



# District of Columbia Housing Authority

Client Placement Division  
1133 North Capitol Street NE, Room 178  
Washington, DC 20002

CALL CENTER (202) 535-1000  
Fax: (202) 535-2043

## HOUSING APPLICATION UPDATE

Effective December 1, 2006, the District of Columbia Housing Authority (DCHA), Client Placement Division, changed to an appointment only process for accepting applications for housing and updating housing application information. To schedule an appointment to update your application information, please contact the Client Placement Division Appointment Line at (202) 435-3245 between 8:30am-4:30 p.m. To check the status of your application, please contact the office at (202) 535-1706 Ext. 5 or by DC Relay at (202) 855-1234.

**(ONLY COMPLETE THE SECTION(S) WHERE THE INFORMATION HAS CHANGED)**

**PLEASE CHECK THE SECTION WHERE THE CHANGES WILL BE MADE:**

- A. NEW ADDRESS [ ] - Go to Section A
- NEW PHONE # [ ] - Go to Section A
- B. ADD/REMOVE HOUSING PROGRAM(S) [ ] - Go to Section B
- C. CHANGE IN HOUSEHOLD COMPOSITION [ ] - Go to Section C
- D. CHANGE CRIMINAL HISTORY INFO [ ] - Go to Section D
- E. CHANGE IN INCOME [ ] - Go to Section E
- F. ADD/REMOVE PREFERENCE [ ] - Go to Section F
- G. ADD/REMOVE REASONABLE ACCOMMODATION REQUEST [ ] - Go to Section G

### **SECTION A -APPLICANT INFORMATION MUST ALWAYS BE COMPLETED. PLEASE INDICATE CHANGE IN ADDRESS AND/OR TELEPHONE NUMBER:**

Print you current mailing address. Please make sure to include the apartment number, if applicable, and zip code. Provide you home and work phone numbers or any other numbers(s) where you can be reached. Please print legibly.

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WARD/COUNTY \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #( ) \_\_\_\_\_ - \_\_\_\_\_ WORK #( ) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE# ( ) \_\_\_\_\_ - \_\_\_\_\_

### **SECTION B -ADD/REMOVE HOUSING PROGRAMS:**

You **must** mark each housing program you are interested in adding or removing. You may check more than one program. Please note that if you are currently living in public housing, you may still add or remain on the Housing Choice Voucher Program (formerly known as Section 8) and/or Section 8 Moderate Rehabilitation waiting lists. If you are living in a Housing Choice Voucher Program or Section 8 Moderate Rehabilitation Program, you may still remain on the Public Housing waiting list.

### **DCHA HOUSING PROGRAM DESCRIPTIONS:**

- Public Housing Program – Housing that is owned and managed by the District of Columbia Housing Authority. DCHA has more than 50 developments in the District.
- Housing Choice Voucher Program (formerly known as Section 8) – Tenant based housing program. The funding is attached to the tenant.
- Section 8 Moderate Rehabilitation Program – A unit based housing program. The funding is attached to the unit. This program is different from the HCVP in that **a voucher is not issued** and if the family moves from the leased unit, you will no longer be on the program.

	<u>ADD</u>	<u>REMOVE</u>
<b>PUBLIC HOUSING</b>	[ ]	[ ]
<b>HOUSING CHOICE VOUCHER PROGRAM</b> <i>(formerly Section 8)</i>	[ ]	[ ]
<b>SECTION 8 MODERATE REHABILITATION</b>	[ ]	[ ]

**SECTION C – CHANGE IN HOUSEHOLD MEMBER INFORMATION:**

If there is a change in your household composition, you may add or remove household members in this section. Please list the name, relationship, birth date, sex, age and social security number for **all** persons who will live in your unit, including yourself.

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>SEX</u>	<u>AGE</u>	<u>S.S.#</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						

\*attached a sheet to list additional family member information

**SECTION D – CHANGE IN CRIMINAL HISTORY INFORMATION:**

Please list the name, location, date and crime for all household members who have ever been arrested or convicted of a criminal offense involving a sex offense, illegal drug activity, weapon(s) possession or offenses involving violence against people or property. Housing applications must be updated when new charges occur for any household member on the application.

**Have you or any or any family member listed on this application ever been arrested or convicted of a criminal illegal drug activity, weapons possession or offenses involving violence against people or property?** [ ]Yes [ ]No **If yes, please list family member(s), when and where the crime was committed.**

	<u>NAME</u>	<u>CRIME</u>	<u>DATE</u>	<u>LOCATION</u>
1.				
2.				
3.				
4.				
5.				
6.				

**SECTION E - INCOME INFORMATION:**

If there is a change in the household income; list name of the household member whose income changed, source of income and amount of income received. Remember to report the income for **all** household members who will live in your unit.

	<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>AMOUNT PER MONTH</u>
1.			
2.			
3.			
4.			
5.			

\*attach sheet to list additional family member information.

**SECTION F - PREFERENCE DEFINITION:**

For applicants whose preference(s) have changed, check the appropriate preference which best describes your current housing condition. Check all that apply. **This information must be verified at the time of your eligibility interview.**

**ADD REMOVE**

- Homeless; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- Displaced due to government action, disaster (such as fire or flood), or actions taken by owner.
- Displaced due to recent or continuing domestic violence.
- Displaced due to recent or continuing hate crimes.

**ADD REMOVE**

- Unable to fully use current housing due to inaccessibility of unit because I or a member of my family has a mobility or other impairment.
- Living in a unit unfit for habitation and it has building/housing code violations.
- Currently paying more than 50% of my income towards rent and utilities.

**WORKING FAMILIES— I (applicant) and/or my spouse is/are (Check all that apply):****ADD REMOVE**

- Currently working at least 20 hours per week;
- Currently self-employed;
- Attending a certified General Equivalency Diploma (GED) Program;
- Participating in a verifiable job training program;
- 62 years of age or older; or
- Disabled.

**SECTION G - REASONABLE ACCOMMODATION INFORMATION:**

A reasonable accommodation is a change that can be made to a unit or procedure to allow a person with disabilities to have the same opportunity for housing as any other applicant. The information provided will help DCHA better serve those applicants requiring special features in their units. These special features are known as "Reasonable Accommodations." If you marked disabled on your application, please indicate if you or a family member with a disability need to request or remove any of the special features listed as a reasonable accommodation.

**If you marked the disabled preference, please indicate if you or a household member with a disability need any of the following special features as a reasonable accommodation:**

**ADD REMOVE**

- Wheelchair Accessible Unit
- Hearing Impaired Hardware
- Sight Impaired Accommodations
- Live-In Aide
- Unit Without Steps
- Other \_\_\_\_\_

Update **MUST** be signed and dated to be considered complete.

I declare that the statements contained in this application are true and correct and that I have not made a false statement, given false information or omitted information in connection with this application.

\_\_\_\_\_  
Applicant's Signature & Date

\_\_\_\_\_  
Co-Applicant's Signature & Date

**WARNING:** False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.