

Charleston-Kanawha Housing Authority
Section 8 Pre-Application Form (07-06)

Household Composition

Last Name	First Name	MI	Relationship	Gender	Birth Date	Age	Birthplace (city & state)	Soc Sec #
1.			Head					
2.								
3.								
4.								
5.								
6.								

Street address: _____ City _____ State _____ Zip Code _____

Mailing address: _____ City _____ State _____ Zip Code _____

Telephone 1: _____

Telephone 2: _____

Complete for Head of Household (Optional, for statistical purposes only)

Race: White Asian Hispanic Black American Indian Ethnicity: Hispanic Non-Hispanic

Waiting List Preferences

The Working Preference is provided when at least one adult in your household is employed for at least 20 hours per week. You must complete this form and provide documentation of employment with either a copy of a recent pay stub (within the past month) or a letter from your employer.

The Working Preference is also extended to elderly families (62 yrs. or older) and to families whose head or spouse are receiving income based on their inability to work (such as SSI, Workers Compensation).

Working Preference (Please answer all questions)

Is there at least one adult household member working at least 20 hours per week? Yes _____ No _____
 Number of Hours per week? _____.

Are you requesting the working preference based upon elderly status or the head and/or spouse receiving income based upon their inability to work (such as SSI, Workers Compensation)? Yes _____ No _____

Household Income

(Please list income for all household members)

How often are you paid?

Household Member	Source of Income	How often are you paid?				Annual Income
		Weekly	Bi-weekly	Bi-monthly	Monthly	
1.						
2.						
3.						
4.						

If you're employed and claiming the working preference a copy of a recent pay stub (within the last month) or a statement from your employer must be provided.

<p>For persons with disabilities, if you require a specific accommodation to fully utilize our Section 8 program and services please contact us at 348-6888, extension 13 for more information.</p>	CKHA Staff Use Only
<p>Applicants Certification: I/We certify that the information given to Charleston-Kanawha Housing on household composition and income, and all other information listed above, is accurate and complete to the best of my/our knowledge and belief.</p> <p>Signature: _____ Date: _____</p>	

Remember!!
Report all address and employment changes in writing so that we may keep your file current.