



# New Phoenix Village Application

## FOR OFFICE USE ONLY

Client No.  
Date:  
NPV

Time:

Rev.2025

### A. APPLICANT

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ SS No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No.: (H/M) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### B. PREFERENCE

Are you homeless or living in substandard housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you being displaced? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you pay more than 50% of your family income for rent/utilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a Veteran/Spouse of a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently in a Permanent Supportive Housing Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, which one? \_\_\_\_\_ Since what date? \_\_\_\_\_

### C. CURRENT HOUSING INFORMATION

Current Monthly Rent: \_\_\_\_\_ Current Monthly Utility Payment: \_\_\_\_\_  
How long have you lived at present address? \_\_\_\_\_ Name on Lease: \_\_\_\_\_  
Name of Owner/Landlord: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### D. PREVIOUS HOUSING INFORMATION

Former Address: \_\_\_\_\_  
Name on Lease: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_  
Owners/Agents Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Former Address: \_\_\_\_\_  
Name on Lease: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_  
Owners/Agents Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Are you age 62 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you possess a SSN? Yes \_\_\_\_\_ No \_\_\_\_\_ If not,  
were you receiving HUD rental assistance as of January 31, 2010? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been assisted by the Section 8 Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_  
Landlord: \_\_\_\_\_ Address: \_\_\_\_\_  
Have you ever lived in Public Housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_  
Address of Landlord: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



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## E. FAMILY COMPOSITION

MINORITY CODE \_\_\_\_\_

1 White

2 Black

3 American Indian

4 Hispanic

5 Asian

6 Other

ETHNICITY CODE \_\_\_\_\_

1 Hispanic

2 Non-Hispanic

Mbr. No.	Sex	Name	Full Time Student	SS No.	Relationship	Date of Birth M/D/Y	Place of Birth City/State

1. Do you expect any change in the above-listed household composition in the next 12 months?  
Yes\_\_\_ No\_\_\_

If yes, describe the change.

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2. Are you a student at an institution of higher learning? Yes\_\_\_ No\_\_\_

**If yes:**

Are all the occupants noted above full-time students? Yes\_\_\_ No\_\_\_

(Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 5 months of this Certification year, other than correspondence school).

- Are you living with parent/guardian in a Section 8 unit? Yes\_\_\_ No\_\_\_
- Are you 24 years of age or older? Yes\_\_\_ No\_\_\_
- Are you a veteran of the U.S. military? Yes\_\_\_ No\_\_\_
- Are the students married and filing a joint tax return or eligible to file a joint tax return?  
A
- Do you have a dependent child? Yes\_\_\_ No\_\_\_
- Are the students persons with a disability who were already receiving Section 8 assistance on November 30, 2005? Yes\_\_\_ No\_\_\_
- Can the student prove independence of parents (must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy) including providing certification that the parents did not claim the student on the most recent tax return? Yes\_\_\_ No\_\_\_
- Does student have parents who are income eligible for the Section 8 Program? Yes\_\_\_ No\_\_\_
- Does the household receive Aid for Dependent Children or TANF? Yes\_\_\_ No\_\_\_
- is the household comprised of a single parent & child(ren) none of whom are dependents of a third party? Yes\_\_\_ No\_\_\_



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**LIHTC** students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses:

- Does the household contain at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current or upcoming calendar year (**months do not have to be consecutive**)? Yes\_\_\_\_ No \_\_\_\_
- Does the household contain all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a Part time student(s). Verification of part time student status is required for at least one occupant? Yes\_\_\_\_ No \_\_\_\_
- Does the household contain at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current or upcoming calendar year (**months do not have to be consecutive**). Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) Yes\_\_\_\_ No \_\_\_\_
- Is at least one student a single-parent with Child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) Yes\_\_\_\_ No \_\_\_\_
- Is at least one student receiving Temporary Assistance to Needy Families (TANF)? Yes\_\_\_\_ No \_\_\_\_
- Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (If yes, provide verification of participation) Yes\_\_\_\_ No \_\_\_\_
- Does the household consist of at least one student who was previously under foster care? (If yes, provide verification of participation) Yes\_\_\_\_ No \_\_\_\_

3. Are you a citizen or national of the United States? Yes\_\_\_\_ No \_\_\_\_  
If no, are you an eligible non citizen? Yes \_\_\_\_ No\_\_\_\_

4. Will this apartment be your sole place of residence? Yes \_\_\_\_ No \_\_\_\_

5. How did you hear about New Phoenix Village? \_\_\_\_\_

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## F. INCOME

1. Does any household member receive full-time or part-time **earnings** from any type of **employment**? Yes\_\_\_\_ No\_\_\_\_



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MBR No.	Type of Income	Frequency	Annual Amount	Name and Address of Source

2. Do any household members own a business or are self employed? Yes\_\_\_ No\_\_\_

If yes, type of business? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does any household member receive welfare benefits (TANF) or other public assistance? Yes\_\_\_ No\_\_\_

If yes, what type and amount? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Does any household member receive Social Security or SSI benefits? Yes\_\_\_\_\_ No\_\_\_

If yes, what type and amount? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Does any household member receive unemployment compensation, worker's compensation or severance pay? Yes\_\_\_\_\_ No\_\_\_

If yes, what type and amount? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Does any household member receive money from a pension or annuity? Yes\_\_\_ No\_\_\_

If yes, what type and amount? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has anyone in your household applied for any of the following: Work, TANF, Unemployment Compensation, Social Security, SSI and Pension or disability benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_  
 \_\_\_\_\_



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8. Does any household member receive alimony? Yes\_\_\_\_ No\_\_\_\_

If yes, what amount? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does any household member receive any type of military pay (including Coast Guard, National Guard Reserve units?) Yes\_\_\_\_ No \_\_\_\_

If yes, what type and amount? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does any household member receive cash, tips, bonuses, commissions or any type of compensation for providing any type of services? Yes\_\_\_\_ No \_\_\_\_

If yes, what type and amount? \_\_\_\_\_  
\_\_\_\_\_

11. Does anyone in your household receive any type of income, money, or financial support from any sources other than the ones we have asked about? Yes\_\_\_\_ No\_\_\_\_

If yes, what type and amount? \_\_\_\_\_  
\_\_\_\_\_

12. Is any member of the household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes\_\_\_\_ No\_\_\_\_

## G. ASSET INFORMATION

1. Does any household member receive income from the rental of property? Yes\_\_ No\_\_

If yes, amount? \_\_\_\_\_  
\_\_\_\_\_

2. Does any household member own or have a legal interest in any type of real estate, property, land, or mobile home? Yes\_\_\_\_ No\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

3. Has any household member sold or given away any asset in the past two years? (This includes real estate, mobile home, stocks, bonds, property, jewelry, stamp collections held as an investment.) Yes\_\_\_\_ No\_\_\_\_



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If yes, \_\_\_\_\_  
\_\_\_\_\_

4. Does any household member own stocks or bonds? Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

5. Does any household member have savings certificates, money market funds, trust funds, checking or savings accounts? Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

6. Does any household member have any type of retirement account? (Company, IRA, Keogh) Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

7. Does any household member have any inheritances, lottery winnings or lump sum payments from any other source? Yes \_\_\_\_ No \_\_\_\_

If yes, amount? \_\_\_\_\_  
\_\_\_\_\_

8. Do any household members have any life insurance policies? Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

9. Does anyone in your household participate in a job training program? Yes \_\_\_\_ No \_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

10. Does any household member receive regular contributions from any organizations or persons not living in your household? Yes \_\_\_\_ No \_\_\_\_

If yes, type and amount? \_\_\_\_\_  
\_\_\_\_\_

11. Does anyone outside of your household pay for any of your bills or give you money? Yes \_\_\_\_ No \_\_\_\_



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If yes, explain and amount\_\_\_\_\_

12. Did any household member file a federal income tax return last year? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes,\_\_\_\_\_

13. Have you or any other adult members ever used any name(s), Social Security Number(s) other than the one you are currently using? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain\_\_\_\_\_

14. Have you or any member lived in any assisted housing? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list where and when\_\_\_\_\_

15. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain\_\_\_\_\_

16. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain\_\_\_\_\_

17. Is the total combined asset value for this household \$5,000 **or less**: Yes\_\_\_\_\_ No\_\_\_\_\_

#### H. CHILD CARE

1. Does any household member receive child support from a child support recovery unit? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, amount?\_\_\_\_\_



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2. Does any household member receive child support directly from an absent parent?  
Yes\_\_\_\_\_ No\_\_\_\_  
If yes, amount?\_\_\_\_\_
3. Does any household member have child care expenses for a child 12 or under? Yes\_\_\_ No\_\_\_  
If yes,\_\_\_\_\_
4. Do you pay childcare for employment or to attend School? Yes\_\_\_ No\_\_\_\_  
Amount?\_\_\_\_\_  
Frequency:\_\_\_\_\_ Name of Provider:\_\_\_\_\_  
Address:\_\_\_\_\_ Telephone No.:\_\_\_\_\_
5. Is any portion of the child care expenses reimbursed by any person or agency? Yes\_\_\_ No\_\_\_  
If yes, amount?\_\_\_\_\_

## I. MEDICAL

Do you have a need for a reasonable accommodation (for ex: grab bars, fully accessible unit, audio visual smoke alarm, door bell light signaler, etc.)? Yes\_\_\_\_\_ No\_\_\_\_\_

Questions for households whose head or spouse is 62 years of age or older, or is a person with a disability.

1. Does any household member pay for Medicare? Yes\_\_\_ No\_\_\_  
If yes, amount?\_\_\_\_\_
2. Does any household member pay for any type of medical insurance? Yes\_\_\_ No\_\_\_  
If yes, amount?\_\_\_\_\_
3. Is any household member paying on past medical bills? Yes\_\_\_ No\_\_\_  
If yes,\_\_\_\_\_



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4. Does any household member anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside the household? (This includes prescription and non-prescription drugs and any other medical costs). Yes\_\_\_\_ No\_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_

**J. HOUSEHOLD EXPENDITURES**

1. Do you have a lease in your name? ( ) Yes ( ) No
2. How much is your monthly rent? \$\_\_\_\_\_ Monthly Electric and/or Gas Bill? \$\_\_\_\_\_
3. Monthly Telephone/Cell bill \$\_\_\_\_\_
4. Monthly Car Payment \$\_\_\_\_\_
5. Monthly Insurance (Car, Life, Medical) \$\_\_\_\_\_
6. Monthly Credit Card payments \$\_\_\_\_\_
7. Monthly Medical bill payment \$\_\_\_\_\_

**K. CRIMINAL HISTORY**

1. Have you ever been convicted of a felony or misdemeanor? Yes\_\_\_\_ No\_\_\_\_ Date\_\_\_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you or anyone listed on your application listed on the Sex Offender Registry? Yes\_\_ No\_\_
3. Are you or anyone in your household required to register as a Lifetime Sex Offender?  
Yes\_\_\_\_ No\_\_\_\_

- 3a. List all states in which you or any family member has lived:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**L. REMARKS**

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**M. CERTIFICATION**

NPV does not discriminate against any person on the basis of race, color, sex, religion, national origin, elderliness, handicap or familial status. If you believe you have been discriminated against, you may call the Equal Opportunity Officer at 788-0087.

**Applicant's Statement:**

I/We certify that the information provided in this application is true and complete to the best of my/our knowledge. I understand that the falsification of any portion of this application or the failure to supply information that may affect my position on the waiting list, eligibility, apartment size, or the amount of my/our rent and security deposit is punishable under federal, state and local law.

Section M above has been explained to me/us and I/We understand the information contained herein.

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Spouse/Co-Tenant      Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NPV Representative

\_\_\_\_\_  
Date

**WARNING!** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agencies of the United States.



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