

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.



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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

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? 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.

