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Thank you for your interest in applying for housing assistance through the Dover Housing Authority. Before completing your application, please be advised of the following:

The Dover Housing Authority utilizes a preference system when placing applicants on the Waiting List. DHA will give preference in the selection of applicants as noted below:

- 6 Federal Disaster Victims that are current participants of HUD-funded housing programs
- 6 Victims of Domestic Violence
- 6 Homeless Veterans
- 5 Federal Disaster Victims that are not current participants of HUD-funded housing programs
- 4 Living in Dover and Working (at least 20 hours per week) in Dover
- 4 Living in Dover and elderly or disabled
- 3 Working (at least 20 hours per week) in Dover and living anywhere
- 3 Living in Dover and working (at least 20 hours per week) anywhere
- 2 Working (at least 20 hours per week) anywhere and not living in Dover
- 1 Not living in Dover and elderly or disabled
- 1 Living in Dover, not working
- 0 Not living in Dover, not working

A preference does not guarantee admission. The applicant must still meet DHA Tenant Screening Criteria before being accepted as a participant in a DHA housing program.

DHA's Tenant Screening Criteria includes the following:

1. Family Composition and type
2. Annual Income
3. Citizenship and/or immigration status
4. Social Security numbers for all members listed on the application over the age of 6
5. Verification of Preference
6. Criminal and Credit background check
7. Applicant and household members ability to comply with the Dwelling Rental Lease and other DHA policies.

**PRE-APPLICATION FOR PUBLIC HOUSING AND SECTION 8 RENTAL
ASSISTANCE PROGRAMS**

Please answer ALL questions. Incomplete Pre-Applications WILL NOT be accepted.

Please Check One:

☐ **Public Housing**

☐ **Section 8 Waiting List is (**

HEAD OF HOUSEHOLD:

Date:

NAME:

CURRENT ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

HEAD WORK#:

SPOUSE WORK#:

EMERGENCY CONTACT NAME:

PHONE#:

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1.

2.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household first, then all other household members by age who will be living in the unit. Give the relationship of each family member to the head.

MEMBER'S FULL NAME	RELATION SHIP TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY #

2. Race of Head of Household: (Check one – Used for statistical purposes only)

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

3. Ethnicity of Head of Household: (Check one – Used for statistical purposes only)

- ☐ Hispanic or Latino ☐ not-Hispanic or Latino

4. Does anyone live with you now who is not listed above:

5. Does anyone plan to live with you in the future who is not listed above?

Explain if you answered yes to either question 4 or 5:

6. Does any household member require any special housing?:

7. Please identify any special housing needs your household has:

These questions are asked only for the purpose of calculating total tenant payment and determining the family's need for an accessible unit.

8. How many people live in your unit now? How many bedrooms do you have?

9. Do you wish to move? If yes, why?

10. Are you being displaced or evicted from your present unit? If yes, why?

11. What is the current rent? What utilities do you pay?

12. Are you now living in a subsidized housing unit? If yes, explain?

13. Have you ever lived in Public Housing? If yes, where?

14. Have you ever participated in the Section 8 Program? If yes, explain?

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.
Does **any member** of your household:

	1. Work full-time, part-time or seasonally?
	2. Expect to work for any period during the next year?
	3. Work for someone who pays them cash?
	4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
	5. Now receive or expect to receive unemployment benefits?
	6. Now receive or expect to receive child support?
	7. Have an entitlement to receive child support that he/she is not now receiving?
	8. Now receive or expect to receive alimony?
	9. Have an entitlement to receive alimony that is not currently being received?
	10. Now receive or expect to receive public assistance (welfare)?
	11. Now receive or expect to receive Social Security benefits?
	12. Now receive or expect to receive income from a pension or annuity?
	13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
	14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?
	15. Own real estate or any assets for which you receive no income (checking account, cash)?
	16. Have you sold or given away property or assets (including cash) in the past two years?
	17. Self-employed or own their own business?
	18. Do you or spouse work in Dover?

HOUSEHOLD INCOME:

MEMBER NAME	SOURCE/TYPE OF INCOME	ANNUAL AMOUNT

19. Please provide the name, address and phone number of your employer:

Employer:		Employer:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Phone:	

ASSETS: 1. List all checking, savings accounts, IRAs, Keogh accounts, and Certificates of Deposit for all household members. Include any cash amounts.

MEMBER NAME	BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets owned by any household member:

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3. List the value of any assets disposed of for less than fair market value during the past two years:

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4. Does any household member own a car/truck/motorcycle? If yes, provide the following:

MEMBER NAME	MAKE	MODEL	YEAR	PLATE/TAG#

5. Does any household member regularly drive a car/truck/motorcycle owned by someone who is not a member of the household? If yes, please provide that person's name and relationship

MEMBER NAME	MAKE	MODEL	YEAR	PLATE/TAG#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPENSES

Do you have expenses for child care of a child aged 12 or younger? If yes, provide the name, address and telephone number of the care provider

What is the weekly cost to you of the child care? \$

Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide the name, address and telephone number?

What is the cost to you for the care attendant and/or the equipment? \$

Elderly Families Only

Do you have Medicare? If yes, what is your monthly premium? \$

Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number and monthly premium amount.

Do you have outstanding medical bills which you are paying? If yes, list them:

Do you expect to incur medical expenses during the next twelve months? If yes, list them:

APPLICANT CERTIFICATION

I/We certify that the information given to the Dover Housing Authority on household composition, income, family assets, and allowances and deductions is true, accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. **I/We also understand that giving or providing false statements or information is grounds for termination of housing assistance and termination of tenancy.**

Signature of Head:

Date:

Signature of Spouse:

Date:

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Office of Fair Housing and Equal Opportunity Hot Line at (800) 669-9777 or the HUD Philadelphia Office at (215) 656-0500.

Special Unit Requirement (s) Questionnaire

This questionnaire is to be administered to every applicant for public housing at Dover Housing authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptation needs to be verified in order to assure that the limited number of units with special features go to families that actually need the feature.

APPLICANT NAME

Date:

1. Do you or any member of your family have conditions that require:
(Please check all that apply)

☐ A separate bedroom

☐ Unit for Vision Impaired

☐ A barrier-free apartment

☐ Unit for Hearing Impaired

☐ One level unit

☐ Bedroom/Bath on 1st floor

☐ Physical modifications or changes to a typical unit ☐ Other accommodations

2. If you answered yes to any of the above questions, please explain exactly what you need to accommodate your situation:

3. Can you and all your family members go up and down stairs unassisted?

If no, please indicate how DHA should accommodate your family?

4. Will you or any of your family members require a live-in aide to assist you?

If yes, please explain?

5. What is the name of the family member who needs the feature identified above?

6. Who should be contacted to verify your need for the features you have identified above?

Name

Address

Phone No.