



VOUCHER WAITING LIST HOUSING APPLICATION

If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, please contact the VHDA voucher agency in your area. Individuals needing help to apply due to their disability must contact the local agency for an appointment to be scheduled during the application acceptance period.

Head of Household Information

Please fill out each field completely.

1. First Name: _____ Middle Initial: _____ Last Name: _____

2. Gender: Male Female 3. Social Security Number: _____ 4. Birth Date (mm/dd/yyyy): _____

5. Citizenship (select one): Eligible Citizen Eligible Non-Citizen Ineligible Non-Citizen Pending Verification

6. Race: White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

7. Ethnicity: Hispanic Non-Hispanic

8. Mailing Address: _____
Street City State Zip Code

9. Phone: _____ 10. Email (if you have one): _____

Optional Contact Information

Complete this section if you wish to identify someone who can receive communications regarding your placement on the waiting list on your behalf.

11. First Name _____ Middle Initial: _____ Last Name: _____

12. Mailing Address: _____
Street City State Zip Code

13 Phone: _____ 14. Email _____

Preferences (are based on the Agency Preferences)

15. Does someone in your household live and/or work in Russell or Tazewell County? Yes No

16. Does at least one family member in the household live and/or work in the State of Virginia? Yes No

17. As an applicant applying for your household, do you live outside of Virginia? Yes No

18. Does your household have any family member that is disabled? Yes No

19. Are you or your family homeless? Yes No

20. Are you or your family homeless and have a child under the age of 18? Yes No

Certification of Information

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLING MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THEN FIVE YEARS OR BOTH.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

I understand that it is my responsibility to keep my contact information current. All changes to the application must be updated by the applicant and provided in writing to the VHDA voucher agency.