



Charleston-Kanawha Housing Authority
 P.O. Box 86 • Charleston, West Virginia 25321-0086
 1525 Washington Street, W • Charleston, West Virginia 25387-2315
 304-348-6451 • Fax 304-348-6454 • TDD 304-348-6840
www.ckha.com



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

Thank you for applying with Charleston-Kanawha Housing Authority (CKHA) to meet your housing needs. We offer two rental assistance programs, Public Housing and the Housing Choice Voucher (HCV) Program. Whatever option you choose, you will pay 30 percent of your monthly adjusted income for rent and utilities.

OUR HOUSING PROGRAMS

Public Housing

Public Housing units are owned or managed by CKHA and are located in Charleston, Dunbar, and Rand. Some of the units have central air conditioning, dishwashers, and garbage disposals. Unit sizes range from studio to six-bedroom apartments or town homes. For a listing of the properties, go to www.ckha.com > **Public Housing** > **Developments**.

HCV Program (also commonly referred to as 'HUD' or Section 8)

The HCV program enables a family or individual to select their own rental properties in Kanawha, Clay or Putnam counties. Property owners or landlords advertise properties on the CKHA website, www.ckha.com > **Rental Assistance** > **Available Property**.

HOW TO GET STARTED

1. Begin with the Pre-application

Complete all of the documents in the Pre-Application packet and return it in person to our central office located at 1525 Washington Street West, Charleston, by mail or by fax (see contact information above). In addition to the completion of the attached documents, the applicant must provide:

- ✓ Photo ID, Birth Certificates, and Social Security Cards for **ALL** household members
- ✓ Proof of income (two paystubs or award letter, etc.)
- ✓ Documents for Residency Preference (**if address on Photo ID is different**)

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.

Screening for Eligibility

After receipt of the Pre-Application packet, CKHA screens applicants for the following:

- ✓ Income Guidelines
- ✓ Debts Owed to Housing Authority(s)
- ✓ Sex Offender Registry
- ✓ History of Criminal Activity
- ✓ CKHA 'No Trespassing List' (**Public Housing Only**)

PUBLIC HOUSING APPLICATION PROCESS

Step 1. Begin with the Pre-Application (see # 1. above)

Step 2. 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.

Step 3. FINAL SCREENING –

- Criminal Background Credit Check
- Landlord References Suitability for Tenancy

Step 4. WAITING LIST – You will receive a letter confirming that you have been added to the waiting list(s) designated at the Application Orientation.

HCV APPLICATION PROCESS

Step 1. Begin with the Pre-Application (see # 1. above)

Step 2. 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, along with any other requested documentation.

Step 3. 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.

TURN OVER FOR MORE INFORMATION



WHICH BOX SHOULD I CHECK?

If you are still unsure which box to check on the Pre-Application form, the scenarios below may assist you in selecting which program you wish to apply for.

Scenarios	Public Housing	HCV
I am currently living in a private residence and I want to remain there, or I have a potential landlord that accepts vouchers.		✓
I would like to live in a development for families.	✓	✓
I am elderly/disabled and would like to live in a development that is designated as such.	✓	✓
I am not sure where I want to live, or I do not have a preference.	✓	✓

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.

Please keep this page for your records!

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

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)**
- Does anyone plan to live with you in the future that is not listed above? Yes No (Explain if answered 'yes' to Question 5)

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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