

Virgin Islands Housing Authority

St. Thomas
9900 Oswald Harris Court
St. Thomas, VI 00802-3100
Telephone: 340-777-8442
Fax: 340-775-0832
Website: www.vihousing.org



St. Croix
9299 Estate Slob
Kingshill, VI 00850
Telephone: 340-778-8442
Fax: 340-773-3054
TDD Line: 340-778-5245
Email: hcvp@vihousing.org

PRE-APPLICATION FOR THE HOUSING CHOICE VOUCHER TENANT-BASED, PROJECT- BASED AND SINGLE ROOM OCCUPANCY PROGRAMS

PHA USE ONLY

App No. _____

App. Date _____

App. Time _____

PART I: TO BE FILLED OUT BY APPLICANT – PLEASE PRINT

Instructions: Please read carefully. Incomplete applications will not be processed. Provide Social Security numbers for all household members (applications will be considered incomplete without this information). Complete applications will be entered on the waiting list in the order received and sorted according to date and time, admission preferences, and unit size. Applications will be accepted by hand delivery, via dropbox, email or postal mail, at any of our central office locations, postmarked within dates when VIHA HCVP is accepting applications. Applicants with disabilities may seek assistance with the completion of the application by contacting VIHA’s Central Offices at the telephone numbers listed above. Applicants may also call the St. Thomas/St. John Housing Choice Voucher Program office at (340)714-0174 or email: hcvp@vihousing.org. Be sure to provide your complete address and telephone numbers so that we can contact you.

Applicant Information:

Last Name	First Name	Middle Name
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

PART II. List all persons who will live in the rental unit while you are on the program:
(List head of household first, then spouse/co-head, then any other adults, then minors.) Be sure to include the name, Social Security number and date of birth of every family member who will live in the household.

	First and Last Name	Relation to Head	Sex M/F	Age	Date of Birth	Place of Birth	Social Security Number
1		HEAD					
2							
3							
4							
5							
6							
7							
8							
9							



1.

Have you been displaced or required to move from your place of residence due to a government declared disaster within the last 24 months?

☐ Yes☐ No
2.

Have you been displaced or required to move from your place of residence due to domestic violence, stalking violence, dating violence, or stalking within the last 12 months?

☐ Yes☐ No
3.

Are you, your spouse, or co-head a person age 62 or older or a person with disabilities?

☐ Yes☐ No
4.

Are any members of your household disabled?

☐ Yes☐ No

If yes, list their names below:
5.

Do you live or have you at onetime lived within the jurisdiction (U. S. Virgin Islands) of VIHA’s HCV Program?

☐ Yes☐ No
6.

Are you sixty-two (62)/disabled with a son, daughter or parent living within the jurisdiction (U. S. Virgin Islands) of VIHA’s HCV Program?

☐ Yes☐ No
7.

Are you working (employment means regularly scheduled work for at least 20 hours per week) or have been notified that you are hired to work in the U. S. Virgin Islands?

☐ Yes☐ No

Part III. Income Information: Please list the source and monthly amount of all current income received by **all household members**, including children, yourself and any other adults in the household.

Household Member Name	Income Source	Monthly income

Please check all waiting lists in which your application should be maintained:

- ☐ Tenant Based Housing Choice Voucher Program
- ☐ Project Based Voucher Program (Patriot Manor) - St. Thomas
- ☐ Project Based Voucher Program (Celestino A. White, Sr., Senior Citizens Home) – St. Thomas
- ☐ Project Based Voucher Program (Croixville Apartments) - St. Croix
- ☐ Project Based Voucher Program (Louis E. Brown) - St. Croix
- ☐ Project Based Voucher Program (Louis E. Brown, II Senior Development) - St. Croix
- ☐ Project Based Voucher Program (Louis E. Brown, III) - St. Croix
- ☐ Single Room Occupancy (Meeting The Needs Of Our Community, Inc.) - St. Thomas

Return completed application to:
Virgin Islands Housing Authority

ST THOMAS
Physical Address: Oswald Harris Court, Street C - Central Office Annex
Mailing Address: 9900 Oswald Harris Court, St. Thomas, VI 00802-3100
Telephone (340) 714-0174 Fax (340) 714-0218
Email: hcvp@vihousing.org
Drop Boxes are at each location.

ST. CROIX
Physical Address:5 Est. Bethlehem, Aurea Diaz Heights Community
Mailing Address: 9299 Estate Slob, Kingshill, VI 00850
Telephone (340) 778-8442 Fax (340) 773-0830
Email: hcvp@vihousing.org

ATTENTION APPLICANT: You are responsible for maintaining current and accurate applicant information. You are required to notify the Virgin Islands Housing Authority Housing Choice Voucher Program in writing of any change in address, income, and/or household composition. **If we cannot contact you at the address listed on this application or an updated address, your name will be removed from the waiting list, and you will have to reapply.**

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).

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; terminated from the HCVP; 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.
I understand that this is not a contract and does not bind either party. The information contained in this application is true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

Head of Household Signature

Date