



## Delaware State Housing Authority

18 The Green  
Dover, DE 19901

Website: [www.destatehousing.com](http://www.destatehousing.com)



## Wilmington Housing Authority

321 East 11th St 4th Floor,  
Wilmington, DE 19801

Website: [www.whadelaware.org](http://www.whadelaware.org)



## New Castle County Housing Authority

77 Read's Way  
New Castle, DE 19720

Website: <https://www.newcastlede.gov/467/Housing-Choice-Voucher-HCV-Program>



## Dover Housing Authority

76 Stevenson Drive  
Dover, DE 19901

Email: [dover.housingauthority@dhade.org](mailto:dover.housingauthority@dhade.org)



## Newark Housing Authority

313 E. Main St.  
Newark, DE 19711

Website: [www.newarkhousingauthority.net](http://www.newarkhousingauthority.net)

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这是一个重要通知。请访问我们的网站获取此文件的翻译。

هذا إشعار مهم. يرجى زيارة موقعنا للحصول على ترجمات لهذا المستند.

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Sa a se yon avi enpòtan. Vizite sit entènèt nou an pou tradiksyon dokiman sa a.

Ito ay isang mahalagang paalala. Bisitahin ang aming website para sa mga pagsasalin ng dokumentong ito.

Đây là một thông báo quan trọng. Vui lòng truy cập trang web của chúng tôi để xem bản dịch của tài liệu này.

# Pre-Application for Housing Assistance

Please print clearly and answer questions completely and honestly. Thank you!

## UPDATING PRE-APPLICATION

1. Tell us about you, the person applying.

**Applicant Full Name:**

**Date of birth** (mm/dd/yyyy)

**Social Security number:** or Alien ID number

**Email:** primary contact if supplied

**Phone number:** where you can be reached

**May we contact you via SMS text message?**

Yes  No

**Physical address:** (if different from mailing address)

**Mailing address:** (street address or PO box, city, state, zip code)

**Ethnicity:** (check one)

Hispanic/ Latino  Non-Hispanic/ Latino

**Gender:**

M  F

**Disabled?**

Yes  No

**Are you a U. S. Citizen?**

Yes  No

**Race:** (check one)

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

**Location of Employer:** (city, state, zip)

**Monthly Employment  
Income:** \$

**Other Income:**  
\$ per month

**Location of School:** (city, state, zip)

**Grade Level**

**Full Time?**  
 Yes  No

**What is your (and your household members) current living situation? (Select one)**

- Living in a permanent residence.
- Living in a temporary residence.
- Living in a shelter or hotel/motel.
- Living in a place that is not normally used for housing.

**Are you at risk of losing your current residence?**

Yes  No

**Has any household member ever served on active duty in the U.S. armed forces, reserves, or National Guard excluding periods for which he or she has been dishonorably discharged?** If yes, please list their names below and dates served.

Yes  No

**Is any household member a surviving spouse of a person who is no longer a member of the household but who had ever served on active duty in the U.S. armed forces, reserves, or National Guard excluding periods for which he or she has been dishonorably discharged?** If yes, please list their names below and dates served.

Yes  No

2. Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON

<b>1. Full name (first, middle initial, last):</b>		<b>2. Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Gender:</b>
<b>4. Date of birth (mm/dd/yyyy):</b>	<b>5. Social Security #: or Alien ID #</b>	<b>6. Relationship to applicant:</b>	
<b>7. Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Location of Employer: (city, state, zip)</b>	<b>9. Monthly Employment Income: \$</b>	
<b>10. Other Income:</b> \$ _____ per month	<b>11. Location of School: (city, state, zip)</b>	<b>12. Grade Level</b>	<b>13. Full Time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 2

<b>1. Full name (first, middle initial, last):</b>		<b>2. Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Gender:</b>
<b>4. Date of birth (mm/dd/yyyy):</b>	<b>5. Social Security #: or Alien ID #</b>	<b>6. Relationship to applicant:</b>	
<b>7. Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Location of Employer: (city, state, zip)</b>	<b>9. Monthly Employment Income: \$</b>	
<b>10. Other Income:</b> \$ _____ per month	<b>11. Location of School: (city, state, zip)</b>	<b>12. Grade Level</b>	<b>13. Full Time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 3

<b>1. Full name (first, middle initial, last):</b>		<b>2. Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Gender:</b>
<b>4. Date of birth (mm/dd/yyyy):</b>	<b>5. Social Security #: or Alien ID #</b>	<b>6. Relationship to applicant:</b>	
<b>7. Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Location of Employer: (city, state, zip)</b>	<b>9. Monthly Employment Income: \$</b>	
<b>10. Other Income:</b> \$ _____ per month	<b>11. Location of School: (city, state, zip)</b>	<b>12. Grade Level</b>	<b>13. Full Time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 4

<b>1. Full name (first, middle initial, last):</b>		<b>2. Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3. Gender:</b>
<b>4. Date of birth (mm/dd/yyyy):</b>	<b>5. Social Security #: or Alien ID #</b>	<b>6. Relationship to applicant:</b>	
<b>7. Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Location of Employer: (city, state, zip)</b>	<b>9. Monthly Employment Income: \$</b>	
<b>10. Other Income:</b> \$ _____ per month	<b>11. Location of School: (city, state, zip)</b>	<b>12. Grade Level</b>	<b>13. Full Time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS:**

<p><b>1. Have you or anyone in your household been displaced from your home due to a natural disaster?</b> (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____          Name of disaster: _____ Location of disaster: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>2. Is anyone in the household displaced, or at risk of being displaced due to domestic violence?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>3. Are you or any household member living in substandard housing?</b>          (Does ensure safe and adequate shelter, posing risks to family well-being due to multiple critical or intermediate defects, requiring significant repair or rebuilding.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>4. Do you live/have you ever lived in public housing, Section 8 housing or any other type of federally-funded housing?</b> If yes, tell us which program, when, and where in the space below:</p> <p>Date of participation: _____ Which Housing Authority?: _____          Program Type: _____ Was assistance Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>5. Do you require a special accommodation to participate in the application process?</b> If yes, please describe what you need.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. Does any member of the household require a mobility, vision, or hearing unit?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7. Is English your primary spoken language?</b> If no, what is your primary spoken language?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>8. Is English your primary written language?</b> If no, what is your primary written language?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>9. Is anyone in the household an immediate family member of a person who has been honorably discharged or died in active duty in the US armed forces, reserves, or national guard?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>10. Is anyone in the household a participant of the Delaware reform program, A Better Chance?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>11. Has anyone in the household ever participated in the Moving to Work (MTW) Program?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>12. Are you or any household member with a disability living in an institution that provides a temporary residence, including congregate shelters and transitional housing?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>13. Are you or a household member with a disability at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>14. Are you or any household member recently discharged from an institution that provided a temporary residence?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant ID Number: \_\_\_\_\_

SIGN BELOW.

Unsigned applications may be returned.

By signing below, I certify that I understand that:

- Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- I need to notify the Housing Authorities if any information on this application changes.
- If I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply.
- I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Complete and return your application update form by one of these options:

- **Drop off** or **mail** to any participating Housing Authority.
- **Fax to:** (561) 416-9848
- **Email to:** [Delaware@affordablehousing.com](mailto:Delaware@affordablehousing.com)
- **Online:** Go to [www.affordablehousing.com/update](http://www.affordablehousing.com/update) and sign-in or create an account.
  - To access your application online, you will need:
    - Your Social Security Number
    - Your Last Name (*as it appears on this form*)
    - An Email Address (*you can create a free email address at google.com, yahoo.com or by using another email service*).
    - Phone Number