

WNCSource: PRE-APPLICATION for Housing Choice Voucher Waitlist

Is your preferred language English ____ Spanish ____ Other _____

TELL US ABOUT YOURSELF AND THOSE IN YOUR FAMILY:

Applicants Full Name: _____

Full Physical Address: _____

Full Mailing Address: _____

Phone Number: _____ Email: _____

Please complete to the best of your knowledge

Full Name	Relations to Head	Date of Birth	Birth Place	Gender	Disabled	Ethnicity	Race	U.S. Citizenship	SS Number
	Head								

ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE:

- 1) Is your household currently experiencing homelessness? Yes ___ No ___
If yes, tell us where you are currently sleeping/residing (include the county):

- 2) Is anyone who is listed currently pregnant? Yes ___ No ___
Who: _____ Due Date: _____
- 3) Do you share at least 50/50 custody of the minors in the home: Yes ___ No ___
If not, explain:

- 4) Is anyone who is listed a full-time college student? Yes ___ No ___
Where: _____
- 5) Have you ever lived in Public Housing, Section 8 Housing or any other type of Federally Funded Housing? Yes ___ No ___
If yes, tell us where and when: _____
- 6) Have you ever been evicted from public housing? Yes ___ No ___ When: _____
- 7) Have you or any household member ever been convicted of any drug related or violent criminal activity? Yes ___ No ___
If yes, explain:

- 8) Is anyone in household subject to the life time sex offender registry for any of the U.S. States?
Yes ___ No ___
- 9) Do you own any real property that is suitable for occupancy by your family? Yes ___ No ___
If yes, please provide a full address:

- 10) Does your families net assets value at \$100,000 or more? Yes ___ No ___

INCOME INFORMATION

Please list the different sources of income that your family receives. This includes, child support, wages, Alimony, VA, SSA, SSI, SSD, TANF, Self-Employment and Unemployment.

Family Member	Source of Income	Annual Income Amount

ASSETS INFORMATION

Please list all the different accounts that your family has (checking, savings, Life Insurance IRAs, stocks, bonds, pensions, trust, etc.)

Family Member	Name of Bank	Account Number	Current Balance

Expenses

- 1) Do you pay for child-care which enables you or another family member to work or go to school?

Yes ___ No ___

If yes, please provide the name of the child care provided/facility, address, and what you pay out of pocket:

- 2) Do you pay for a care attendant or pay for medical equipment for a handicapped family member(s) which prevents you from working? Yes ___ No ___

If yes, please explain:

By signing below, I/We certify and agree that I have completed and given WNCSource, Inc., accurate information that is accurate to the best of my knowledge and belief. I/We understand that by providing false statements or information are punishable under Federal Law. We also understand that false statements or information are grounds for denial or termination of the rental assistance program.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of any other Adults (+18): _____ Date: _____

IMPORTANT NOTICE: HOTMA (The Housing Opportunity Through Modernization Act), signed into law on July 29, 2016, is a major federal housing legislation that modifies various federal housing programs. It focuses on areas including but not limited to, unit inspections, recertifications, income limits, adjusted income calculations and net family assets.

Effective July 1, 2025, the Housing Department at WNCSource will be following new HUD guidelines and updated policies in relation to HOTMA. While your family responsibilities have not changed, these new policies will affect how we are required to determine your housing assistance moving forward.

For more resources and information about the HOTMA final rule, please visit HOTMA@hud.gov