

## NOTICE TO APPLICANTS

### HOUSING CHOICE VOUCHER PROGRAM APPLICATION PROCESS

CCA uses a two-step application process.

Step 1: Applicants provide basic information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. Families must complete the CCA's application form and HUD Form 92006, Supplement to Application for Federally Assisted Housing.

Step 2: When a family reaches the top of the waiting list, household members must provide more information as needed to verify family eligibility for the program and to determine how much assistance eligible families may receive.

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CCA makes applications available 24/7 both on its website and by providing paper applications in a box outside its main office. Interested families may also request that an application be mailed to them via first class mail or sent to them by email.

Completed applications may be returned to CCA by mail, e-mail, or in person either by turning them in directly during normal business hours or dropping them in the drop box outside the office outside of normal business hours.

Applications must be complete. **Do not leave blanks.** If a question does not apply to your family, answer with **N/A**. If an application is incomplete, CCA will contact you and allow you time to provide missing information. After the deadline, the incomplete application will be denied, and you must reapply with a **new** application.

**REMEMBER:** If your contact information (*mailing address, email address, and/or phone number*) or family information (*income, household composition, etc.*) changes, it is your responsibility to report the change to us in writing. For household changes, report the changes by completing the application form and checking the box indicating this form updates an existing application.

If you applied in the past but did not receive assistance or participated in the program in the past but left the program, you may re-apply by completing a **new** application.

**APPLICANTS: KEEP THIS PAGE FOR YOUR INFORMATION**

## PREFERENCES FOR HCV APPLICANTS

CCA awards preference points for the following preferences for eligible Housing Choice Voucher Program applicants who meet the criteria below. Preferences must be verified.

- **Homelessness & Fleeing Domestic Violence – 25 Points**

*CCA adopts the CoC program definition of homelessness at 24 CFR 578.3 including the following:*

**Category 1:** Households (*individuals or families*) who lacks a fixed, regular, and adequate nighttime residence, including having a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodation such as a car, park, abandoned building, bus station, airport, or camping ground or is living in a publicly or privately operated shelter designated to provide temporary/short-term accommodation.

**Category 2:** Households at immediate risk (*within 14 days of the date of application*) of losing their primary nighttime residence, no other residence has been identified, **and** the household lacks the resources needed to obtain other permanent housing.

**Category 3:** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who are defined as homeless under the other federal statutes.

**Category 4 - Domestic Violence:** Any individual or family **fleeing**, or **attempting to flee**, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence, has no other residence, and lacks the resources to obtain other permanent housing. [VAWA 2022](#) revised the definition of "domestic violence" and adds the definitions of "economic abuse" and "technological abuse." HUD interprets its current regulatory definitions of "domestic violence" and "stalking" to include what is covered in these revised and new statutory definitions.

- **Elderly (62 or older) –** 20 Points
- **Disabled households (*Head, co-head or spouse is disabled*)** 15 Points
- **Households working 20 hours or more per week** 10 points

Applicants who are not eligible for or do not claim a preference, but appear to be eligible for assistance, will be placed on the wait list by the date and time the application is received.

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## Application for Tenant-based Rental Assistance

Answer all questions. If the question does not apply to you, answer N/A.

CCA will verify information contained in this application.

☐ - This is a **new** application

☐ -This form updates an existing application.

Head of Household's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Start with the "head of household" (*person named above*), then include all persons who will live in the rental unit. Information provided on this application will be verified once the household reaches the top of the waiting list. Race & Ethnicity are collected for statistical purposes only.

Household members are required to submit evidence of citizenship or eligible immigration status.

Household Member Name	Social Security Number	Relationship to Head of Household	Date of Birth	Race(s)	Ethnicity (Hispanic or Non-Hispanic)	Student status FT/PT/NA
		Self				

Add additional family members on a separate piece of paper. Include all the information above for each household member. Families are required to provide verification of Social Security Numbers for all family members at the initial interview.

### APPLICANT PREFERENCES

Please check the preference(s) for which you believe you are eligible & provide proof of eligibility (examples provided, do not include medical diagnosis or specific information about a disability):

- ☐ Homeless (see website definition of homelessness.) – *Verification of Homelessness from Service Provider*
- ☐ Fleeing domestic violence – *Verification from Victim Service Provider*
- ☐ Working (least 20 hours per week) – *Verification from Employer or 3 consecutive paystubs*
- ☐ Head of household or spouse is elderly (62 or older) – *Birthdates verify eligibility.*
- ☐ Disabled household (head of household, co-head, or spouse) – *SSI/SSDI Income verifies disability.*
- ☐ None of the above

By checking one or more of the preferences above, you certify that you meet the preference criteria. If CCA is unable to verify your eligibility for a preference, you will not receive that selection preference. Applicants who are not eligible for a preference will be placed on the waiting list by the date and time the application is received by CCA.

### INCOME INFORMATION

List all household members that have income, including children. Include the monthly amount of the income.

Household Member Name	Wages/ Earned Income	SSI/SSDI Benefits	VA Pension/ Disability	Retirement/ Pension	Child Support/ Maintenance	Work First/ TANF

### OTHER INFORMATION

Has anyone in your household received housing assistance before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where and when? \_\_\_\_\_

Does anyone in your household owe money to a federally assisted housing program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where & when \_\_\_\_\_

Are you or any member of your household required to register as a sex-offender?  
☐ Yes ☐ No If yes, indicate type: ☐ Lifetime Registration ☐ Limited term: \_\_\_\_\_ years

Do you currently rent now? ☐ Yes ☐ No If yes, Landlord name: \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_ Average Monthly Utility Costs: \$ \_\_\_\_\_

\*\*\*\*\*  
Applicants must respond to requests from CCA to update information on their application and confirm interest in receiving assistance. Eligibility is determined during Step 2 of the application process when all information is verified. When funding is available, households are selected from the waiting list based on waiting list position subject to income targeting requirements. **You are responsible for updating your application when changes occur.** If we cannot reach you with the contact information you provide, you may be removed from the waiting list.  
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### APPLICATION CERTIFICATION

By signing this application, I/We certify that the information given to Coastal Community Action, Inc. is true & complete to the best of my/our knowledge. I/We understand that making false statements may result in denial of rental assistance or termination of rental assistance in the future.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member (s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member (s)

\_\_\_\_\_  
Date

**WARNING: United States Code: 18 USC 1001- FRAUD AND FALSE STATEMENTS**, makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

For CCA use only:

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Initials: \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.