

**WILSON HOUSING AUTHORITY**  
**SECTION 8 HCV LOTTERY PRE-APPLICATION**  
**FAX 252-291-0984**

**PLEASE COMPLETE FRONT & BACK OF FORM TO QUALIFY.**

The Wilson Housing Authority is holding a lottery to select 250 applicants to be placed on the WHA's Housing Choice Voucher Waiting List. Please see the income limits below. If your total family income is at or below these limits you may complete and submit this lottery form. **Limit one per household.**

FY 2020 INCOME LIMITS – WILSON COUNTY, NC								
	<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>	<u>7 person</u>	<u>8 person</u>
Very Low (50%)	\$21,350	24,400	27,450	30,500	32,950	35,400	37,850	40,300

The acceptance of pre-apps will begin **Monday Feb. 8, 2021**. All Lottery Forms in its entirety must be mailed, emailed, faxed, or delivered to the drop box located at **Wilson Housing Authority, 301 Nash St. E, Wilson, NC 27893** by **Feb.24, 2021 at 4 p.m.** Mailed Lottery Forms must be post marked no later than **Feb. 24, 2021**. If you require assistance filling out this form, call (252) 291-2245 between the hours of 10-11 a.m. Monday-Thursday during this period to speak with a coordinator. Contact via email at [WHAapp2021@gmail.com](mailto:WHAapp2021@gmail.com)

Applicants who are selected during the lottery will be notified in writing by **March. 31, 2021**. No receipt of the Lottery Form or notice that the Lottery Form was not selected will be provided. Applications will be sent to the 250 applicants selected in the lottery to certify eligibility including an income check and criminal background check. **Please complete front & back of application accurately.**

Section A		
Name & Mailing Address of Head of Household:	Living address if different from Mailing:	Today's Date:
Telephone:	Emergency Contact Name & Number:	Email Address:
<input checked="" type="checkbox"/> <b>Authorizations/Consent to Release Information: By completing and signing this application you give WHA permission to view and verify information provided on this application. You agree that all information provided is not fraudulent</b>		

Section B – New Admissions and New Household Members Only
<p>All new household members must provide a copy of a Birth Certificate, Social Security Card, Picture Id (18 years or older) at WHA request.</p> <p>At the time of admission to the program, all household members (18 years of age or older) who will reside in the unit must also complete either a Declaration 214 or 213 to declare Proof of Citizenship</p> <p>Are you a Vet? Yes <input type="checkbox"/> No <input type="checkbox"/>      Are you Homeless? Yes <input type="checkbox"/> No <input type="checkbox"/></p>



**Section C – Household Members/Family Composition**

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit with you, including Live-In Aide):  
 When listing dependents, name only those who will occupy the unit 50% or more of the time. All members of your household must also be listed on your lease agreement. **Please use accurate information. Proof of ID, social security card, & birth certificate will be requested at a later date.**

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head	Birth Date	Age	Sex M/ F	Hispanic or Latino? Yes/No	Disabled? Yes/No	*Race Code #’s	US Citizen? Yes/No
1.		Head of Household							
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**\*Race Code #'s (enter one or more):**  
 1 – White 2 – Black/African American 3 – American Indian/Native Alaskan 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

**Section D – Income**

D1 YES NO A member(s) of the household has income. List all types of income below and gross amount paid each period (before deductions). (Employed, Self-Employed, SSI, Social Security, VA, Pension, Unemployment or other sources)

Household Member	Income Source	Source Address, City, State, Zip Code	Phone	How often paid	Gross Amount per Pay Period
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

If you answer yes to this section, proof of income will be requested at a later date.

HOH NAME (PRINT & SIGN): \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULT (PRINT & SIGN): \_\_\_\_\_ DATE: \_\_\_\_\_

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATE 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.