

# PORTSMOUTH

REDEVELOPMENT & HOUSING AUTHORITY

## Reminder

To qualify for Hope Village you and all adult members of the applicant household must meet at least one of the following requirements:

- ✓ Working in a full-time (at least 12 months) or long-term part-time (at least 12 months) capacity or currently enrolled in a college or job training program and willing to enroll in the Family Self-Sufficiency Program, or
- ✓ Actively involved in a Family Self-Sufficiency Program for 6 months.

## Instructions For The Completion of Your Hope Village Application

1. Please print and use black or blue ink.
2. Provide the complete name for all family members listed on your application.
3. Provide correct social security numbers and dates of birth for all family members.
4. Provide place of birth for all family members.
5. If you do not have a home or work number, please provide the name and telephone number of a relative or friend.
6. Please complete as much of the application as possible.
7. Sign and date your completed application.
8. Mail completed application to:

PRHA – Hope Village Apartments  
P. O. Box 1098  
Portsmouth, VA 23705

**Your completed application must be returned to the Authority by mail.**  
**Applications will not be accepted in hand at any site.**



# PORTSMOUTH

REDEVELOPMENT & HOUSING AUTHORITY

## FAMILY SELF-SUFFICIENCY PROGRAM FOUNDATION STONE LIFE SKILLS STUDENT FACT SHEET

1. Foundation Stone (“FDS”) is both self-sufficiency and housing program. The Foundation Stone campus is at the corner of Lincoln and Seventh Streets. One, two, and three bedroom apartments have recently been remodeled and are ready for occupancy. FDS is a project-based Section 8 facility, so the Section 8 subsidy is attached to the housing unit therefore, you will not be able to take the Section 8 with you after you leave the program. Rent will be calculated similarly to how it is for public housing residency.
2. To be a participant in the Foundation Stone Program, you must participate in self-sufficiency training, called the Life Skills Curriculum at Foundation Stone. This is a group of classes designed to help you raise a healthy and self-sufficient family. The Life Skills Curriculum offers a wide range of classes, such as computer technology, health and wellness, parenting, family development, money management, and leadership topics. You will be required to attend a few of these classes each month.
3. Because Foundation Stone is a self-sufficiency program, you will be required to attend school and/or work for at least thirty hours per week.
4. All Foundation Stone participants will sign a Social Compact, which outlines the opportunities and responsibilities of Foundation Stone participation.
5. Foundation Stone offers participants a variety of support services, such as day care and transportation assistance, to assist them as they work toward self-sufficiency.
6. There is a Computer Learning Center on the campus so that all members of the family can learn to use computers for work, school, and fun.
7. All Life Skills students must sign a Social Compact and a housing lease as part of their residency. This lease will be enforced by the PRHA. You may be asked to leave Foundation Stone if either the lease or the Social Compact is broken.
8. There will be a Resident Council at Foundation Stone, called the “Council of Peers”. The role of the Council of Peers is to govern community activities at Foundation Stone, to make recommendations to management and to provide leadership training and opportunities for participants.
9. Each family member will be a part of a Family Success Team, which is a small group of families that support each other in their efforts to become self-sufficient.
10. Foundation Stone is built on the principle that every family contributes to the community. Contributions include participating in the Council of Peers, landscaping, building maintenance, and community planning. Participation in community activities is required for a certain number of hours each month.
11. You and your family will be teamed with a professional Case Manager to develop your Family and Individual Success Plans to chart your path to success. Each family member over the age of eighteen will be required to create an Individual Success Plan.



**PORTSMOUTH REDEVELOPMENT AND HOUSING AUTHORITY  
HOPE VILLAGE APARTMENTS  
(APPLICATION FOR ADMISSION)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List The Head of Household And All Other Members Who Will Be Living In The Unit. Give The Relation Of Each Family Member To The Head. **Legend: DOB – Date of Birth; POB – Place of Birth; C – Citizen; D – Disabled; FTS – Full-time Student**

MBR#	NAME	RELATION	DOB	POB	SEX	SS#	C	D	FTS
1		HEAD							
2									
3									
4									
5									
6									
7									
8									

Unit Size Needed: \_\_\_\_\_ Unit Size Requested: \_\_\_\_\_ Please State Any Special Housing Accommodations Needed \_\_\_\_\_

2. Does Anyone Live With You Now Who Is Not Listed Above? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do You Expect Any Changes In Your Household Composition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Explain \_\_\_\_\_
4. Have You Or Any Member Of The Household Ever Been Arrested? Yes \_\_\_ No \_\_, Convicted? Yes \_\_\_ No \_\_, Drug Related? Yes \_\_\_ No \_\_\_



**ASSETS**

1. List All Checking, Savings Accounts (Including IRA's Keogh Accounts And Certificates Of Deposit, Mutual Funds, Etc.) Of All Household Members

<b>MBR#</b>	<b>BANK NAME</b>	<b>TYPE ACCT.</b>	<b>ACCT #</b>	<b>BALANCE</b>

2. List All Stocks, Bonds, Trusts, Real Estate, Life Insurance, Or Other Assets And Their Value Owned By Any Household Member:

\_\_\_\_\_

**RENTAL HISTORY**

Name Of Address Of Your Present Landlord:

Telephone No. \_\_\_\_\_

How Long Have You Lived Here? \_\_\_\_\_

Reason For Leaving? \_\_\_\_\_

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

Current  or Former  PRHA Resident (Public Housing/Sec 8/Hope Village/Effingham Plaza/Westbury/King Square): Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Where: \_\_\_\_\_

Address: \_\_\_\_\_

How Long Did/Have You Lived Here? \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**EXPENSES:**

1. Do You Have Expenses For Child Care For A Child Aged 12 Or Younger? Yes \_\_\_ No \_\_\_

If Yes, Provide Name, Address and Telephone Number Of Care Provider:

\_\_\_\_\_

What Is The Weekly Cost To You Of The Child Care? \$ \_\_\_\_\_

2. Do You Pay A Care Attendant Or For Any Equipment For Any Handicapped Or Disabled Household Member(S) Necessary To Permit That Person Or Someone Else In The Household To Work? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, Provide The Name, Address, And Telephone Number:

\_\_\_\_\_

What Is The Cost To You? \$ \_\_\_\_\_

**\*\*ELDERLY FAMILIES ONLY:**

1. Do You Have Medicare? If Yes, What Is The Monthly Premium? \$\_\_\_\_\_
  
2. Do You Have Other Medical Insurance? If Yes, Provide Name, Address, And Telephone Number Of Carrier, Policy Number, Premium Amount And Agent's Name.  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Do You Have Any Outstanding Medical Bills Which You Are Paying? If Yes, List Below:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. What Medical Expenses Do You Expect To Incur In The Next Twelve Months? \_\_\_\_\_  
\_\_\_\_\_
  
5. Name And Address Of Pharmacy Used Regularly. \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Portsmouth Redevelopment and Housing Authority to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

**Signature of Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Spouse/Co-Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Authority Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NO PERSON WILL BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, DISABILITY OR ELDERLINESS.**



**PORTSMOUTH REDEVELOPMENT & HOUSING AUTHORITY  
FAMILY SELF-SUFFICIENCY PROGRAM APPLICATION**

**PLEASE ANSWER ALL QUESTIONS (Please Print)**

Name \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
(Street Address)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Marital Status \_\_\_\_\_ Total Number in Household \_\_\_\_\_  
(Married, Single, Separated, Divorced, Widowed)

Ethnicity: \_\_\_\_\_ (African American, Asian, White, American Indian, etc.)

Emergency Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Were you relocated from **Jeffry Wilson** due to the HOPE VI Revitalization Project? Yes \_\_\_ No \_\_\_  
If yes, did you receive a Section 8 voucher? Yes \_\_\_ No \_\_\_

1. List all persons living in the household: (Please include yourself)

Name	Date of Birth	Relationship	Social Security Number

2. Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you or any of your dependents eligible for military benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe the benefits: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of a crime<sup>1</sup>? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Answering "Yes" to these questions will not automatically disqualify you for program participation.

4. Do you have any children that do not live in your household? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, list the names and ages:

Name	Age

5. Are your children currently registered in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state the child's name, school and grade.

Name	School	Grade

6. Do you presently have child care needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please state the need (*after school, evenings, etc.*) \_\_\_\_\_

7. What are your current child care arrangements?

Child's Name	Age	Type of Care	Hours per Week In home/Out of home

8. Do you or any household member currently use an illegal substance or abuse the use of alcohol<sup>2</sup>?  
Yes \_\_\_\_\_ No \_\_\_\_\_

9. Has the use of illegal substances ever caused problems for you<sup>3</sup>? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

<sup>2</sup> Answering "Yes" to these questions will not automatically disqualify you for program participation.

<sup>3</sup> Answering "Yes" to these questions will not automatically disqualify you for program participation.

10. What is the amount of your monthly income? \$ \_\_\_\_\_  
 What is the source of your income? \_\_\_\_\_

11. Do you currently receive Temporary Assistance to Needy Families (TANF)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

12. If no, have you ever received TANF, or any other type of assistance in the past?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how long? \_\_\_\_\_

13. Will you become **ineligible** for TANF benefits because of lifetime limits within the next twelve months? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Please check any of the statements that apply to you:

- \_\_\_\_\_ I had a teenage pregnancy.
- \_\_\_\_\_ I dropped out of high school.
- \_\_\_\_\_ I have not worked for three consecutive months in the last twelve months.
- \_\_\_\_\_ I need substance abuse treatment before I apply for a job.
- \_\_\_\_\_ None of the above

15. Do you receive the following? Food Stamps Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Medicaid Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Other Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

16. Please circle the highest level of education that you completed?  
 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Please list the name of any high school or college that you have attended or are currently attending:

School	City and State	When Attended	Course of Study	Graduation Date

17. Are you currently enrolled in an educational or training program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please check those that apply to you:

- Adult Basic Education \_\_\_\_\_
- College Courses \_\_\_\_\_
- Apprenticeship Program \_\_\_\_\_
- Other \_\_\_\_\_
- GED Preparation \_\_\_\_\_
- Vocational Training \_\_\_\_\_
- Type \_\_\_\_\_
- Please describe: \_\_\_\_\_

18. If you are currently enrolled in any program listed above, when will you graduate? \_\_\_\_\_

19. Have you ever received vocational training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the following information:

Type of Training	Where Trained	Date of Training	Was Training Completed?

20. Since the age of 18, how long have you been employed? \_\_\_\_\_

21. List employment history (beginning with the most recent position)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

22. Please list skills that you have developed through education, training, work or personal experience. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Do you have any physical or mental impairment that needs to be accommodated for employment and/or training activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

24. What are your top three personal and employment goals?

Personal Goals	Employment Goals

25. Which of the following services would be helpful in achieving your goals?

- |  |   |
|--|---|
| <input type="checkbox"/> Child care Assistance<br><input type="checkbox"/> Medical Care Assistance<br><input type="checkbox"/> Job/Vocational Training<br><input type="checkbox"/> Job Readiness Training<br><input type="checkbox"/> Money Management<br><input type="checkbox"/> Parenting Support<br><input type="checkbox"/> Nutrition Education<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Transportation Assistance<br><input type="checkbox"/> Adult Basic Education/GED<br><input type="checkbox"/> College Classes<br><input type="checkbox"/> Job Search Assistance<br><input type="checkbox"/> Home Ownership Training<br><input type="checkbox"/> Parenting Education<br><input type="checkbox"/> Substance Abuse Counseling |
|--|---|

26. Do you have available transportation to attend school or work regularly? Yes \_\_\_ No \_\_\_  
 If so, please indicate what type:  
 Own Car       Use Public Transportation       Rely on others

27. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

28. Briefly explain why you are interested in the PRHA Family Self-Sufficiency Program.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. Are you living under any of the following conditions that may affect the type of employment you seek?  
 Eviction Proceedings

