

**\*\*\*HOUSING APPLICATION\*\*\***

WE ARE ACCEPTING APPLICATION; HOWEVER, THE WAITLIST IS APPROXIMATELY ONE YEAR FROM DATE OF PREFERENCE APPLICATION

ONCE WE RECEIVE YOUR COMPLETED APPLICATION YOU WILL NOT RECEIVE ANY NOTIFICATION UNTIL AN INITIAL INTERVIEW IS SCHEDULED OR AN UPDATE OF APPLICATION IS REQUESTED

IT IS YOUR RESPONSIBILITY To NOTIFY THE PROGRAM (BY WRITTEN NOTICE) OF ANY CHANGES TO YOUR MAILING ADDRESS, TELEPHONE NUMBER, INCOME OR HOUSEHOLD COMPOSITION

To claim the "victim of violence" preference an Applicant must meet certain guidelines and provide supporting documentation (within 10 business days).

1. A HUD Section 8 rental assistance application must be completed if the applicant is not already on the HUD Section 8 waiting list.

2. The incident of domestic violence must be within the last six months,

3. The Certification of Domestic Violence, Dating Violence, or Stalking form HUD50066 must be completed.

4. Copies of any restraining orders and/or police reports are required if applicable.

5. Written documentation signed by a professional from whom assistance was sought in addressing the domestic violence or the effects of abuse must be provided.

In accordance with our agency guidelines, you may qualify for the Homeless Preference, IF you meet the definition of homeless and complete the requirements listed below.

By federal regulations, families who are homeless:

- Lack a fixed, regular, and adequate nighttime residence; or
- Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings, and
- Lack the resources and support networks needed to obtain housing.
- Homeless families may maintain their place on the waiting list while completing a transitional housing program.

The following DO NOT meet the HUD definition of Homeless:

1. Persons living in housing that is substandard and in need of repair.
2. Persons living in housing, which is over-crowded,
3. Persons living in housing but are paying an excessive amount for their housing.
4. Persons living with friends or relatives. (Including on a temporary basis.)
5. Persons staying in a motel, including a pay-by-the-week motel.
6. Persons living in a Board and Care, Adult Congregate Living Facility, or similar place.
7. Persons being discharged from an institution that is required to provide or arrange housing upon release.
8. Wards of the State.

As part of the process for this preference:

1. A HUD Section 8 rental assistance application must be completed if the applicant is not already on the HUD Section 8 wait list.
2. You MUST provide (within 10 business days) a written certification by a public or private facility providing shelter, or the police, or a social services agency that you are homeless.
3. Prior to issuing the voucher, we require a second certification from the same source verifying the applicant is not yet permanently housed and has been continuously homeless or temporarily housed since claiming the preference.

Coastal Community Action, Inc. — Section 8  
 PO Box 729  
 Newport, NC 28570  
 Fax: (252) 223-1689  
 Email: sheila.upchurchprior@coastalca.org

(For office use only) Date/Time: \_\_\_\_\_

### Housing Choice Voucher (Section 8) Waiting List Application

Head of Household Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Other Household Members:

Name	Relationship	Social Security Number	Date of Birth	Sex	Race

Estimated month Income:

Name	Source	SSI Child Support, etc.	Month Total

Local Preference: (ONLY CHECK ONE)

- Victim of Violence, Natural Disaster or Government Action (Additional documentation required)
- Homeless (Excludes residing in homes on temporary basis) (Additional documentation required)
- Working (Min. 20 hours per week for 90 of last 120 days when selected from waitlist.)
- Head of Household or Spouse is Elderly — Age 62 or older
- Head of Household or Spouse is Disabled — (Disabled child may qualify)
- Currently have no preference

NOTE: Submit this information by hand-delivery, mail, fax, or email.

## 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.

Applicant Name:	
Mailing Address:	
Telephone No:	cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> CI Emergency Assist with Recertification Process unable to contact you Change in lease terms <input type="checkbox"/> Termination of rental assistance C] Change in house rules <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Other: _____	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law,	
Legal Notification: 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 races 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.	

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

--	--

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 the 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

**CERTIFICATION OF U.S. Department of Housing  
DOMESTIC VIOLENCE, and Urban Development  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**Purpose of Form:** The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time to submit the documentation if you request an extension of the time. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE SEXUAL ASSAULT OR STALKING

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.