



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! Applications can be printed offline or picked up from the office by appointment.

1. **Pre-Application** - Complete the attached Pre-Application packet. All of the following documents **MUST** be attached:
 - 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...)
2. Once we have received your completed Pre-Application, a letter will be mailed to you confirming receipt. You and your household members will be placed on the CCS8 HCV Waiting list. If your Pre-Application is incomplete or illegible you will NOT be placed on the waiting list until ALL required documentation has been successfully submitted. If you need assistance completing this form, please call 336-694-9318.
3. You may submit this Pre-Application by mail to PO BOX 577 Yanceyville, NC 27379 or you may put it in the drop box outside the main door. You have the option to type in your responses to the Pre-Application or complete it neatly in blue or black ink.
4. 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 changes.



EQUAL HOUSING
OPPORTUNITY

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SECTION 8 HCV PRE-APPLICATION FORM

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

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

12. Do you have a voucher from another county and/or area and wish to locate to this county? _____



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13. Have you ever lived in Public Housing? _____ If yes, where? _____
14. Have you ever participated in the Section 8 Program? _____ If yes, where? _____
15. 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. _____
- _____

Household Income

INCOME INFORMATION

(SSA, SSI, VA, ALIMONY, CHILD SUPPORT (ORDER AMOUNT), 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?) |
|--------------------------|--|--|
| | | |
| | | |
| | | |

16. 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? _____

How did you hear about the Program? Newspaper Flyer Participant Other



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WARNING: BY SIGNING THIS PRE-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 PRE-APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES THAT MAY BE REQUIRED TO VERIFY THE HOUSEHOLDS ELIGIBILITY BASED ON THIS PRE-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 Pre-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: _____

PRE-APPLICATION IS COMPLETE: YES NO
IF REJECTED, DATE REJECTION LETTER WENT OUT: ____/____/____

FULL APPLICATION PACKET COMPLETED: ____/____/____

VOUCHER ISSUED: ____/____/____

