

Pre-Application Instructions for the City of Douglas Section 8 HCV Program:

1. Complete the Pre-application form. **Incomplete applications will not be processed.**
2. All adults (18 and older) listed on the application must sign the form AND must provide a Photo ID at the time of application.
3. Social Security cards must be provided at time of application for all household members.
4. If you are a person with a disability and are requesting a reasonable accommodation to participate equally in the housing program, please fill out the attached Reasonable Accommodation Form.
5. When your application is processed, a letter will be mailed to you with your Housing ID number and your position on the waiting list. Your position will change as applicants with more preference points apply for assistance.
6. Our waiting list is updated on the first working day of every month. We will not respond to status inquiries over the phone.
 - *If you come to our office for an update, bring in your Photo ID and know your Housing ID number. If you do not have/know your Housing ID number, you will be charged \$0.50 to look up your current position.
 - *If you live out of town, you may send us a request in writing (mail or fax). Please include in the request your Housing ID number and attach a legible copy of your picture ID.
7. Applicants on our waiting list must keep their application information current. Changes to your mailing address, email address, phone number, income or family composition must be made in writing (mail or FAX) to our office. A change is not recorded unless it is in writing. If we cannot contact you via postal mail and/or mail is returned by the post office, you will be removed from the waiting list.
8. Applications are processed by date and time received and sorted by preference points.
 - **Disability/Elderly (1)** -Disabled persons or families with a disabled member and/or a family whose head of household or spouse is age 62 or older.
NOTE: The **Working Family** preference is automatically extended to an applicant family if the head and spouse, or sole member is age 62 or older, or is a person with disabilities.
 - **Veteran (1)** -Available to current members of the U.S. Armed Forces, veterans or surviving spouses of veterans.

Only applicants in the jurisdiction of the City of Douglas Housing Authority may receive the following preferences.

Local preferences

 - **Residency (3)** -Any member who resides, works or has been hired to work, or who is attending school within the City of Douglas city limits at the time of application.
 - **Working Family (1)**- Head, spouse/co-head, or sole member is employed in the Jurisdiction of the Housing Authority at least 20 hours per week.
 - **Victims of Domestic Violence (1)** – Must have occurred within 30 days from date of application or must be a continuing nature and have occurred within City of Douglas city limits. (Verified at time of application)
 - **Involuntary Displacement (3)** - Disaster due to fire, flood, earthquake within the last 6 months and within the City limits of Douglas.
9. When you are near the top of the waiting list, you will receive an appointment notice by mail for an **in-person appointment** at our office. When eligibility has been established and you are offered a VOUCHER, you will be required to attend another **in-person appointment**. All adult members are required to attend all appointments. You **MUST** use your Section 8 voucher in our jurisdiction for a period of no less than one year.

SECTION 8 PRE-APPLICATION

	Housing Choice Voucher (HCV) Section 8 Waiting List August 1, 2022 – September 2, 2022	
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Date Application was received by PHA _____ Time _____
Application Number _____

HEAD OF HOUSEHOLD INFORMATION:		Language Preferred: English Spanish Either:	
Name	Social Security Number	Birth Date	
Street Address:		City, State, Zip Code:	
Mailing Address:		City, State, Zip Code	
Phone Number: () _____		<input type="checkbox"/> cell Alternate Number: _____	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black-African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			

Family Members/ Household Composition: (Please list ALL persons who will reside with you)

Name	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
1.						<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/>	<input type="checkbox"/>	

For additional members continue on page 3.

Please answer the following questions as they apply to members listed on this application:

1. Do you or any member of the applicant family live, work or attend school in the City of Douglas? (3pts)	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you or any member of the applicant family currently in the armed forces or a veteran or a surviving spouse? (1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Are you or any member of your household disabled? If so, please provide Name: (1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you live in the jurisdiction (City of Douglas) of the Housing Authority? () YES () NO If YES, please answer the following:	
1. Do you, your spouse or co-head work 20 hours per week or more? (1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you a Victim of Domestic Violence? If yes when did the DV occur? Please provide written verification. (1pt)	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. Were you involuntary displaced due to a disaster (fire, flood, earthquake, etc) within the last 6 months and within City of Douglas limits? (3pts)	<input type="checkbox"/> NO <input type="checkbox"/> YES

Source of Income: (Employment, AFDC, SS/SSI, Child Support, Family Support, Self Employment, Other)

Name of Family Member	Source or Type of Income	Monthly Amount	Other information

Monthly Gross Income of the Household*: \$ _____
* This is the total monthly income, before deductions, of all family members that will be living in your unit

I/We certify that all information provided above on this pre-application is accurate and complete to the best of my knowledge and belief. /We understand that submission of false information or misrepresentation may result in denial or termination of Section 8 benefits.

Signature of Applicant/Head of Household _____ Date _____
Signature of Co-Applicant/Spouse/Other Adult _____ Date _____
Received by PHA Staff: _____ Date _____



THERE ARE SIX ELIGIBILITY REQUIREMENTS FOR ADMISSION TO SECTION 8:

- A. Qualifies as a family.
- B. Family has income within the income limits.
- C. Family meets citizenship/eligible immigrant criteria.
- D. Family provides documentation of social security numbers.
- E. Family signs consent authorization documents.
- F. Family passes criminal background check.

SCREENING CRITERIA

In addition to the eligibility criteria, families must also meet the Douglas Housing Authority’s screening criteria in order to be admitted to the Section 8 program.

INCOME LIMITS - Income limits effective as of 04/18/2022

Extremely Low Income limits are:
(30% of Cochise County Median Income)

1 Person	\$13,590
2 Persons	18,310
3 Persons	23,030
4 Persons	27,750
5 Persons	32,470
6 Persons	37,190
7 Persons	40,000
8 Persons	42,600

Very Low-Income limits are:
(50% of Cochise County Median Income)

1 Person	\$ 22,600
2 Persons	25,800
3 Persons	29,050
4 Persons	32,250
5 Persons	34,850
6 Persons	37,450
7 Persons	40,000
8 Persons	42,600

BEDROOM SIZE STANDARDS

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

Note: Bedroom size standards are based on the assumption that each bedroom will accommodate not more than two (2) persons and relate to the number of bedrooms in the unit, not the family’s actual living arrangements

HUD Standard: 2 people per bedroom, regardless of relationship, age, or gender

Consideration will be given for medically verified reasonable accommodation requests and the need for a live-in aide.

Additional Family Members/ Household Composition

Continued from first page	Relation to Head (Spouse, Co-Head, Other Adult, child)	Date of Birth	Age	Sex (M/F)	Race (see list above)	Hispanic		Social Security Number
						YES	NO	
6.						<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

LIST OF DOCUMENTS NEEDED BY THE PHA

The following documents will be requested by the PHA to establish eligibility for Section 8 Housing Assistance. The documents will be requested with the full application when the applicant has reached the top of the waiting list.

1. Social Security card for each person listed on the application.
2. Original, State Certified Birth Certificates for each person listed on the application, proof of citizenship or legal immigration status, or willingness to sign non-contending member form (if not a legal citizen/resident of the U.S.)
3. Picture identification form for all adult members in the household.
4. Proof of income for each household member on the application that receives an income. Example: Cash assistance (welfare)/nutrition assistance award letter from benefit agency, SS/SSI award letter, check stubs from employment, child support, alimony, income from a business, income from assets, notarized letter of family support and/or self-employment documentation (daily/weekly work logs to include amount earned) and income taxes.
5. Proof of assets for all household members (Bank or credit union accounts, pension statement, real property i.e. house, boat, mobile home, vacant land, vehicles, etc.)
6. Proof of local residency - i.e. lease/rental contract, utility bills in applicant/co-applicant's name, rent receipts, or notarized letter of residency, along with proof of residency, from the person with whom you reside (if lease & utility bills are not in your name)
7. Reasonable Accommodation form for persons with disabilities requesting accessibility or accommodations to participate equally in the housing program.

DOCUMENTOS QUE NECESITA TRAER

La siguiente lista de documentos serán requeridos por el Departamento de Viviendas (PHA) para decidir si es elegible para recibir asistencia de vivienda de la Sección 8. Los documentos serán requeridos cuando llegue al principio de la lista de espera, junto con la Solicitud Completa de Elegibilidad.

1. Tarjeta de Seguro Social para cada miembro de hogar en la solicitud. incluyendo la de usted.
2. Actas de Nacimiento Certificadas, para cada miembro de su hogar. Incluyendo la de usted, comprobante de ciudadanía de Estados Unidos, comprobante de residencia permanente legal, o disponibilidad a firmar la forma de miembro no-contendiente de estatus legal.
3. Identificación con foto (todos los adultos en el hogar).
4. Comprobante de ingreso por cada miembro de la familia en la solicitud que recibe ingresos. Ejemplo: Reporte de AFDC/estampias de comida (DES), Carta de beneficios de Seguro Social/Seguro Suplemental, talones de cheque del empleo, verificación de ingreso para sus hijos menores, (Child Support), apoyo económico por parte de algún familiar (una carta notariada), copia de impuestos reportados al gobierno, y si es usted propietario de su negocio, ocupamos una copia de los impuestos (income taxes) reportados al gobierno.
5. Comprobante de bienes para cada miembro del hogar (cuentas bancarias, pensiones, propiedades, barcos, casa móvil, terreno, etc.
6. Comprobante de residencia local - contrato de arrendamiento, recibos de renta pagada, facturas de servicios a su nombre (electricidad, agua, gas natural), o carta notariada (incluyendo comprobante de residencia) de la persona con quién Usted vive en caso de no tener contrato ni servicios públicos a su nombre.
7. Forma de Adaptación Razonable para personas incapacitadas que requieren accesibilidad o comodidades de igualdad en la participación en el programa de viviendas.

Notice of Right to Reasonable Accommodation

If you have a disability, and as a result of your disability you need:

A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Section 8 program, or

A change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a reasonable accommodation.

If you can verify 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.

We will give you an answer within 10 working days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

If you need help filling a *Reasonable Accommodation Request Form* or if you want to give us your request in some other way, we can help you.

A *Reasonable Accommodation Request Form* is on side two of this notice.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in the Section 8 program.

Si Usted tiene una pregunta sobre esta forma, hable al 417-7385.

Request for a Reasonable Accommodation

Name: _____ TDD/Phone: _____

Address: _____

City: _____ Zip: _____

Currently, I am:

- Applying for the Section 8 waiting list
- An applicant on the waiting list
- A Voucher holder looking for a unit
- Housed in a Section 8 unit with this housing agency
- Housed in a Section 8 unit with another housing authority
- Other _____

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

Name: _____

As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

Name: _____ Title: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature _____ Date _____

