



District of Columbia Housing Authority

1133 North Capitol Street, NE
Washington, DC 20002
(202) 535-1000

Client Placement Division
Suite 178
(202)535-1706/TTY/TTD(202)535-1691

APPLICATION FOR HOUSING ASSISTANCE

If you need assistance filling out this form, please contact our office at (202) 535-1706 or TTY (202) 535-1691. If at any time any information on your application changes, please visit the Client Placement Division at 1133 North Capitol Street, NE, Suite 178, Monday-Thursday from 8:30am-3: 45 p.m. to update your application information.

Print information in ink

Last Name of Applicant	First Name of Applicant	S.S. # for Applicant
Home Address:		Mailing Address (If different)
Home Telephone: ()		Work Telephone: ()

CHECK THE HOUSING PROGRAM THAT YOU ARE APPLYING FOR. YOU CAN MAKE MORE THAN ONE CHOICE:

Public Housing Section 8 Voucher Program Section 8 Moderate Rehabilitation

Family Information: First list applicant, the co-applicant and all children (who will live with you) in order of age starting with the oldest. Then list all others who will live with you.

First and Last Name	Relationship	Date of Birth	Sex M/F	Social Security # of All Family Members 6 years of age or older
1.	Applicant			
2.	Co-Applicant			
3.				
4.				
5.				
6.				
7.				

Total number who will live in the unit _____.

Have you or any other adult family member listed on this application ever lived in DCHA Public Housing and/or received Section 8 Housing Assistance? () Yes () No If Public Housing, Name of Property _____

IF YOU ARE A FORMER RESIDENT OF DCHA PUBLIC HOUSING OR RECEIVED SECTION 8 HOUSING ASSISTANCE AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.

WHAT IS YOUR CURRENT LIVING CONDITION?

Check all that apply

- I am **homeless**; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- I have been **displaced** due to government action, disaster (such as fire or flood), or actions taken by owner.
- I have been **displaced** due to recent or continuing **domestic violence**.
- I have been **displaced** due to recent or continuing **hate crimes**.
- I am unable to fully use my current housing due to **inaccessibility of my unit** because I or a member of my family has a mobility or other impairment.
- I am living in a unit **unfit for habitation** and it has **building/housing code violations**.
- I am 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):

- 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.

HOUSEHOLD INCOME: List Below Income From ALL Household Members

Family Member Name	Type of Income (Employment, SSI, Public Assistance, Social Security)	Amount Received Per Month
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

-REASONABLE ACCOMMODATION INFORMATION-

The information gathered in this section will help the District of Columbia Housing Authority (DCHA) better serve the housing needs of persons with disabilities. Your assistance is needed to identify persons with disabilities on the public housing waiting list that need special features in their units to take full advantage of housing owned and managed by DCHA. The special features are known as “reasonable accommodations.” 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. **NO ONE IS REQUIRED TO DISCLOSE A DISABILITY. THIS INFORMATION IS OPTIONAL.**

I am not requesting a reasonable accommodation at this time.

If you are requesting a reasonable accommodation, complete the questions below:

1. Will you have an attendant living with you? Yes No
(Prior to admission, Live-in Aides will have to meet applicant screening criteria.)

2. Do you or anyone in your household need an accessible parking space? Yes No

3. Do you need parking for a raised roof van or wheelchair lift? Yes No

4. Do you or anyone in your household need assistance with daily activities such as: (check all that apply):
 Using the bathroom Bathing/Showering Eating Dressing Cleaning
 None of the above

5. Is it hard for you or anyone you live with to climb stairs? Yes No

6. Do you or anyone you live with use any of the following devices? (Check all that apply):
 Wheelchair Walker Crutches Cane
 Other (specify) _____

7. What, if any, modifications do you or anyone in your household need in your bathroom?
(Check all that apply)
 Grab bars Roll in shower Extendable hand shower Raised toilet seat
 Lower toilet seats Extended handles on faucets
 Other (specify) _____

8. Is it hard for you or anyone who will live with you to:
 Open room doors Open kitchen appliances such as refrigerator, stove, microwave
 Turn on sinks, tubs, flushing toilets
 Lift Reach
 Other (specify) _____

9. Do you need:

- Lower light switches Lower room temperature control (thermostat)
- Adjustment of plumbing fixtures (sinks, toilets, tubs, showers, etc.)
- Adjustment of electrical appliances (refrigerators, stoves, laundry machines)
- Adjustment to table/counter height
- Other (specify) _____

10. Do you or any member of your household need Braille labeling or raised letters in your apartment and in common areas of the building? Yes No

11. Do you need flashing warning lights for:

- Smoke-detection Doorbell Security purposes

12. Do you or anyone you live with use a service animal? Yes No

13. Do you or any household member need any accommodation(s) not mentioned? Yes No
If yes, please indicate how the DCHA could accommodate your family:

RACE/ETHNIC BACKGROUND OF APPLICANT (used for statistical purposes only)

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program.

- Race: Ethnicity:
- White Black/African American Hispanic Other Hispanic
 - Native Hawaiian/Other Pacific Islander
 - American Indian/Alaskan Native
 - Asian Other _____

Application MUST be signed to be considered complete.

I declare that the statements contained in this application are true and correct and that I have not knowingly or willfully 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: Willful false statements are a basis for rejection of your application and are a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.

