

**Instructions For The Completion of
Your SRO Housing Application**

1. You must first call the “Portsmouth Hotline” at 966-2107 to start the pre-screening process for your SRO application.
2. Please complete the form Online or if you decide to print use black or blue ink.
3. Provide your complete name.
4. Be sure that your social security number and date of birth are correct.
5. If you have no home or work number, please provide the name and telephone number of a relative, friend or caseworker.
6. Be sure to sign and date your completed application.
7. Completed and pre-screened applications with documentation for homelessness can be emailed to pclemons@prha.org or physically mailed to the address listed below:

PRHA – Section 8
3116 South St.
Portsmouth V A 23707

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AT 966-2107
TO START THE PRE-SCREENING OF YOUR SRO APPLICATION**

2014-15

**PORTSMOUTH REDEVELOPMENT AND HOUSING AUTHORITY
PROJECT BASED VOUCHERS FOR THE HOMELESS**

The Portsmouth Redevelopment and Housing Authority will open the Section 8 Project Based waiting list for **Single, homeless persons only** starting Tuesday, December 10, 2013, for the following developments:

**SOUTH BAY APARTMENTS
1600 SOUTH STREET
PORTSMOUTH, VA 23704**

**HERON'S LANDING APARTMENTS
2135 SOUTH MILITARY HIGHWAY
CHESAPEAKE, VA 23320**

South Bay Apartments and Heron's Landing Apartments are both Efficiency/SRO, Single-Room Occupancy, developments. Qualified applicants **must be a single individual** who is homeless, lacking a fixed, regular and adequate nighttime residence and have a primary nighttime residency that must meet one of the following criteria:

- ❖ a supervised publicly or privately operated shelter that provides temporary living accommodations
- ❖ an institution that provides a temporary residence for individuals intended to be institutionalized
- ❖ a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation
- ❖ a transitional project that is designed to provide housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months

Applications will be available every Monday through Friday, starting Tuesday, December 10, 2013 from 9:00 a.m. to 12 noon at the following location:

PRHA Occupancy Office – Swanson Homes
1746 South Street
Portsmouth, VA 23704

Applications can also be completed online at the Authority's website www.prha.org. All applications must be returned by mail or emailed **with documentation of homelessness**. No hand-delivered applications will be accepted at any site. Applications must be submitted with documentation of homelessness from agency working with client. Applications that are incomplete or submitted without documentation will be determined invalid and not considered.

The Authority's goal is to provide affordable housing to low-income families, regardless of disability, in compliance with applicable Federal, State and local laws. If you are a person with disabilities, and require specific accommodations, you may request a "reasonable accommodation" by calling **(757) 391-2980**. The number for the Telecommunication Device for the Deaf (TDD) for the hearing impaired is **1-800-545-1833, ext. 869**. No person will be discriminated against on the basis of race, color, religion, sex, disability, familial status or national origin.

Date: _____
Time: _____

PORTSMOUTH REDEVELOPMENT AND HOUSING AUTHORITY
EFFICIENCY/SRO (SINGLE ROOM OCCUPANCY)
(APPLICATION FOR ADMISSION)

Name _____ DOB _____ SSN _____
Address _____ City _____ State _____ Zip _____
Phone Number: Home _____ Work _____
U. S. Citizen? Yes ___ No ___; Disabled? Yes ___ No ___; Full or Part-time Student? Yes ___ No ___

How did you hear about this development? News ad _ Flyer/Poster _ Resident _ Friend _ Other _____

Please state any special housing accommodations needed: _____

- 1. Are you homeless? Yes _____ No _____ Documentation Provided _____
- 2. Do you need an accessible unit? Yes _____ No _____
- 3. Do you expect any changes in your household composition? Yes _____ No _____
If yes, explain _____
- 4. Have you ever been arrested? Yes ___ No ___ Convicted? Yes ___ No ___ Drug Related? Yes ___ No ___
- 5. Have you been evicted in the last three years from federally assisted housing for drug related criminal activity? Yes _____ No _____;
- 6. Are you currently engaged in the illegal use of drugs or have cause to believe that your illegal use or pattern of illegal use of a drug may interfere with the health, safety and right to peaceful enjoyment of the property by other residents? Yes _____ No _____;
- 7. Are you currently using marijuana or any other controlled substance? Yes _____ No _____
- 8. Are you subject to a state sex offender lifetime registration requirement?
Yes _____ No _____;
- 9. Have you displayed behavior, from abuse or pattern of abuse of alcohol, which may interfere with the health, safety, and right to peaceful enjoyment by other residents? Yes _____ No _____.

Income and Asset Information

Please answer each of the following questions. For each “Yes”, provide details in the charts below.
Do you:

- 1. Work full-time, part-time or seasonally? Yes _____ No _____
- 2. Work for someone who pays you cash? Yes _____ No _____
- 3. Now receive or expect to receive unemployment benefits? Yes _____ No _____
- 4. Now receive or expect to receive child support? Yes _____ No _____
- 5. Now receive or expect to receive alimony? Yes _____ No _____
- 6. Now receive or expect to receive public assistance (TANF, General assistance)? Yes _____ No _____
- 7. Now receive or expect to receive social security or disability benefits? Yes _____ No _____
- 8. Now receive or expect to receive income from a pension or annuity? Yes _____ No _____
- 9. Now receive or expect to receive regular contribution from organization or from individuals not living in the unit? Yes _____ No _____
- 10. Receive income from assets including interest on checking or savings account, and dividends from certificates of deposit, stocks or bonds, or income from rental property? Yes _____ No _____

Mbr. #	Source & Type of Income	Annual Income

Assets

- 1. List all checking, savings accounts (including IRA’s Keogh accounts and certificates of deposit, mutual funds, etc.) of all household members

Mbr#	Bank Name	Type Acct.	Acct #	Balance



2. List all stocks, bonds, trusts, real estate, life insurance, or other assets and their value that you own:

Rental History

Name of address of your **present** landlord: _____ Telephone No. _____

_____ How long have you lived here? _____

_____ Reason for leaving? _____

Current ☐ or ☐ PRHA Resident (Public Housing/Sec 8/Hope Village/Effingham Plaza/Westbury/King Square/Hamilton Place/Phoebus Square/Seaboard Square): Yes _____ No _____

If yes, where:

Address _____ How Long? _____ Reason for Leaving _____

****ELDERLY/DISABLED FAMILIES ONLY:

1. Do you have Medicare? Yes _____ No _____ if yes, what is the monthly premium? \$ _____
2. Do you have other medical insurance? Yes _____ No _____ If yes, provide name, address, and telephone number of carrier, policy number, premium amount and agent’s name.
- _____
3. Do you have any outstanding medical bills which you are paying? Yes _____ No _____ If yes, list below:
- _____
4. What medical/disability expenses do you expect to incur in the next twelve months? _____
- _____
5. Name and address of pharmacy used regularly.
- _____

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Portsmouth Redevelopment and Housing Authority to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head: _____ Date: _____

Authority Representative: _____ Date: _____

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