

## Housing Choice Voucher (Section 8) Application Instructions

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Waiting List Opens: Tuesday, July 6, 2021  
Waiting List Closes: Thursday, July 8, 2021

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- **SUBMIT ONLINE (PREFERRED):** Applications may be completed online at [www.evansvillehousing.org](http://www.evansvillehousing.org) beginning July 6<sup>th</sup> and ending July 8<sup>th</sup>. Applicants that submit their application online will receive an email confirming the application was received and you've been added to the Housing Choice Voucher Waiting List.
- **SUBMIT BY MAIL:** Blank paper applications may be printed from the website or picked up at the following offices during regular business hours beginning June 29<sup>th</sup>. If you do not submit online, the paper application must be mailed to the Section 8 Office and must be postmarked between the dates of July 6<sup>th</sup> through July 8<sup>th</sup>, 2021. Please do not do both; only one application per household may be submitted online OR by mail.

- 1) EHA/Advantix Community Building, 500 S.E. 10<sup>th</sup> Street, Evansville, IN 47713
- 2) EHA Section 8 Office, 411 S.E. 8<sup>th</sup> Street, Evansville, IN 47713
- 3) Aurora, 1001 Mary Street, Evansville, IN 47710

Applicants that mail their application with the proper postmark and to the proper address (411 S.E. 8<sup>th</sup> Street, Evansville, IN 47713) will receive an "Application Receipt" in the mail at a later date stating they've been added to the waiting list. Any application that is postmarked prior to July 6<sup>th</sup> or after July 8<sup>th</sup> will NOT be accepted. Any application mailed to another EHA office instead of the Section 8 office will NOT be accepted.

- **SELECTION FROM THE WAITING LIST:** Applicants will be selected from the waiting list by "lottery" and EHA will not be able to determine when your name will be selected. Your chances are identical to every applicant who will apply to the waiting list between the dates of July 6-8, 2021. When EHA determines it is necessary to issue new vouchers, EHA will select a random sample of names using a system-generated lottery. EHA will contact you using the email you provide at the time you submit your application online or by mail using the most recent address submitted to the Housing Choice Voucher Office.
- **CONTACT INFORMATION:** Check your email regularly for instructions and always update your contact information. Online registration allows you to update contact information in the Client Portal on your own. If you did not register for online access, you will need to update your contact information in writing at the Section 8 Office. Please be aware that EHA's main form of contact will be by email. If mail is returned because you failed to notify the office of an address change, you will be dropped from the waiting list and will have to reapply when the waiting list opens again.

**OTHER INFORMATION:** *There is no timetable for when applicants will be pulled from the waiting list. You must report any change of address to the Section 8 Office in writing or online using the Client Portal.*

# THE HOUSING AUTHORITY OF THE CITY OF EVANSVILLE

411 S.E. 8<sup>th</sup> Street ~ Evansville, Indiana 47713

Phone: (812) 428-8548

## Housing Choice Voucher Application

YOU MAY APPLY ONLINE AT [WWW.EVANSVILLEHOUSING.ORG](http://WWW.EVANSVILLEHOUSING.ORG). IF YOU CHOOSE TO COMPLETE THE PAPER APPLICATION, YOU MUST RETURN THIS ORIGINAL APPLICATION BY MAIL TO THE LEASED HOUSING OFFICE ONLY.

Waiting List Opens: July 6, 2021 <<<<<<< >>>>>>> Waiting List Closes: July 8, 2021

**PLEASE PRINT CLEARLY!**

APPLICATION #: \_\_\_\_\_

1. Full Legal Name of Head of Household: \_\_\_\_\_  
Last First Middle Maiden

2. Social Security #: \_\_\_\_\_ - - Alien Registration #: \_\_\_\_\_

3. Current Address: \_\_\_\_\_  
Street City State & Zip

4. Email Address: \_\_\_\_\_

5. Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

6. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

7. Sex:  Male  Female

8. Citizenship: Are you a citizen of the United States?  Yes  No

9. Race: (Select as many as appropriate to best indicate your race)

- White  African American/Black  American Indian/Alaskan Indian  
 Asian  Native Hawaiian  Other Pacific Islander

10. Ethnicity:  Hispanic  Not Hispanic

11. Marital Status of Head of Household:  Married  Single  Widow(er)  Divorced

12. Have you or any household member ever received any type of housing assistance?  Yes  No

If yes, provide Family Member Name: \_\_\_\_\_

Public/Assisted Housing Agency Name: \_\_\_\_\_

13. Do you currently owe any money to any Public or Assisted Housing Agency?  Yes  No If yes, what amount: \$ \_\_\_\_\_

Public/Assisted Housing Agency Name: \_\_\_\_\_

Note: Any debt owed to a Public or Assisted Housing Agency must be PAID IN FULL before you will be issued a voucher for housing assistance.

**TURN OVER FOR PAGE 2 OF APPLICATION**

14. LIST ALL FAMILY MEMBERS (INCLUDING YOURSELF) WHO WILL BE LIVING IN THE UNIT:

PLEASE PRINT ALL INFORMATION CLEARLY

#	Full Legal Name	Relationship	Birth Date	Age	Sex	SS#	US Citizen Y or N	Annual Income
Head (1)								
2								
3								
4								
5								
6								

15. UNIT ACCESSIBILITY: Will any member in your household require unit accessibility accommodations? Select all that apply. If no accessibility accommodations are needed, select "None."

- Hearing Access     
  Mobility Access     
  Sight Access     
  None

16. SPECIAL CIRCUMSTANCES: Are you currently displaced or homeless? If neither apply to you, select "None."

- Displaced     
  Homeless     
  None

**THE HOUSING AUTHORITY OF THE CITY OF EVANSVILLE - APPLICANT CERTIFICATION**

I certify that the information given to the Leased Housing Department of the Evansville Housing Authority on family composition and characteristics is accurate and complete. I will update address information online or in writing with the Housing Authority. I understand that selection from the waiting list is now done by "lottery" and EHA cannot determine when my name will be selected. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that any attempt to obtain Public Housing, any subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under law.

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 AGENCY OF THE UNITED STATES.

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

Signature of Spouse/Other Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION:** You have completed the Application for Leased Housing Assistance. Please mail this application to the Leased Housing Office for processing between the dates of July 6, 2021 through July 8, 2021. You must mail your application to 411 S.E. 8<sup>th</sup> Street, Evansville, IN 47713, with postmark no earlier or later than the dates listed above or it will not be accepted. You will receive a receipt in the mail confirming that you've been added to the waiting list.

**DO NOT WRITE IN THIS SPACE - FOR HOUSING AUTHORITY USE ONLY:**

I have reviewed this application in its entirety with the above Head of Household/Spouse or Other adult member and verify by any signatures that this application is complete and any items that were not completed on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse/Other Adult Member and myself.

Signature of PHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Your application for the Housing Choice Voucher Program was received on: \_\_\_\_\_