

Virgin Islands Housing Authority

St. Thomas

4402 Anna's Retreat #200
 St. Thomas, VI 00802-1737
 Telephone: 340-777-8442
 Fax: 340-775-0832
 TDD Line: 340-777-7725
 Website: www.vihousing.org



St. Croix

RR 2Box 9299
 Kingshill, VI 00850-9719
 Telephone: 340-778-8442
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 TDD Line: 340-778-5245
 Email: exec@vihousing.org

HOUSING CHOICE VOUCHER PROGRAM APPLICATION FOR HOUSING/CONTINUED PARTICIPATION

HOUSEHOLD INFORMATION

| | | |
|------------------|------------|--|
| Last Name | First Name | Middle |
| Physical Address | City | State ZIP |
| Mailing Address | City | State ZIP |
| Home Phone | Cell Phone | Work Phone |
| Email Address | | |

Optional Information for Statistical Purposes Only (please check all that apply):

Race of Head: African American/Black Caucasian/White Asian/Pacific Islander
 Native American/Alaskan Native Multiracial

Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

EMERGENCY CONTACT INFORMATION

| Name of Person to Contact | Address | Daytime Telephone |
|---------------------------|---------|-------------------|
| | | |
| | | |



We do business in accordance with the Federal Fair Housing Act. The Virgin Islands Housing Authority welcomes qualified tenants without regard to race, color, national origin, religion, sex, familial status, handicap, sexual orientation, gender identity, or marital status. VIHA provides reasonable accommodations to persons with disabilities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation (such as this document in an alternate format) in order to fully utilize our programs and services, please contact our Section 504 Coordinator at (340) 777-8442.

FAMILY COMPOSITION

1. Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each household member. No one except those listed on this form may live in the unit.

| | First and Last Name | Relation to Head of Household | Marital Status | Sex M/F | Age | Date of Birth | Place of Birth | Social Security Number |
|---|---------------------|-------------------------------|----------------|---------|-----|---------------|----------------|------------------------|
| 1 | | HEAD | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
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| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

2. Are there any anticipated changes in family composition? Yes No

Anticipated changes: _____

INCOME

Please answer each question below. If the answer is “yes” to any question, please provide further information in the space provided. Do not skip any questions.

3. Will you or any household members be receiving any type of income from **employment**? Yes No

| Name of Household Member | Occupation | Gross Wages (Provide Last Six Paystubs) | Employer Name |
|--------------------------|------------|--|---------------|
| | | | |
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4. Will you or any household members be receiving income from a **family-operated business or be otherwise self-employed**? Yes No If yes, provide previous year's tax return or self-audit form.

| Name | Description of Business or Self-Employment | Gross Wages |
|------|--|-------------|
| | | |
| | | |

5. Will you or anyone in the household receive **Social Security, SSI, or SSDI** benefits? Yes No

| Name | Monthly Amount |
|------|----------------|
| | |
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6. Will you or anyone in the household receive **TANF, General Assistance, or Food Stamps (SNAP)** payments? Yes No

| Name | Monthly TANF Amount | Monthly Food Stamps Amount |
|------|---------------------|----------------------------|
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7. Will you or anyone in the household be receiving **alimony** payments? Yes No

| Name | Monthly Amount |
|------|----------------|
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8. Will you or anyone in the household be receiving **child support** payments? Yes No

| Name(s) | Monthly Amount | Payment Source (check one) |
|---------|----------------|---|
| | | <input type="checkbox"/> From Child Support Agency <input type="checkbox"/> Directly from child's/children's parent <input type="checkbox"/> Other (specify): _____ |
| | | <input type="checkbox"/> From Child Support Agency <input type="checkbox"/> Directly from child's/children's parent <input type="checkbox"/> Other (specify): _____ |
| | | <input type="checkbox"/> From Child Support Agency <input type="checkbox"/> Directly from child's/children's parent <input type="checkbox"/> Other (specify): _____ |
| | | <input type="checkbox"/> From Child Support Agency <input type="checkbox"/> Directly from child's/children's parent <input type="checkbox"/> Other (specify): _____ |

9. Will you or anyone receive **cash contributions from friends or family members**? Yes No

| Person Receiving Cash | Person Giving Cash | Relationship | Monthly Amount |
|-----------------------|--------------------|--------------|----------------|
| | | | |
| | | | |
| | | | |

10. Will anyone not in the household **pay bills (including tuition) on your behalf or on the behalf on anyone in the household**? Yes No

| Person Whose Bill Is Paid | Person Paying the Bill | Relationship | Type of Bill | Monthly Amount (Provide Copy of Bills) |
|---------------------------|------------------------|--------------|--------------|---|
| | | | | |
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11. Will you or anyone receive **non-cash contributions** (such as groceries)? Yes No

| Person Receiving Non-Cash Contribution | Person Giving Non-Cash Contribution | Relationship | Type of Non-Cash Contribution | Monthly Amount (Provide Copy of Receipts) |
|--|-------------------------------------|--------------|-------------------------------|--|
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12. Will you or anyone in the household receive **unemployment compensation, disability compensation, workers' compensation, or severance pay**? Yes No

| Name | Type of Compensation | Monthly Amount |
|------|----------------------|----------------|
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13. Will you or anyone in the household receive **VA benefits**? Yes No

| Name | Monthly Amount |
|------|----------------|
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14. Will you or anyone in the household receive periodic payments from **annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts**? Yes No

| Name | Type of Periodic Payment | Monthly Amount |
|------|--------------------------|----------------|
| | | |
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15. Will you or anyone in the household be receiving **income from assets**? Yes No

| Name | Financial Institution | Type of Asset | Monthly Amount |
|------|-----------------------|---------------|----------------|
| | | | |
| | | | |

16. Will you or any adult household member receive pay as a member of the **Armed Services**? Yes No

| Name | Monthly Amount |
|------|----------------|
| | |
| | |

17. Will you or any household member receive **lottery winnings**, paid periodically? Yes No

| Name | Monthly Amount |
|------|----------------|
| | |
| | |

18. Will you or any household member receive **any other type of income**? Yes No

| Name | Income Source | Monthly Amount |
|------|---------------|----------------|
| | | |
| | | |

ASSETS

Please answer each question below. If the answer is “yes” to any question, please provide further information in the space provided. **Do not skip any questions.**

19. Do you or anyone in the household have any of the following assets:

a) **Cash?** Yes No Value: \$_____

b) **Safety deposit box(es)?** Yes No If yes, name and address of financial institution:



c) **Savings account(s)?** Yes No If yes, please provide the information requested below and copies of three most recent statements.

| Name | Financial Institution | Account Number | Value |
|------|-----------------------|----------------|-------|
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d) **Checking account(s)?** Yes No If yes, please provide the information requested below and copies of three most recent statements.

| Name | Financial Institution | Account Number | Value |
|------|-----------------------|----------------|-------|
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e) **Stocks, bonds, Treasury bills, certificates of deposit, or money market?** Yes No
If yes, please provide copies of statements.

f) **401k or other retirement funds?** Yes No If yes, please provide copies of statements.

g) **Real estate, equity in rental property, or other capital investments?** Yes No
If yes, please provide documentation.

h) **Personal items held as investments** (antique cars, coin or stamp collections, etc.)? Yes No

i) Will you receive any **lump sum receipts?** Yes No



j) Any **“whole life” life insurance policies**? Yes No If yes, please the information requested below **and** provide documentation.

| Name of Policy Holder | Insurance Company Name, Address, and Phone Number | Cash Value |
|-----------------------|---|------------|
| | | |
| | | |

20. Has anyone in the household sold any **real estate, business, or other asset** in the past two years? Yes No If yes, please provide the information requested below and documentation.

| Address of Property/Name and Address of Business | Value of Asset | Sale Price of Asset |
|--|----------------|---------------------|
| | | |
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DEDUCTIONS

21. Are any household members over the age of 18 (but not the head or spouse) full-time students? Yes No

| Name of Student | School Name, Address, and Phone Number |
|-----------------|--|
| | |
| | |
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22. Is the head or spouse elderly or disabled? Yes No If yes:

a) Does your household have any out-of-pocket medical expenses, such as insurance, Medicare deduction, doctor visits, hospital costs, clinic costs, medicine, therapy, supplies, or medical transportation? Yes No

List expenses: _____



23. Is any member of the household other than the head or spouse disabled? Yes No

If yes, name(s) of disabled household member(s): _____

24. Do you or anyone in the household have any expenses on behalf of a household member with disabilities so that an adult in the family can work? Yes No

List expenses: _____

25. Do you or anyone in the household have any childcare expenses for children under the age of 13 so an adult in the family can work, go to school, or attend job training? Yes No

| Name of Child | Childcare Provider Name |
|---------------|-------------------------|
| | |
| | |
| | |

26. Do you have any past due WAPA or other utility bills? Yes No Amount owed: \$ _____

27. What type of stove do/will you use? Electric Gas



NEW ADMISSIONS ONLY

DO NOT COMPLETE IF YOU ARE A CURRENT HCVP PARTICIPANT

28. Please indicate your place(s) of residence for the past three years:

| Move-in Date | Move-out Date | Address | Landlord's Name | Landlord's Phone |
|--------------|---------------|---------|-----------------|------------------|
| | | | | |
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29. Are you currently living in a car, on the street, or another place not meant for human habitation?

Yes No

30. Are you currently living in an emergency shelter, transitional housing, Safe Haven, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals? Yes No

31. Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution? Yes No

32. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence? If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? Yes No

33. Have you ever been evicted from housing? Yes No

If yes, why? _____



NEW ADMISSIONS ONLY

DO NOT COMPLETE IF YOU ARE A CURRENT HCVP PARTICIPANT

34. Have you ever lived in one of our apartments or participated in one of VIHA's subsidized housing programs? Yes No If yes, what community? _____
a) Did you owe a balance? Yes No If yes, amount owed: \$ _____
35. Have you ever lived in public housing or participated in the Section 8 HCV program (but not VIHA)?
 Yes No
If yes, where? _____
Dates: From _____ to _____ Name of Lessee: _____
36. Are you able and willing to reliably discharge the financial obligations of renting an apartment (i.e., will you pay your rent on time and pay any additional charges or fees as required)? Yes No
37. Are you able and willing to maintain the apartment in a healthy and secure condition? Yes No
38. Are you able and willing to live peaceably with your neighbors in the community in which you are placed? Yes No
39. Are you able and willing to obtain and maintain the necessary utility services in your unit? Yes No

FRAUD CERTIFICATION

It is the responsibility of all clients to provide accurate and complete information to the Virgin Islands Housing Authority (VIHA). If you do not provide all required information or if you submit false information to VIHA, you may be charged with federal fraud (Title 18, Section 1001 of the U.S. Code). After verification by VIHA, the information will be electronically submitted to HUD or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Notice, HUD-9886.

I/we understand that if I/we provide false or misleading information, or if I/we fail to disclose information requested on this application, I/we may be:

- Disqualified from admission or participation;
- Evicted from my/our apartment or house;
- Required to repay all overpaid rental assistance I/we received;
- Fined up to \$10,000;
- Imprisoned for up to five years;
- Prohibited from receiving future assistance; and/or
- Subject to State and local government penalties.

I/WE CERTIFY THAT ALL INFORMATION I/WE HAVE PROVIDED IS COMPLETE AND ACCURATE.



The information contained in this application is true, and complete to the best of my/our knowledge. I/we have no objection to inquiries being made for the purpose of verifying the statements made herein.

I/we have read the Privacy Act Statement printed below.

Signature of Head of Household: _____ Date _____

Signature of Spouse/Co-Head: _____ Date _____

Signature of Other Adult: _____ Date _____

Signature of Other Adult: _____ Date _____

Signature of Other Adult: _____ Date _____

Staff Name: _____

Staff Title: _____

Staff Signature: _____ Date _____

PRIVACY ACT STATEMENT

The information on this form is being collected by the U.S. Department of Housing and Urban Development (HUD) to determine the applicant’s eligibility, the recommended unit size, and the amount of participant contribution. HUD also uses the information to monitor compliance with Federal requirements on eligibility and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and compliance with Federal information. Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters. The Privacy Act restricts HUD’s disclosure of information. There may be local laws or regulations that govern disclosure by a public housing agency. It is not mandatory to provide Social Security numbers. HUD uses Social Security numbers as identifiers in computer matching to check eligibility and rent determinations made by VIHA. However, failure to provide any other information may result in eviction of the withdrawal of housing assistance. The Department is authorized to ask for this information by the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq. of the Housing and Community Development Amendments of 1961, PL 97-35,85 Stat., 348-406.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777; for the hearing impaired, please call TTY 800-927-9275.

