PO Box 968
Norfolk, Virginia 23501
(P) 757.624.8615 (F) 757.314.2112
www.nrha.us

Norfolk Redevelopment and Housing Authority (NRHA)

# Unity Place at Kindred

## (Please Print)

**Name** _____ **Social Security Number** _____-_____-_____
**(First) (Middle) (Last)**

**Mailing Address** _____
**(Street Name or PO Box Number)**

_____
**(City) (State) (Zip Code)**

**Home Number (_____) _____- _____** **Cell Number (_____) _____- _____**

**Date of Birth ____/____/_____** **Sex ❒ M ❒F**
**MM /DD/ YYYY**

### HUD Household Type (Please Check One)

❒ Disabled ❒ Elderly ❒ Family ❒ Single

### Accessible Unit Requirements (Please Check ALL that Apply)

❒ Hearing Impaired Requirements ❒ Vision Impaired Requirements ❒ Wheelchair Impaired Requirement
❒ No Special Requirements

**Are you currently a resident of the City of Norfolk?** ❒ Yes ❒ No

### Ethnicity (Please Check One)

❒Hispanic or Latino ❒Not Hispanic or Latino

### Race For statistical purposes only. (Please Check One)

❒ White
❒ Black/African American
❒ American Indian/Alaska Native
❒ Asian
❒ Native Hawaiian/Other Pacific Islander
❒ Other

### Please list the name of person(s) that will be living with you, to include, YOURSELF as Head of Household. Please choose from the *Citizenship Types: Eligible Citizen, Eligible Non Citizen, Ineligible Non Citizen, Pending Verification, Unknown /Unverified

| Name | Race | Social Security Number | Relationship | Age | Sex | Date of Birth | Disabled Yes or No | *Citizenship |
|---|---|---|---|---|---|---|---|---|
| First Last (Example) | Other (Example) | XXX-XX-XXXX (Example) | Son (Example) | 18 (Ex) | M (Ex) | MM/DD/YYYY (Example) | No (Example) | Eligible Citizen (Example) |
| | | | Head of Household | | | | | |
| | | | | | | | | |
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**Please list income of you and person(s) that will be living with you.** (Monetary or Non-Monetary) Please choose from the listing ***income types**: Employment, Child Support, Medical Reimbursement, Federal Wage, General Assistance, Military Pay, Other Non Wage, Pension, SSI, Social Security, TANF.

| Name of Family Member with Income | *Type of Income | Monthly Income | Name and Address of Income Source |
|---|---|---|---|
| _____ (First) _____ (Last) | | $ | Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code) |
| _____ (First) _____ (Last) | | $ | Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code) |
| _____ (First) _____ (Last) | | $ | Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code) |
| _____ (First) _____ (Last) | | $ | Company Name _____ _____ (Street or P.O. Box Number) _____ (City) (State) (Zip Code) |

## Preference Categories

Please check the statement(s) below that best describes your current housing situation. This will affect your position on the waiting list and must be verified. If a question do not apply to you, please check "NO".

1. Is the Head of Household, Spouse or other adult (18 or older) employed?
❒ Yes ❒ No

2. Do you work a minimum of 15 hours per week?
❒ Yes ❒ No

3. Is the place of employment in **NORFOLK**?
❒ Yes ❒ No

4. Is the Head of Household or Spouse Disabled?
❒ Yes ❒ No

5. Is the Head of Household the primary caregiver for a disabled household member?
❒ Yes ❒ No

6. Is the Head of Household or Spouse Elderly?
❒ Yes ❒ No

7. Is the Head of Household or Spouse a Veteran with a Honorable or Other Than Honorable Discharge?
❒ Yes ❒ No

## Criminal History

1. Have you, as Head of Household, or anyone in your household ever committed fraud in a Federal Assisted Housing Program, or been requested to repay money related to federal housing?
❒ Yes ❒ No
**If yes, date of occurrence?** _____

2. Do you owe money to NRHA or any federally subsidized housing programs?
❒ Yes ❒No
**If yes, explain**_____

3. Are you or any of your household member(s) required to register on any state Sex Offender List?
❒ Yes ❒ No

I hereby authorize Norfolk Redevelopment and Housing Authority to obtain information it deems desirable in the processing of my application, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information, and release Norfolk Redevelopment and Housing Authority, and its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I certify that all information I have provided in this application is complete and true to the best of my knowledge. I understand that I must report any changes in income, assets, family composition, address, or phone numbers to NRHA within ten (10) days of such changes Mondays to Thursday between 9:00 AM – 4:00 PM for my application to remain valid. I also understand that these changes may affect my position on the waitlist. I further understand that false statements or information are grounds for denial of this application.

_____ _____/_____/_____
**Signature of Head of Household** **Date**

EQUAL HOUSING OPPORTUNITY Norfolk Redevelopment and Housing Authority does not discriminate against any persons on the basis of race, color, sex, religion, national origin, age familiar status, or handicap. If you believe you have been discriminated against, you may call the **Fair Housing and Equal Opportunity National toll free hot line 1.800.424.8590**

NOTICE OF NONDISCRIMINATION
Norfolk Redevelopment and Housing Authority

The Norfolk Redevelopment and Housing Authority (NRHA) has adopted, by resolution, a policy to operate all of its programs in a fair and impartial way. In addition to requiring fairness and impartiality without regard to **race, color, religion, national origin, sex, elderliness, familial status, disability, source of funds, sexual orientation, gender identity, veteran status, personal appearance, marital status, political affiliation, matriculation and place of residence or business.** NRHA is committed to providing programs in a way that does not discriminate against individuals with disabilities.

NRHA is subject to several laws governing the rights of the disabled including Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). Section 504 of the Rehabilitation Act mandates that federal fund recipients, such as NRHA is an equal opportunity employer and does not discriminate against employees or job applicants on the base of **race, color, religion, national origin, sex, elderliness, familial status, disability, source of funds, sexual orientation, gender identity, veteran status.**

If you have questions concerning our policy, request for additional information or a desire to file a complaint, please contact:

NRHA c/o Rhonda Rich, ADA/504 Program Coordinator
555 E. Main St., PO BOX 968
Norfolk, VA 23501
(757) 623-111, TDD: (800) 545-1833
Monday – Friday: 9:00 am – 5:00 pm

Upon request, this notice and other materials may be made available in alternative formats (i.e. large print, braille, assisted listening devices or audio tape) from the ADA/504 Program Coordinator.

Revised April 2025