



# 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 304-348-8155 • 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

**Housing Choice Voucher (HCV) Program** – rental assistance for eligible families leasing units from private landlords in Kanawha, Clay and Putnam counties.

**Public Housing Program** – rental assistance for eligible families that CKHA owns or manages.

1. **PRE-APPLICATION** - complete the attached Pre-Application packet and return it to the address above. Please keep all contact information current throughout the entire application process. Failure to meet any of the screening requirements may result in a denial of your application. All of the following documents **must be** attached:
  - ✓ Photo ID, 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
  - ✓ Documents for Residency Preference
2. **SCREENING FOR ELIGIBILITY**
  - ✓ Income Guidelines
  - ✓ Debts Owed to Housing Authority(s)
  - ✓ Sex Offender Registry
  - ✓ History of Criminal Activity
  - ✓ CKHA 'No Trespassing List' (**Public Housing Only**)

### **Housing Choice Voucher Application Process**

- ✓ 1. **PRE-APPLICATION** - Complete **Step 1**
- ✓ 2. **WAITING LIST** - 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 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.
- ✓ 3. **FULL APPLICATION** – 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.
- ✓ 4. **SCREENING FOR ELIGIBILITY** - CKHA will screen for eligibility, **Step 2**
- ✓ 5. **ORIENTATION** – 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.

### **Public Housing Application Process**

- ✓ 1. **PRE-APPLICATION** - Complete **Step 1**
- ✓ 2. **SCREENING FOR ELIGIBILITY** - CKHA will screen for eligibility, **Step 2**
- ✓ 3. **ORIENTATION** – A letter and application packet will be sent to you confirming receipt of your Pre-Application. Included will be an invitation to attend an Orientation. You must provide any additional information requested at the time of the Orientation.
- ✓ 4. **FINAL SCREENING** –
  - Criminal Background
  - Landlord References
  - Credit Check
  - Suitability for Tenancy
- ✓ 5. **WAITING LIST** – You will receive a letter confirming that you have been added to the waiting list(s) designated at the Application Orientation.

**Please keep this for your records!**



## **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.

#### **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.



# PRE-APPLICATION For HOUSING ASSISTANCE



I am applying for (check one or both):  Public Housing  Housing Choice Voucher

## 1. HOUSEHOLD COMPOSITION. Starting with the Head of Household, list all members living in the household.

Name (Last, First Middle)	Relationship to Head of Household	Social Security Number	Date of Birth	Sex	Race	Ethnicity (circle one)	U.S. Citizen or eligible Non-Citizen?
	Head of Household					Hispanic Non-Hispanic	Yes No
						Hispanic Non-Hispanic	Yes No
						Hispanic Non-Hispanic	Yes No
						Hispanic Non-Hispanic	Yes No
						Hispanic Non-Hispanic	Yes No

If you have more than five household members, please check here  and list them on a separate piece of paper.

Physical Address

Mailing Address

Telephone Number  Email

## 2. SOURCE(S) OF INCOME THAT APPLY TO HOUSEHOLD.

Household Member	Source of Income	Gross Earnings	
		\$	Per
		\$	Per
		\$	Per
		\$	Per
		\$	Per
		\$	Per

## 3. QUESTIONS FOR HEAD OF HOUSEHOLD.

- Are you homeless?  Yes  No
- Do you live, work, or have been hired to work in Kanawha, Clay, or Putnam County?  Yes  No
- Are you or your spouse a person with a disability?  Yes  No
- Have you been involuntarily displaced due to a  Natural Disaster or  Government Action? **(Public Housing Only)**

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.**

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any assisted housing programs.

SIGNATURE:  DATE:

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# 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: \_\_\_\_\_

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

City / State: \_\_\_\_\_

State of Birth	Date of Birth M / D / Y	Sex	Race	Height	Eye Color	Hair Color	Weight	Social Security Number

## 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 Authority (CKHA) &/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 CKHA &/or Housing Innovations to obtain any record found.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Charleston-Kanawha Housing Authorized 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address / Apt #: \_\_\_\_\_

**NOTE: ALL PERSONS 18 YEARS OF AGE & OLDER MUST COMPLETE THIS FORM**

