



Charleston-Kanawha Housing

P.O. Box 86 • Charleston, West Virginia 25321-0086
1525 Washington Street, West • Charleston, West Virginia 25387-2024
304-348-6451 • Fax 304-348-8155 • TDD 304-348-6840



Applying for Housing
Applications are accepted
Monday-Friday
8:00 AM-11:30 AM or 1:00 PM-4:00 PM
Office is Closed Daily from 12:00 PM to 1:00 PM

Steps for Applying:

1. Complete the attached Pre-Application and return it to the address above. Applications will not be accepted unless you have included copies of the following for ALL member(s) of the household:
 - Photo ID (For All Adults)
 - Birth Certificate
 - Social Security Cards
 - Two Current Paystubs or Letter from Employer stating the Hours you Work and Rate of Pay per Hour (On Letterhead and Signed)
 - Proof of any other Household Income (Social Security/SSI/Child Support/etc)
2. A letter and application packet will be sent to you confirming receipt of your Pre-Application. Included will be an invitation to attend an *Application Orientation*.
3. Attend the *Application Orientation* and provide ALL information requested. You must bring with you the names and contact information of previous landlords. Information for all other adults in the household will be gathered at this time and they **must** attend.

Thank you for applying for housing with CKHA.

You **must** attend the *Application Orientation to be considered for housing*.





Charleston-Kanawha Housing Authority

Public Housing Pre-Application Form (08/15)



Household Composition

Last Name	First Name	MI	Relationship	Birth Date	Age	Birthplace	Soc Sec #
1.			Head				
2.							
3.							
4.							
5.							

Mailing address: _____ City _____ State _____ Zip Code _____
 Telephone 1: _____ Telephone 2: _____ Email: _____

Complete for Head of Household (Optional, for statistical purposes only)

Race: White Asian Hispanic Black American Indian Ethnicity: Hispanic Non-Hispanic

Waiting List Preferences

The Working Preference is provided when at least one adult in your household is employed for at least 20 hours per week. You must complete this form and provide documentation of employment with either a copy of a recent pay stub (within the past month) or a letter from your employer.

The Working Preference is also extended to elderly families (62 yrs. or older) and to families whose head or spouse are receiving income based on their inability to work (such as SSI, Workers Compensation).

Working Preference (Please answer all questions)

Is there at least one adult household member working at least 20 hours per week? Yes No # of Hours per week? _____
 Are you requesting the working preference based upon elderly status or the head and/or spouse receiving income based upon their inability to work? Yes _____ No _____

PLEASE LIST ALL HOUSEHOLD INCOME BELOW

How often are you paid?

Household Member	Source of Income	Weekly	Bi-weekly	Bi-monthly	Monthly
1.					
2.					
3.					

<p>For persons with disabilities, if you require a specific accommodation to fully utilize our Public Housing program and services please contact us at 348-6451 for more information.</p> <p>Applicants Certification: I/We certify that the information given to Charleston-Kanawha Housing on household composition and income, and all other information listed above, is accurate and complete to the best of my/our knowledge and belief.</p> <p>Signature: _____ Date: _____</p>	CH Staff Use Only
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EQUAL HOUSING OPPORTUNITY:
 We Do Business in accordance with the Fair Housing Act (the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988).

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN OR BEING PREGNANT), OR NATIONAL ORIGIN IN THE SALE OR RENTAL OF HOUSING OR RESIDENTIAL LOTS.



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"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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 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.

CRIMINAL RECORD REQUEST CHECK/ CREDIT CHECK AUTHORIZATION

(PLEASE PRINT ALL INFORMATION CLEARLY)

Full Name: _____
Last Middle First Maiden

Do you go by any other name? _____ YES _____ NO

If yes give name and explain: _____

Are you required to register as a sex offender in any state? _____ YES _____ NO

Address: _____

City / State: _____

Date of Birth M / D / Y	Gender	Race	Height	Weight	Eye Color	Hair Color	Birthplace	SSN

CERTIFICATION

I hereby request and authorize a background check be made to find any police record on myself, named above. I further certify this for official business and I am authorizing Charleston-Kanawha Housing &/or Housing Innovations to obtain any record found.

Signature

Date

I further understand and authorize a credit report be performed for Housing purposes only. I further certify this is for official business and I am authorizing Charleston-Kanawha Housing &/or Housing Innovations to obtain any record found.

Signature

Date

Authorized Housing Representative

Date

Name (Head of Household): _____

Application Date: _____

Bedroom Size: _____

PLEASE DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

LEASE ADDITION

Resident Requesting Lease Addition: _____

Voucher Number: _____

Phone Number: _____

Address / Apt #: _____

**NOTE: ALL PERSONS 18 YEARS OF AGE & OLDER MUST COMPLETE THIS FORM
This form will remain active throughout your entire application process.**