



Caswell County Section 8 Housing

205 East Church Street * PO BOX 577

Yanceyville, NC 27379

Phone (336) 694-9318 Fax (336) 694-9321



Section 8 HCV Application Process:

Applications accepted Monday - Friday (8am - 5pm).

Waiting list continues to be First Come First Serve!

1. Complete the Application packet! You may submit your Application by mail to **PO BOX 577 Yanceyville, NC 27379**; place it in the drop box outside the main door; or bring it into the office and leave with a staff member.
2. Once we have received your completed Application, an acknowledgement letter (not an approval letter) will be mailed to you confirming you have been placed on the waiting list. (If your application is incomplete or illegible, you will NOT be placed on the waiting list and you will be notified to re-submit. If you need assistance completing this form, please call 336-694-9318.
3. Once your household's name is at the top of the waiting list you will be contacted by mail, therefore, it is important to keep us informed of any address changes. The notification will be a letter inviting you to the scheduled eligibility interview. If we send you a mail notification and you do not respond by the deadline date on the letter, your application will be dropped. The following documents will be requested during your eligibility interview, failure to provide them will result in your application being dropped immediately. No Exceptions!!!
 - **Photo ID for ALL adult household members**
 - **Birth Certificates and Social Security Cards for ALL household members**
 - **Verification of ALL (gross) income received by ALL household members
Wages, Child Support, TANF, SS/SSI, SSA, etc...)**
 - **Current Bank Statement**
 - **Child Care Verifications**
 - **Verification of Full Time Student Status for adults 18-24**



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SECTION 8 HCV APPLICATION

(Applicants must qualify as a family and/or as an eligible single person.)

Last Name (1. Head of Household)	First Name	MI	Relationship	Gender	Birth Date	Race	Birthplace (City & State)	Soc. Sec #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

IMPORTANT: IF YOUR MAILING ADDRESS CHANGES WHILE ON THE WAITING LIST BE SURE TO REPORT IT TO THE OFFICE IMMEDIATELY IN WRITING. NO CHANGES WILL BE ACCEPTED OVER THE TELEPHONE.

Mailing address: _____ City _____ State _____ Zip _____

Physical address: _____ City _____ State _____ Zip _____

Email address: _____

Telephone Number: _____ Alt. Number: _____

9. Are you or your spouse Elderly, Disabled, or Handicapped? Yes _____ No _____

10. Do you or any household member require an aide or caregiver due to health conditions or disabilities? _____

11. Are you a US Citizen? Yes _____ No _____

12. Ethnicity (check one): _____ Hispanic or Latino _____ Non-Hispanic or Latino



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13. Do you have a voucher from another county and wish to locate to Caswell County? _____

If yes, where are you currently receiving assistance? _____

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

City _____ State _____ Zip _____ Phone #: _____

15. Have you ever participated in the Section 8 Program? _____ If yes, where? _____

City _____ State _____ Zip _____ Phone #: _____

16. Have you or any member of the household ever participated in, been arrested or convicted of any criminal or drug related activity? _____ If yes, name the family member, activity and when it occurred. _____

INCOME INFORMATION FOR HOUSEHOLD

(SSA, SSI, VA, ALIMONY, CHILD SUPPORT, TANF, UNEMPLOYMENT, WAGES ETC...)

Who receives the income?	What type of Income? (Name of Company, job title, location...)	Amount of Gross Income (Rate of Pay, Avg. # of hrs. wkly, how often are you paid?)

17. If you do not receive any of the income listed above, who assists you with your household and personal expenses?

Name of Contributor: _____ Relationship: _____

Amount given to household: _____

How often do you receive this income? _____

18. Do you receive Food & Nutritional Benefits? Yes ___ No ___ If yes, what amount? _____

What county/state issue your Food Stamp Benefits? _____ case worker _____



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19. If you receive any other government assistance, please provide the type, the name of your case worker and their contact information. _____

20. Have you or any household member ever been convicted of government fraud? Yes ___ No ___
If yes, what was the charge, where & when? _____

21. Are you currently on Probation? Yes ___ No ___ If yes, provide what County, type of Charge, and your probation officers name and contact info. _____

Asset Information

Family Member	Bank	Current Balance

22. List value of all stocks, bonds, trusts, pension contributions, or other assets

23. Do you own your own home or other real estate? Yes ___ No ___ If yes, what county is the property located? _____

Rental History

24. List your past rental addresses within the past 5 years, landlord contact information, the dates you were occupying the unit, and if you were evicted.

1. Add. _____
Landlord _____ Phone _____ Dates _____ Eviction? Y N

2. Add. _____
Landlord _____ Phone _____ Dates _____ Eviction? Y N

3. Add. _____
Landlord _____ Phone _____ Dates _____ Eviction? Y N

4. Add. _____
Landlord _____ Phone _____ Dates _____ Eviction? Y N

5. Add. _____
Landlord _____ Phone _____ Dates _____ Eviction? Y N



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WARNING: BY SIGNING THIS APPLICATION, I/WE CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/WE HEREBY AUTHORIZE CASWELL COUNTY SECTION 8 HOUSING, TO CONTACT AND OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE INDIVIDUALS OR ENTITIES LISTED ON THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES THAT MAY BE REQUIRED TO VERIFY THE HOUSEHOLDS ELIGIBILITY BASED ON THIS APPLICATION. I DECLARE THAT THE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE STATEMENTS ON THIS FORM.

I understand that it is my responsibility to keep my contact information current. I understand all changes MUST be submitted in writing. I understand if I do not respond to any information or appointment requests, or if any letter sent to me is returned undeliverable, my name will be removed from the waiting list.

By signing below, I certify I have read and understand the above statement.

(All adults on the application MUST sign the Application.)

Applicant/Head of Household: _____ Date: _____

Other Adult/Spouse: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY STAFF MEMBER: _____

APPLICATION COMPLETE: YES NO

IF REJECTED, DATE REJECTION LETTER WENT OUT: ____/____/____

ADDED TO WAITING LIST: ____/____/____

ENTERED BY PHA STAFF MEMBER: _____

STAMP RECEIVED:

