

PORTSMOUTH

REDEVELOPMENT & HOUSING AUTHORITY

Reminder

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

- ✓ Working in a full-time or long-term part-time capacity and willing to enroll in the Family Self-Sufficiency Program, or
- ✓ Actively involved in a Family Self-Sufficiency Program for six (6) months, or Elderly or Disabled

Instructions For The Completion of Your Seaboard Square 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 for all family members.
4. Provide place of birth for all family members.
5. If you have no 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 – Seaboard Square
P. O. Box 1098
Portsmouth, VA 23705

Your completed application must be returned to the Authority by mail and postmarked on or before Friday, July 30, 2010. Applications will not be accepted in hand at any site and those received by the Authority after July 30, 2010 will not be considered.



NOTICE 2010-112

HOUSING APPLICATIONS

The Portsmouth Redevelopment and Housing Authority (the “Authority”) is seeking qualified individuals for 1-, 2- and 3-bedroom apartments at one of the Authority’s newest housing communities, Seaboard Square. Currently under construction, Seaboard Square is a 121-unit assisted housing community located on the corner of Frederick Boulevard and Turnpike Road. Those who qualify and reside in Seaboard Square will be afforded the following amenities and benefits:

- **Income Based Rents**
- **Central Air Conditioning & Heat**
- **Washers & Dryers**
- **New Energy-Star Appliances**
- **Accessible Units**
- **Near Transportation Routes**
- **Convenient to Shopping**
- **Community Clubhouse**

Applications will be given to adults only, one per person with a limited number distributed daily. The Authority’s distribution sites, dates and hours are as follows:

Tuesday, July 13, 2010
Tuesday, July 20, 2010

Thursday, July 15, 2010
Thursday, July 22, 2010

Swanson Homes Rental Office - 1746 South Street

9:00 a.m. - 12:00 p.m. & 3:00 p.m. – 6:00 p.m.

The Salvation Army - 2306 Airline Boulevard

9:00 a.m. - 12:00 p.m. & 1:00 p.m. – 4:00 p.m.

For your convenience, applications will also be available online for printing at www.prha.org. **All completed applications must be returned to the Authority by mail and postmarked on or before Friday, July 30, 2010.** Applications **will not** be accepted by hand at any site, and those received or postmarked after **Friday, July 30, 2010**, will not be considered.

After July 30, 2010, applications will be available, by appointment, for **accessible units only**. If interested, contact the Occupancy Office in Swanson Homes at (757) 391-3056 or (757) 391-3059, to schedule an appointment.

To request a reasonable accommodation, please call (757) 391-2980. TDD for the hearing impaired is 1-800-545-1833, ext. 869. No person will be discriminated against on the basis of race, color, religion, sex, handicap or disability, familial status, national origin or elderliness.



ASSETS

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

MBR#	BANK NAME	TYPE ACCT.	ACCT #	BALANCE

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? Yes _____ No _____ If Yes, What Is The Monthly Premium? \$_____

2. Do You Have Other Medical Insurance? Yes _____ No _____ 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? Yes _____ No _____ 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.

