

Virgin Islands Housing Authority

St. Thomas
 9900 Oswald Harris Court
 St. Thomas, VI 00802-3100
 Telephone: 340-777-8442
 Fax: 340-714-0218
 Website: www.vihousing.org



St. Croix
 9299 Estate Slob
 Kingshill, VI 00850
 Telephone: 340-778-8442
 Fax: 340-773-3054
 TDD Line: 340-778-5245
 Email: hcvp@vihousing.org

PRE-APPLICATION FOR THE HOUSING CHOICE VOUCHER TENANT-BASED, PROJECT-BASED AND SINGLE ROOM OCCUPANCY PROGRAMS

PART I: TO BE FILLED OUT BY APPLICANT – PLEASE PRINT

Instructions: Please read carefully. Incomplete applications will not be processed. Applicants with disabilities may seek assistance with the completion of the application by contacting the VIHA's Central Offices at the telephone numbers listed above. Applicants may also call the St. Thomas/St. John Housing Choice Voucher Program office at (340)714-0174.

FOR OFFICE USE ONLY	
App No.	_____
App. Date	_____
App. Time	_____
Eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name _____

Current Street Address _____

Current Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Race & Ethnicity of Head (For HUD statistical purposes only)

Check all that apply

- White
- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Asian
- Native Hawaiian

Check One:

- African American
- American Indian
- Other

Name and phone number of two friends or relatives that we can contact if we are unable to reach you at the phone number(s) listed above.

Name _____ Telephone # _____
 Name _____ Telephone # _____

Present Monthly Rent _____ Number of Bedrooms _____

Number of persons in the household _____

Check utilities paid by you:

_____ Electricity \$ _____ month
 _____ Gas \$ _____ month
 _____ Water \$ _____ month

PART II. List all persons who will live in the rental unit while you are on the program: (List household head first.) Clearly identify full time students.

Full Name	Social Security Number	Relationship to Head	Sex	Place of Birth	Date of Birth	Disabled Y/N	Full Time Student Y/N
		HEAD					



Please use another sheet of paper for any additional members.

1. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc? _____
2. Is the applicant family displaced by government action through no fault of their own? _____
3. Is the applicant family displaced by domestic violence? _____
4. Is any adult family member employed? _____
5. Is any adult family member enrolled in a job-training program, including one required under the welfare program? _____
6. Is any adult family member enrolled in an education program full-time? _____

PART III.

1. What is the total monthly income of all members of your family? \$ _____.

Family Member Name	Income Source	Monthly income

2. Do you or any member of your family require special housing assistance due to any disability?

___ Yes ___ No

3. What is your marital status? _____

You have the right to be listed on all waiting lists (Housing Choice Voucher Program/Section 8 & Public Housing) maintained by the Authority. However, you must apply for Public Housing separately.

Please check all waiting lists in which your application should be maintained:

- ___ Tenant Based Housing Choice Voucher Program
- ___ Project Based Voucher Program (Patriot Manor) - St. Thomas
- ___ Project Based Voucher Program (Celestino A. White Sr., Senior Citizens Home) (Sugar Estates Senior Development) – St. Thomas
- ___ Project Based Voucher Program (Croixville) - St. Croix
- ___ Project Based Voucher Program (Louis E. Brown) - St. Croix
- ___ Project Based Voucher Program (Louis E. Brown, II Senior Development) - St. Croix
- ___ Project Based Voucher Program (Louis E. Brown, III) - St. Croix
- ___ Shelter Care – St. Thomas (Methodist Training & Outreach Center) - St. Thomas

Return completed application to:

Virgin Islands Housing Authority

ST THOMAS

Oswald Harris Court Community, Street C- Central Office Annex
 Mailing Address: 9900 Oswald Harris Court,
 St. Thomas, VI 00802-3100
 Telephone (340) 714-0174 Fax (340) 714-0218

ST. CROIX

#5 Estate Bethlehem, Aurea Diaz Community
 Mailing Address: 9299 Estate Slob,
 Kingshill, VI 00850
 Telephone (340) 778-8442 Fax (340) 773-0830

RETURN WITHIN (15) DAYS

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an Department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I/We certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/We authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. The Authority agrees that such information will be kept in strict confidence and used for program purposes only.

 Signature (Head of Household)

 Date

 Signature (Co-Head of Household)

 Date

