Orange County Department of Housing, Human Rights and Community Development
Orange County Housing Authority

Housing Choice Voucher Program
Pre-Application 2015 Waiting List

Return Application to:
Orange County Housing Authority
P.O. Box 8181
300 West Tryon Street, 3rd Floor
Hillsborough, NC 27278

EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY

APPL #:_____
DATE: _____
TIME: _____
PREF: _____

ALL MAILED APPLICATIONS MUST BE POST-MARKED BY NOVEMBER 2, 2015

If you need assistance completing the Application or have questions about the Application process, please contact the Orange County Housing Authority at (919) 245-2490. (Deaf and hearing impaired TDD/TTY (919) 644-3045)

Please print neatly in ink. ALL INFORMATION WILL BE VERIFIED BEFORE YOU RECEIVE A VOUCHER. Only one (1) application per household.

HEAD OF HOUSEHOLD

Head of Household	Date of Birth	Age	Sex	Social Security Number (SSN):
_____ _____ First Name Last Name	____/_____/19____ Month/ Day / Year			- -

Race:	Ethnicity:	Are you or your spouse a veteran?
0 White 0 Black 0 American Indian/ Alaskan 0 Asian 0 Native Hawaiian/ Pacific Islander 0 Other_____	0 Hispanic 0 Non-Hispanic	Yes ____ No ____

Annual Income	List all sources of income (wages, unemployment, SSDI)	Do you work or have been hired to work in Orange County? Yes ____ No ____
$ _____		

Current Address (include Apt. #):			
City:	County:	State:	Zip:

Home Phone:	Alternate Phone:	Email:
( )	( )	

Alternative Contact Person	Relationship	Address or email	Phone
			( )

HOUSEHOLD COMPOSITION

List all other persons who will be living in your household. (**ALL FIELDS REQUIRED**)

First Name	Last Name	Social Security Number	Relationship	Date of Birth Month/Day/Year	Age	Sex	Annual Income/Source
			SPOUSE				

Do you or any person listed above have a disability? Yes ____ No ____
If yes, please indicate how the disability is validated. Check all that apply:
___ Doctor/Professional Statement
___ Social Security Administration (SSDI)
___ Other: _____

CURRENT HOUSING STATUS

(Indicate "yes" or "no" for each of the following questions)

Are you homeless? Yes ____ No ____
If yes, please explain where you sleep, bathe, eat, etc.: _____
Do you live in a Shelter/Transitional Housing? Yes ____ No ____ If yes, name the facility: _____
Are you a graduate from a Transitional Housing Program? Yes ____ No ____. If yes, name the program: _____
Are you participating or recently graduated from an Educational and Training Program? Yes ____ No ____
If yes, list the name of the Educational and Training program: _____

How much is your current monthly rent/mortgage + utilities: $_____/month
Do you currently receive rental/mortgage payment assistance? Yes ____ No ____ If yes, list the source of assistance: _____
Do you currently live in a government subsidized unit (Public Housing, Section 8)? Yes ____ No ____

Do you have running water? Yes ____ No ____
Do you have an inside toilet? Yes ____ No ____
Do you have electricity? Yes ____ No ____
Do you have heat? Yes ____ No ____
Do you have a kitchen with a sink? Yes ____ No ____

Are you being displaced from your unit? Yes ____ No ____
If so, indicate why: _____

Do you currently own a house or land? Yes ____ No ____

ADDITIONAL INFORMATION

The Orange County Housing Authority does not discriminate on the basis of race, color, national origin, sex, religion, age, familial status, veterans' status, sexual orientation or disability in its provision of services, programs or activities. The Orange County Housing Authority will take affirmative steps to communicate with people who need services or information in a language other than English.

When your name is pulled from the waiting list, you will be required to provide information that verifies your family's eligibility for the program, including but not limited to your income, citizenship and current living status. Such information must be provided for each member of the household. All members of the household who are 18 years and older will also be subject to a criminal background check.

It is the responsibility of each applicant to notify the Orange County Housing Authority **in writing or in person** within 10 days of changing the family's address. Failure to keep this office informed of any changes of address will prevent contact by mail, and will leave us no alternative but to withdraw the application and remove the family from the Waiting List.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

CERTIFICATION

I understand that this form is not an offer of housing and does NOT guarantee that I will receive a housing voucher. I certify that the information I have given on this document is true and correct. I also understand that false statements or information are grounds for rejection of my application or termination from Program participation.

Applicant Signature: _____ Date: _____

Agency Interviewer: _____ Date: _____

***** FOR OFFICE USE ONLY *****

PREFERENCE(S) CLAIMED:

RESIDENCY (R) ____
VETERAN (V) ____
TRAINING/EDUCATION (ED) ____
DISPLACEMENT (D) _____
ELDERLY or DISABLED (E) ____
SUBSTANDARD HOUSING (S) _____
TRANSITIONAL (T) ____
50% RENT BURDEN (%) ____

COMPLETED BY _____ _____ _____
NAME TITLE DATE