

Vernon H.A. Section 8 Pre- Application

Please complete all fields marked with an asterisk (*) or your application will be considered incomplete. Complete information on every member of your household. If your household is over 4 members please provide additional sheets. For more information about the application please refer to the Pre-Application Information Document available at www.VernonHousing.org.

Head of Household

* First name:		Middle:		* Last name:	
Primary Phone Number:			Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
May we send text message to this number (rates may apply)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Email:		* Date of Birth:		Gender:	
		* Disabled:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
* U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* SSN or Alien ID #:	<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)		

Current Living Situation

* What is your household's living condition?

Living in a permanent residence
 Living in a temporary residence
 Living in a shelter or hotel/motel
 Living in a place that is not normally used for housing

Housing Costs

* What is your current monthly rent or mortgage payment ?	* \$
* What is your total monthly cost for utilities? (heat, hot water and electricity only)	* \$
* Is your household at risk of losing your current residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home Address

In Care of:					
* Address 1:			Address 2:		
* City:		* State:		* Zip Code:	
Is this the best place to send mail? If not, please provide a mailing address:					

Mailing Address

In Care of:					
Address 1:			Address 2:		
City:		State:		Zip Code:	

Emergency Contact

Please provide additional contacts in case we need to get in touch with you about your waitlist status. These contacts can be homeless shelters, friends, family members etc.

First Name:		Last Name:	
Phone:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other

Household

* How many people live in your household?	* #
* How many bedrooms does the household require?	* #

Employment & Other Income

Employment 1:		Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:	
Approximate Monthly Income from Employment 1:			\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Other total monthly income (Including SSI, SSDI, alimony, child support, pensions, etc.):					* \$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	School Name:		
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:		State:		Zip Code:	

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____	

Race

Ethnicity

Optional: Asked solely for HUD reporting purposes.

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alaska Native or Indian American | <input type="checkbox"/> Would not like to disclose |
| <input type="checkbox"/> Asian | |

Asked solely for HUD reporting purposes:

- | |
|---|
| <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Would not like to disclose |

Household Members

Household Member 2	Co-Applicant (one per household) <input type="checkbox"/>	
* First name:	Middle:	* Last name:
* Relationship to Head of Household: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other		
* Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	* Date of Birth:	Gender:
* SSN or Alien ID #: _____ <input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)		

Employment & Other Income

Employment 1:		Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
City:		State:		Zip Code:	
Monthly Income:	\$	Pay Cash:	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Other total monthly income:	\$

School

* Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	School Name:		
School Type:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training				
City:		State:		Zip Code:	

Veteran Status

Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?	* <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to a question above, please indicate years served: _____	

Please provide information on each member of your household. Additional sheets may be included for additional household members and/or additional employment or school information.

* Required Field

Household Member 3				Co-Applicant (one per household) <input type="checkbox"/>			
* First name:		Middle:		* Last name:			
* Relationship to Head of Household:				<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other			
* Disabled:		<input type="checkbox"/> Yes <input type="checkbox"/> No		* Date of Birth:		Gender:	
* SSN or Alien ID #:				<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			
Employment & Other Income							
Employment 1:				Type:			
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			
City:		State:		Zip Code:			
Monthly Income: \$		Pay Cash:		* Other total monthly income:		\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
School							
* Student:		If Yes:		School Name:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
School Type:		<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training					
City:		State:		Zip Code:			
Veteran Status							
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?						* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?						* <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to a question above, please indicate years served: _____							

Household Member 4				Co-Applicant (one per household) <input type="checkbox"/>			
* First name:		Middle:		* Last name:			
* Relationship to Head of Household:				<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Foster child <input type="checkbox"/> Live in Aid <input type="checkbox"/> Other			
* Disabled:		<input type="checkbox"/> Yes <input type="checkbox"/> No		* Date of Birth:		Gender:	
* SSN or Alien ID #:				<input type="checkbox"/> I have no SSN or Alien ID # (temporary number will be provided by PHA)			
Employment & Other Income							
Employment 1:				Type:			
				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			
City:		State:		Zip Code:			
Monthly Income: \$		Pay Cash:		* Other total monthly income:		\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
School							
* Student:		If Yes:		School Name:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
School Type:		<input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary (K-6) <input type="checkbox"/> Middle (6-8) <input type="checkbox"/> High (9-12) <input type="checkbox"/> College or University <input type="checkbox"/> Training					
City:		State:		Zip Code:			
Veteran Status							
Have you ever served on active duty in the U.S. armed forces, reserves, or National Guard?						* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an ex-spouse, widow, or widower of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard?						* <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to a question above, please indicate years served: _____							

Applicant Household Conditions					
* Has anyone in your household been displaced or at risk of being displaced due to a natural disaster?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
Name / Disaster Type:		Disaster Date:		Displacement Date:	
Disaster City:		State:		Zip Code:	
* Has anyone in your household been displaced or at risk of being displaced due to an action of a housing owner/landlord?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Has anyone in the household vacated their housing unit because of domestic violence or lives in a unit with a person who engages in violence?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Has anyone in your household been displaced or at risk of being displaced due to hate crimes?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Has anyone in your household been displaced or at risk of being displaced due to a government action?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Has anyone in your household been displaced or at risk of being displaced due to the inaccessibility of a unit?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Has anyone in your household been displaced or at risk of being displaced to avoid reprisals or due to being in witness protection?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Is anyone in your household fleeing home due to dangerous conditions?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you currently living in substandard housing?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you or any household member living in an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?					* <input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you or a household member at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing, intended for individuals with disabilities?					* <input type="checkbox"/> Yes <input type="checkbox"/> No

You must complete all required fields on the pre-application in order to be added to the waitlist. Required fields are marked with an asterik (*). Starting on August 16, 2019 the Vernon Housing Authority will accept applications for their Section 8 Housing Choice Voucher program. The waitlist will remain open until August 30, 2019. Once the waitlist closes on August 30, 2019 eligible applicants will receive a lottery number and will be placed on the VHA Section 8 Waitlist in a randomized order. Applicants will receive receipt of their application and lottery number at that time.

Return a completed Pre-Application to Vernon Housing Authority 21 Court Street Vernon, CT 06066

To apply online visit:

www.gosection8.com/vernon-housing-authority/HA4027

I CERTIFY THAT THE ENCLOSED INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Section 8 Housing Choice Voucher Program. I certify that I have attained the age of eighteen and therefore have full legal capacity to act on my own behalf in the matter of contracts.

* Signature of Head of Household:		* Date:	
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For PHA use only

Application ID: _____	Application Date: _____
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