



**Franklin Redevelopment and Housing Authority  
Application for Housing Choice Voucher Program**

**1343 Armory Drive**

**Franklin Va. 23851**

**FAX: 757-571-0086 or eFax: 757-257-1325**

**www.franklinva.org**

**General Family Information:**

Legal Name of Head of Household: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Accessibility features requested. CHECK BELOW**

Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Wheelchair \_\_\_\_\_ Physical \_\_\_\_\_

**Bedroom Size requested? CHECK BELOW**

1BR \_\_\_\_\_ 2BR \_\_\_\_\_ 3BR \_\_\_\_\_ 4BR \_\_\_\_\_ 5BR \_\_\_\_\_

***Please Check below the preferences that apply to your household.***

**Special Circumstances:**

----- A. National disaster (flood, storm, etc.)

----- B. Domestic Violence

----- C. Demolition/Condemnation/Other

**Working Preference:**

----- A. Head of household/spouse or sole member employed

----- B. Head of household/spouse or sole member is Elderly (62 or older)

----- C. Head of household/spouse or sole member disabled.

**Residency Preference:**

- A. Currently reside in the City of Franklin
- B. Currently reside in Southampton County

**Service Preference:**

- A. Head of household/spouse (surviving) or sole member is a Veteran
- B. Head of household/spouse or sole member is a Firefighter/police Officer

**Economic Self Sufficiency**

- A. Graduate of FRHA Life Skills/Job Skills Program
- B. Other FRHA sponsored program (Homeownership, Financial Fitness)

**Household Members:**

Please tell FRHA the legal names of all the people who live with you. Start with the head of the household and proceed with other family members (**oldest to youngest**).

Fam. Mem.	Legal Name	Relation	Sex	Age	Date of Birth	Occupation or School Name	Social Security #
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Do you expect anyone to move in or out of your household within the next twelve months?..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Program Integrity Information (These questions apply to all household members):**

Has anyone in your household been arrested or convicted for the felonious use, sale, manufacture, or distribution of controlled substances? ..... ☐ Yes ☐ No

If yes, who? When? For what? \_\_\_\_\_

Does anyone in your household use a controlled or illegal drug? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has anyone in your household ever been arrested or convicted of violent criminal activity? ..... ☐ Yes ☐ No

If yes, who? When? For what? \_\_\_\_\_

**Total Income Received by Family Members:**

List all money received or earned by everyone living in the household.

*Note the employment status of all adult family members; Include all money from employment, self-employment, unemployment compensation, child support, regular contributions, Social Security, SSI, retirement, disability, Workers' Compensation, TANF, veterans' benefits, alimony, and all other sources.*

Member #	Source (Name &Address)	Rate	Type of Income	Annual Income

Has anyone in your household applied for any benefits or money which is in the process of being approved? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Do you receive child support or alimony? ..... ☐ Yes ☐ No

If yes, from who? What amount? \_\_\_\_\_

**Childcare Expenses:**

Do you pay childcare expenses to work or go to school? ..... ☐ Yes ☐ No

If yes: Child's Name \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_



Name and Address of Childcare provider: \_\_\_\_\_

**Banking Information:**

Where do you bank? What type of accounts do you have there?

*Include information about all checking and savings accounts, money market funds, stocks, bonds, annuities, savings bonds, and credit union shares. This information is required from all family members, including children.*

Name and Address of Institution	Account Number	Account Type	Joint or Individual	Balance
				\$
				\$
				\$

**Medical and Unusual Expenses (Elderly or disabled households only):**

Type of Expense	Amount	Name and Address
Medicare	\$	
Other Health Insurance	\$	
Regular Payments (Medical)	\$	
Regular Payments (Prescriptions)	\$	
Anticipated Medical Expense (Next 12 Months)	\$	
Other	\$	

**Work History of Adult Members:**

Where was the last place of employment for all adult household members?

Household Member	From	To	Employer

**Authorizations, Representations and Certifications:**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for termination of assistance.

**WARNING! Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development (HUD) is guilty of a felony.**

**Notice:** *Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under Virginia State law.*

**I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT.**

FRHA representative initial here:

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_