelopment & Housing Authority is TRUE and ACCURATE and COMPLETE. I know I am required to report immediately, in writing, any changes in income. I understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated, and the possibility of facing criminal charges on the basis of fraud. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.

Signature of Head of Household

Signature of Spouse or Other Adult

Signature of Other Adult

Print Name

Print Name

Print Name

Date

Date

Date

I certify that I have reviewed the information on Family Income and Family Assets for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.

Signature of Housing Technician

Print Name

Date

PART VIII. EDUCATION

Do any household members 18 or older attend school or college? If YES, please list below. (circle) YES NO

Household Member	Name of School	Grade	Full or Part Time

Use additional sheets if necessary. For each student, please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.

Did anyone help you complete this form? YES NO

If yes, who? _____ What is their contact number? _____

It is important that they explain to you all of the information in this form. Did they review this form with you? YES NO

Do you have any questions or are you confused about anything on this form? YES NO

I certify that I understand all changes of criminal status, income, or family size must be reported, in writing, to the Housing Authority within ten (10) business days of the change. I certify that I understand that only the household members listed above may live in my home.

I understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authorization assists the housing authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.

In signing this document I acknowledge that I fully comprehend and I do hereby swear and attest *under penalty of perjury*, that all of the above information and the statements made by me are true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime punishable by a fine of not more than \$2,500.00 and/or jail for twelve months under Sections 18.2-186.2 and 18.2-11 of the Code of Virginia.

WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

I do hereby make oath and swear and attest *under penalty of perjury*, that I have read the foregoing Application/Recertification Form and that all of the above facts and statements are true and correct. Making a false statement under oath is punishable by a fine of not more than \$2,500.00 and/or imprisonment for 10 years under Sections 18.2-434 and 18-10 of the Code of Virginia.

Signature of Head of Household

Signature of Spouse or Other Adult

Signature of Other Adult

Signature of Other Adult

Date

Date

Date

Date

