

CLINCH VALLEY COMMUNITY ACTION ONLINE WAITING LIST APPLICATION

If you or someone 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 Clinch Valley Community Action at (276) 988-5583.

Section 1: Head of Household Information

Please complete this section for the Head of Household

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____
City State Zip Code

Phone: _____ E-mail (if you have one): _____

Social Security Number: _____ Birth Date (MM/DD/YYYY): _____ Age: _____

Gender: Male Female U.S. Citizen: Yes No Disabled: Yes No Ethnicity: Hispanic or Non-Hispanic

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

Section 2: Preferences

Does at least one family member in your household live and/or work in Russell or Tazewell counties? Yes No

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

Are you currently homeless? Yes No

Is any member of your household disabled? Yes No

We use a random lottery process to determine who will be added to the waiting list. Submitting an application does not guarantee that you will be added to the waiting list. You may check to see if your application was chosen in the lottery the day after the waiting list opening by going to: vhda.apply4housing.com/status.