



**Charleston-Kanawha Housing Authority**  
P.O. Box 86 • Charleston, West Virginia 25321-0086  
1525 Washington Street, W • Charleston, West Virginia 25387  
304-348-6451 • Fax 304-348-6455 • TDD 304-348-6840  
[www.ckha.com](http://www.ckha.com)

**Applications Accepted Monday-Friday 8:00 AM - 11:30 AM and 1:00 PM - 4:00 PM**

## **Section 8 Housing Choice Voucher (HCV) Application Process:**

- 1. PRE-APPLICATION** - complete the attached Pre-Application packet and return it to the address above. All of the following documents **must be** attached:
  - ✓ Photo ID for **ALL** Adult household members
  - ✓ Birth Certificates and Social Security Cards for **ALL** household members
  - ✓ Two Current Paystubs or Letter from Employer if recently employed (Pay Rate/Hours worked/Signature/Letterhead)
  - ✓ Proof of any other Household Income

Once we have received your completed Pre-Application, a letter will be sent to you confirming receipt. You and your household members (family) will be placed on the Section 8 HCV waiting list. If your Pre-Application is incomplete you will not be placed on the waiting list until all required documentation has been received. Your Pre-Application establishes preference eligibility.

- 2. FINAL APPLICATION/SCREENING PROCESS** – Once your name comes to the top of the waiting list, CKHA will send you a Full Application packet. The completed Full Application packet needs to be returned to the above address. The information provided to CKHA by the applicant will then be verified for accuracy and eligibility, such as:
  - ✓ Debts Owed to Housing Authority(s)
  - ✓ Sex Offender Registry
  - ✓ History of Criminal Activity
- 3. VOUCHER** – Once the screening process is completed and you have been determined eligible, you will be invited to attend an Orientation where CKHA will present the family with a voucher.
- 4. INSPECTION** – CKHA then determines if the owner's proposed rent is reasonable and verifies that the family's portion of the rent does not exceed 40% of their monthly income. The unit will then be scheduled for a Housing Quality Standards (HQS) inspection. Upon completion and approval of these items, the family can move into their new home the date the unit passes inspection.

**Please keep all contact information current throughout the entire application process.**

### **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.

**PLEASE READ THE BACK SIDE**

## **WHAT ALL APPLICANTS NEED TO KNOW**

### **VIOLENCE AGAINST WOMEN ACT (VAWA)**

#### **Applicants**

Charleston Kanawha Housing Authority (CKHA) will not deny admission to an applicant who has been a victim of domestic violence, dating violence, and/or stalking **if** the applicant otherwise qualifies for assistance.

#### **Certification**

In processing a request by a victim CKHA may request you to certify that you are a victim of domestic violence, dating violence and/or stalking AND that the actual or threatened abuse meets the requirements set forth in the VAWA.

#### **Confidentiality**

Any information provided pursuant to the VAWA shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker, and/or perpetrator of domestic violence; or is otherwise required by law.

### **REASONABLE ACCOMODATIONS-APPLICANTS WITH A DISABILITY**

If you have a disability and as a result of the disability you need:

- A change in the rules or policies to give you an equal opportunity to take part in or use the facilities of CKHA,
- A change in the way we communicate with you or give you information,
- A change in the bedroom size of the unit,

You may ask for this kind of change, which is considered a Reasonable Accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

CKHA will either grant or deny the request within 10 business days, unless there is a problem getting the information needed to verify the request. CKHA will let you know if we need additional information or verification from you or if we would like to discuss an alternative way to meet your needs.



# Section 8 Voucher Pre-Application Form

## Household Composition

Last Name	First Name	MI	Relationship	Gender	Birth Date	Race	Birthplace (city & state)	Soc Sec #
1.			Head					
2.								
3.								
4.								
5.								
6.								

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

Which best describes your current housing?  Renting  Living with family or friends  Homeless(living on the streets or in a car)

### 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 \_\_\_\_\_

Are you requesting the working preference based upon elderly status or the head and/or spouse receiving income based upon their inability to work (such as SSI, Workers Compensation)? Yes \_\_\_\_\_ No \_\_\_\_\_

***If you're claiming the working preference a copy of two recent pay stub (within the last month), a statement on letterhead from your employer or verification of your benefit amount must be provided.***

### Household Income

(Please list income for all household members)

How often are you paid?

Household Member	Source of Income	How often are you paid?					Annual Income
		Weekly	Bi-weekly	Bi-monthly	Monthly		
1.							
2.							
3.							
4.							

**For persons with disabilities, if you require a specific accommodation to fully utilize our Section 8 program and services please contact us at 348-6451 for more information.**

CKHA Staff Use Only

Applicants Certification: I/We certify that the information given to CKHA on household composition and income, and all other information listed above, is accurate and complete to the best of my/our knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Remember!! Report all address and employment changes in writing so that we may keep your file current.***

## Charleston-Kanawha Housing Authority

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Charleston, WV 25321

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