



Housing Programs: Pre-Application for Assistance

Complete this form to apply for the following rental assistance program:

The Delaware Housing Access Association (DHAA) is a partnership of all five Public Housing Authorities (PHAs) in the State of Delaware. This partnership streamlines the application process for the Section 8 Housing Choice Voucher program and other affordable housing properties managed by housing authorities.

The DHAA utilizes RevoList, an application ranking and synchronization software system, which allows applicants to apply for and manage their applications through a single, centralized access point using an AffordableHousing.com Renter account.

Please note that each participating PHA selects participants for their housing programs based on their local policies. The DHAA launched the Affordable Housing Hub in September 2024 and advises applicants to check the status of their application at least once a year.

Eligibility for housing assistance

To qualify for assistance, you must:

- ➔ Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).
- ➔ Meet the HUD requirements for citizenship or immigration status.
- ➔ Not owe money to a public housing agency.
- ➔ Sign any authorization forms required to verify eligibility requirements, when requested.

Any questions? Help is available!

GO ONLINE: Delaware.AffordableHousing.com **EMAIL :** Delaware@AffordableHousing.com

VISIT: You can visit any of the 5 participating housing authorities (listed on the next page)






CALL : 2-1-1



Delaware 211 Helpline, powered by United Way of Delaware, is a centralized access point for a wide range of essential resources throughout the state. Our service is free, confidential, and available in multiple languages.

Please note, we've partnered with AffordableHousing.com in managing this waiting list.

Waiting List Checklist: Please Check all the waitlists you would like to apply to.

| | |
|---|---|
|  <p>Delaware State Housing Authority 18 The Green Dover, DE 19901 www.destatehousing.com</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Choice Voucher Program (Must locate to Kent or Sussex County) <input type="checkbox"/> Public Housing <input type="checkbox"/> Holly Square (Must be 62 years of age or older) <input type="checkbox"/> Hulling Cove (Must be 62 years of age or older) Liberty Court <input type="checkbox"/> MPH Preservation - McLane Gardens and Peach Circle Mispillion Station II (1 & 2 bedrooms) <input type="checkbox"/> Brightway Commons II (2 and 3 Bedrooms) <input type="checkbox"/> Commerce Square Apartments (2 & 3 bedrooms) <input type="checkbox"/> Villa II at Delmar Crossing 1 & 2 Bedroom (Must be 62 years of age or older) <input type="checkbox"/> Foster Commons (2 & 3 Bedrooms) |
|  <p>Dover Housing Authority 76 Stevenson Drive, Dover, DE 19901 Email: dover.housingauthority@dhade.org</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Choice Voucher Program (Must locate to the City of Dover) <input type="checkbox"/> Owens PBV (Elderly Housing) <input type="checkbox"/> Owens Queen PBV <p>Closed Waiting Lists: X Public Housing (Closed) X Willis Road (Closed)</p> |
|  <p>New Castle County Housing Authority 77 Read's Way, New Castle, DE 19720 www.newcastlede.gov/467/Housing-Choice-Voucher-HCV-Program</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Choice Voucher Program (Must locate to New Castle County) |
|  <p>Newark Housing Authority 313 E. Main St. Newark, DE 19711 www.newarkhousingauthority.net</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Choice Voucher Program (Must locate to New Castle County) <input type="checkbox"/> Public Housing 2 Bedroom (Must have two or more household members) <input type="checkbox"/> Public Housing 3 Bedroom (Must have two or more household members) |
|  <p>Wilmington Housing Authority 400 North Walnut Street, Wilmington, DE 19801 www.whadelaware.org</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Choice Voucher Program (Must locate to New Castle County) |

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

PRE-APPLICATION

Tell us about the person applying (Head of Household).

| | |
|---|----------------------------|
| First name, middle initial, last name and suffix (Jr., Sr., 1st, etc) | 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Current Physical address: street address or PO box, city, state, zip code

Mailing address: (if different from physical address) street address or PO box, city, state, zip code)

| | | | |
|---|--|---|--|
| Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

VETERAN STATUS

Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged? Yes No

If yes, please list their names below and dates served.

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 1

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

OTHER PERSON 2

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

OTHER PERSON 3

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

OTHER PERSON 4

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

| COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS: | |
|--|--|
| <p>1. Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____</p> <p>Name of disaster: _____</p> <p>Location of disaster: _____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>2. Is anyone in the household displaced, or at risk of being displaced due to domestic violence?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>3. Is anyone in the household currently residing in subsidized housing or receiving subsidized rental assistance? If yes, what type of assistance are you receiving?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>4. Are you or any household member disabled and living in an institution that provides a temporary residence, including congregate shelters and transitional housing?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>5. Are you any household member disabled and at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>6. Are you or any household member recently discharged from an institution that provided a temporary residence?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>7. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>8. Does any member of the household require a mobility, vision, or hearing unit?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. Is English your primary spoken language? If no, what is your primary spoken language?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>10. Is English your primary written language? If no, what is your primary written language?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>11. 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?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>12. Is anyone in the household a participant of the Delaware reform program, A Better Chance?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>13. Has anyone in the household ever participated in the Moving to Work (MTW) Program?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>14. Is any household member pregnant?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Application Submission:

Complete and sign the enclosed pre-application and mail it to ONE of the nearby participating PHAs during regular business hours. Only one application per family is accepted. Upon application submission, you'll receive a receipt with your application number and date on the waiting list. Keep it for your records.

Reasonable Accommodation:

If you have limited English, we can provide free interpretation services to help you access our services. If you have a disability, you may be entitled to reasonable accommodations to help you apply. This could include: Providing information in accessible formats (e.g., large print or Braille).

To request an accommodation please contact any participating housing authority.

Online Application Management:

Visit Delaware.AffordableHousing.com for participating PHA details, online application, and information on managing your application.

Please note:

Your application will not be added to the waiting list if you are not eligible to apply. If you are applying for the Section 8 Housing Choice Voucher program, you must move to the housing authority's jurisdiction. However, you are not required to live there at the time of application.

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 or Low-Income Public Housing 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 _____