



DO NOT DUPLICATE
 APPLICATION FOR OCCUPANCY
Piedmont Housing Alliance
 682 Berkmar Circle, Charlottesville, VA 22901
 (434) 817-2436/ TTY 711

For Office Use Only	
Date Rec'd	_____
Time Rec'd	_____
Initials	_____

Please Type or Print Clearly

	Applicant (Head of Household)	Spouse/Co-Head of
Household Name	_____	_____
Birthdate	_____	_____
S.S. #	_____	_____
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Co-Head

Disability Status: Do you have a disability that requires a unit with accessibility features? Yes No
If yes, please circle the features that you need: roll-in shower, lowered peephole, roll-under sinks, wider doorways, wheelchair turnaround radius in kitchen and bathroom, strobe light doorbell, fire alarm and phone, and audio-enhanced doorbell, phone and fire alarm.

Current Subsidy Status: Are you currently receiving a government housing subsidy?..... Yes No

Current Address

Address _____	Street	City	State	Zip
Your Phone # _____	Your Email Address _____			
How long have you lived here? _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent \$ _____		
Current Landlord _____	Landlord's Phone # _____			
Landlord's Address _____	Street	City	State	Zip

Previous Address

Address _____	Street	City	State	Zip
<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Dates you lived here? From: _____ to _____	Monthly Rent \$ _____		
Landlord's Name _____	Phone _____			
Landlord's Address _____	Street	City	State	Zip

** Please provide landlord information for your last two places of residence AND the last five years. If the total time that you lived in these two places is less than five years, additional landlord information can be included on a separate sheet of paper.

Please list any states in which you or any member of your household has ever resided: _____

Please list any aliases used by any member of your household: _____

Household Composition

List all persons who will be living in your home, with the head of household listed first.

Name of Household Member	Relationship	Date of Birth	Citizen (Y/N)	Full or Part Time Student (Y/N)	Social Security Number*
1.	Head				
2.					
3.					
4.					
5.					
6.					

*If a household member has no Social Security number and he/she was 62 or older on 01/31/2010 and receiving HUD assistance at another location on 01/31/2010, he/she is exempt from disclosing and providing verification of a SSN.

Income Information

List all money earned, received, or anticipated by each member of your household. This includes wages, self-employment, child support, Social Security, SSI, Worker's Compensation, pensions, TANF, regular gifts, alimony, and other sources.

Household Member	Gross Monthly Wages*	Monthly TANF	Monthly Child Support	Monthly Social Security/SSI	Monthly Unemployment	All Other Income (Monthly)

*Include wages for household members 18 years of age or older. All other forms of income must be declared for household members of any age.

Assets

List all checking accounts, savings accounts, IRAs, 401Ks, Certificates of Deposit, stocks, bonds, and real estate of all household members.

Household Member	Type of Asset	Bank or Institution	Current Value/Balance

Have you sold or given away any assets in the last two years for less than its fair market value? Yes No

- Do you own an automobile? Yes No
- Do you own a pet? Yes No
If yes, what breed/weight? _____
- Have you or any member of your family been evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes No
- Have you ever been terminated from a subsidized housing program?..... Yes No

5. Do you or any member of your household currently engaged in illegal use of drugs? Yes No

6. Is any member of your household subject to lifetime registration as a sex offender?..... Yes No

7. How did you hear about this community? _____

8. If you are unable to communicate (written/verbal) with us in English, in which language do you need information?

9. What type of apartment are you interested in? Studio 1 BR 2 BR 3 BR 4 BR

I/We certify that if selected to move into this community, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for subsidized housing. I/We authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background and verification information that may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may negate this application and any resulting rental agreement.

Signature: Applicant (Head of Household) _____ Date _____

Signature: Spouse/Co-Applicant _____ Date _____

Signature: Other Adult (18 yrs. and older) _____ Date _____

Signature: Other Adult (18 yrs. and older) _____ Date _____

A Piedmont Housing Alliance staff member assisted applicant(s) in completing this application. Staff member providing assistance: _____

The following attachments are included with this application. Completion of both forms is optional. If you choose not to complete one or both of them, please write "Chose not to complete" on the form(s) and return them with your completed application.

1. HUD Form 92006 Supplement to Application for Federally Assisted Housing

2. HUD Form 27061-H Race and Ethnic Data Reporting Form



STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, their federally assisted programs and activities. Applicants with a disability have the right to request reasonable accommodations when necessary to participate in the application process or make effective use of the housing programs. To request a Reasonable Accommodation, please contact the property's management office.

Please return this application in person or by mail to:

