



VOUCHER WAITING LIST HOUSING APPLICATION

If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, please contact the VHDA voucher agency in your area. Individuals needing help to apply due to their disability must submit the request in writing to the VHDA voucher agency during the application acceptance period.

Head of Household Information

Please fill out each completely.

1. First Name: _____ Middle Initial: _____ Last Name: _____
2. Gender: Male or Female _____ 3. Social Security Number: _____
4. Birth Date (month/day/year): _____ 5. Citizenship (select one): Eligible Citizen
Eligible Non-Citizen Ineligible Non-Citizen
Pending Verification
6. Race: Asian American Indian Alaska Native Black African American Native Hawaiian
Other Pacific Islander White
7. Ethnicity: Hispanic NonHispanic
8. Mailing Address: _____
9. Phone: _____
10. E-mail (if you have one): _____

Optional Contact Information

11. Full Name: First Name: _____ Middle Initial: _____ Last Name: _____
12. Address: Street Address: _____ Apartment: _____
City: _____ State: _____ Zip Code: _____
13. Email: _____
14. Phone: _____

Preferences (are based on the Agency Preferences)

15. Does someone in your household live and/or work in Craig County, Floyd County, Giles County, Montgomery County or Pulaski County? Yes No
16. Does at least one family member in the household live and/ or work in the State of Virginia? Yes No
17. As an applicant applying for your household, do you live outside of Virginia? Yes No
18. Does your household have any family member that is disabled? Yes No
19. Is the head, spouse or sole member of the household elderly and/or disabled? Yes No

Certification of Information

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLING MAKING FALSE OR FRADULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THEN FIVE YEARS OR BOTH.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

I understand that it is my responsibility to keep my contact information current. All changes to the application must be updated by the applicant and provided in writing to the VHDA voucher agency.