



HOUSING VOUCHER CORE APPLICATION

Everyone selected to apply for any type of housing voucher in DC should fill out this core application. You'll also need to complete a supplement, which we'll enclose with this application.

WHAT IS A HOUSING VOUCHER?

A housing voucher helps you pay your rent. Your eligibility and benefits may depend on your circumstances, such as income, assets, age, dependents, disabilities, and expenses, as well as the type of housing voucher you receive and whether it is federally or locally funded.

WHEN SHOULD YOU APPLY FOR A HOUSING VOUCHER?

Complete an application if the DC Housing Authority (DCHA) or another DC government agency has let you or your case manager know that you were selected to apply for a voucher.

HOW IS YOUR DATA USED?

DCHA will primarily use the information in your application to check your eligibility. Review the information release in part 7 to learn more about how DCHA will use and share data about you and other people listed on this application.

MAKE SURE YOUR APPLICATION IS COMPLETE.

First, fill out this core application. Then, **follow the instructions in your supplement** to gather the documents you need, complete other forms required for your voucher type, and submit.

WE'RE HERE TO HELP.

Please visit dchousing.org if you have questions. If you don't see the answer there, [make an appointment](#) to visit a [DCHA customer service center](#) or call 202-535-1000.

If you are deaf or hard of hearing or if you have a disability, get help with your application by calling 202-535-1000 or emailing ADA504@dchousing.org.

LANGUAGE ASSISTANCE



dchousing.org/language

Get help in other languages by scanning this code.

ይህን ኮድ ስካን በማድረግ በሌሎች ቋንቋዎች እገዛ ያግኙ።

请扫描此代码，以其他语言获取帮助。

Scannez ce code pour obtenir une aide dans une autre langue.

이 코드를 스캔하여 다른 언어로 도움을 받으십시오.

Obtenga ayuda en otros idiomas al escanear este código.

Nhận trợ giúp bằng các ngôn ngữ khác bằng cách scan mã này.

PART

1

WHO IS APPLYING FOR A VOUCHER?

First, tell us about yourself. We'll refer to you as the applicant, also known as the head of household. The voucher will be in your name.

You may list a co-applicant too, also known as the co-head of household. They can be an adult who will live with you.

WRITE YOUR FULL LEGAL NAME.

Please write your name as it appears on your social security card, if you have one, or other legal documents, if you don't.

APPLICANT

Please print legibly or type. Asterisks (*) mark required responses. Provide all the contact information that you can.

Full name*

Home address ☐ Not applicable Unit City State ZipMailing address ☐ Same as above Unit City State Zip

Cell Landline

Phone number – if you have one

Email address – used for lease-up comms

Race* choose one American Indian/Alaskan Native ☐ Asian ☐ Black/African American
Native Hawaiian/Pacific Islander ☐ White Other: _____

Ethnicity* Hispanic Non-Hispanic

What language would you prefer to get information about your voucher in?* ☐ አማርኛ ☐ English ☐ 한국어 ☐ Tiếng Việt
☐ 普通话 ☐ Français ☐ Español Other: _____

GET TRANSLATIONS.

Go online to get help applying in another language:
dchousing.org/language

WHY NAME A CO-APPLICANT?

The co-applicant can make changes to this application after you submit. If you're approved for a voucher, the co-applicant will be able to keep it if you pass away.

CO-APPLICANT

Provide their name and contact information if you're naming a co-applicant.

Full name

Mailing address ☐ Same as applicant Unit City State Zip☐ Cell ☐ Landline

Phone number – if they have one

Email address – if they have one



PART

Core Application All applicants complete Parts 1-8.

2

WHO WILL LIVE WITH YOU?

List everyone who will live with you, **including you and your co-applicant** if you have one. Use the first row for yourself. **Everyone you list is part of what we'll call your household.**

Full name* as on their social security card, if they have one	Relationship to the applicant*	Date of birth* month/day/year	Sex* – as on current birth certificate or ID if they have one	This person... check box and submit proofs for all that apply	Social security number (SSN) – all 9 digits, if they have one
1.	self		Female Male _____	has a disability is a full-time student	
2.			Female <input type="checkbox"/> Male _____	<input type="checkbox"/> has a disability <input type="checkbox"/> is a full-time student	
3.			Female <input type="checkbox"/> Male <input type="checkbox"/> _____	<input type="checkbox"/> has a disability <input type="checkbox"/> is a full-time student	
4.			Female <input type="checkbox"/> Male <input type="checkbox"/> _____	<input type="checkbox"/> has a disability <input type="checkbox"/> is a full-time student	
5.			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____	<input type="checkbox"/> has a disability <input type="checkbox"/> is a full-time student	
6.			<input type="checkbox"/> Female Male <input type="checkbox"/> _____	<input type="checkbox"/> has a disability <input type="checkbox"/> is a full-time student	
For more space, continue in Part 14.					

WHAT ABOUT SHARED CUSTODY?

List anyone who will live with you at least 50% of the time. If you have a shared custody arrangement, attach a copy of it to your application.

HOW TO IDENTIFY AS NONBINARY:

If your current birth certificate doesn't identify you as male or female, select your sex assigned at birth AND write in your sex as listed on your current birth certificate.

WHY DO WE ASK ABOUT DISABILITIES?

Someone has a disability if a physical or mental impairment limits, has limited, or seems like it limits their activities, movement, cognition, sensation, or major bodily functions. To learn more, visit [ada.gov](https://www.ada.gov). When you disclose disabilities, we may use that information to calculate your rent payment.

IS SSN REQUIRED?

You may leave SSN blank if you don't have one. SSN is required for all federally funded vouchers. For other vouchers, SSN is required for everyone who has one.



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WHAT INCOME DOES YOUR HOUSEHOLD HAVE?

Tell us about all income your household received in the past 12 months from any source. **See examples below.**

NO INCOME? Check this box and leave the table blank.

My household does not have income from any source – complete a [zero-income statement](#)

Full name – who receives this income?	Employer or other source	Amount – before taxes or deductions	Frequency – how often do they receive this amount?	Do they still get income from this source?
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/>	<input type="checkbox"/> Yes, they do. <input type="checkbox"/> No, they don't.

For more space, continue in Part 14.

GATHER PROOF OF INCOME.

Check the document guide in your application supplement to make sure you have what you need to verify your income.

WHAT COUNTS AS INCOME?

List all **employment income for adults (18+)** in your household who are working for money, including temporary, contract, odd jobs, as well as tips, self-employment, and unemployment insurance.

Then, list **non-employment income for household members of any age**, like scholarships, TANF, social security, retirement, child support, alimony, disability, workers' compensation, and veteran's benefits. Do not include one-time payments like inheritances, lottery winnings, and insurance settlements. If you're not sure, include it.

WHY REPORT INCOME I DON'T GET ANYMORE?

Report your income correctly and completely to avoid delays when we review your application. If you don't expect to receive income from a source anymore, mark "No, I don't" AND submit a document, like a termination letter, to show that the income has stopped. You must report any changes to your income within 30 days.



PART

4

Core Application *All applicants complete Parts 1-8.*

WHAT ASSETS DOES YOUR HOUSEHOLD HAVE?

Assets include money in bank accounts and property you own. We may need more information on your household's assets—if \$15,000 or more—to determine your eligibility and rent payment.

Think about your checking and savings accounts, annuities, credit union shares, savings bonds, real estate, mobile homes, stock, bonds, and other investments.

When you add up all the assets **owned by adults (18+)** in your household, is the value **\$15,000 or more**?

☐ Yes – complete part 9

☐ No

PART

5

WOULD YOU LIKE TO PROVIDE MORE INFORMATION ABOUT YOUR HOUSEHOLD?

You may provide information about your household's expenses to qualify for deductions that can impact your rent payment. You can also request reasonable accommodations to make your home easier to live in. **You'll need to provide documentation verifying this information.**

EXPENSES

We may use information about your expenses to calculate your rent payment if your household **pays out-of-pocket** for:

- childcare,
- disability-related equipment or care, or
- medical expenses.

Would you like to claim these types of expenses?*

☐ Yes – complete part 10-12

No

REASONABLE ACCOMMODATIONS

Requesting reasonable accommodations in this application does not affect your eligibility for a voucher. You also will not be required to look for a certain type of unit.

DCHA is required by law to consider every request for reasonable accommodations to DCHA policy that is shown to establish a connection between a disability and the accommodation requested.

Would you like to request accommodations?*

☐ Yes – complete part 13

☐ No

WHAT CAN YOU REQUEST?

You can request changes to any policy or procedure that would help you rent a home that is more accessible. That could mean an additional bedroom for a live-in aide, a service animal, an increased voucher limit to pay for specialized vehicle parking, or something else.



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WOULD YOU LIKE TO LIST SOMEONE WE CAN CONTACT TO HELP WITH MATTERS RELATED TO YOUR VOUCHER?

You have the right by law to name a contact who can help resolve issues with your voucher application or housing and who can help provide any special care or services you need.

WHO CAN YOU LIST?

List someone you know and who could help if there's an issue with your voucher. Consider a family member or friend. You can also list social services, health, advocacy, or other organization.

You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information.

Would you like to provide information for an alternate contact person or organization?*

Yes – *complete the rest of this part*

No – *continue to part 7*

Contact's full name

Relationship to applicant

Mailing address

Unit

City

State

Zip

☐ Cell ☐ Landline

Phone number – *if they have one*

Email address – *if they have one*



KEEP A COPY.

Please read carefully and keep a copy of this page for your records.

KNOW YOUR RIGHTS.

The Fair Credit Reporting Act protects the information in your consumer report. Learn more about your rights at consumerfinance.gov/learnmore

AND HOW WE DON'T:

We will **not** share your data with advertisers or law enforcement, unless required to do so by law.

DC HOUSING AUTHORITY (DCHA) INFORMATION RELEASE

It's important that you understand and agree to how DCHA, its instrumentalities, subsidiaries, or agents—collectively, "DCHA" or "we"—will use and share data about you and other people listed on this application before you sign and submit it.

INFORMATION PROVIDED BY OTHERS

We may contact, request verification, and receive information from:

- **income or asset sources** or agencies to verify information on your finances,
- **health care providers** or professionals to confirm your disability and reasonable accommodations if you provide their names and contact information, and
- **credit reporting agencies** to request your consumer report, including income, credit, and employment information.

HOW WE USE YOUR INFORMATION

We will use the information you provided as part of the application and your documents to:

- **confirm your eligibility** to receive a voucher,
- **determine the number of bedrooms** assigned to your voucher,
- **calculate the rent payment** allowed with your voucher and your portion as a tenant,
- **reach out to you** for additional information via email, mail, text, or phone call,
- **answer your questions**, and
- **improve our services** by analyzing how they are used.

HOW WE SHARE YOUR INFORMATION

We may share information or documentation you provide in this application with:

- **property management companies** for housing units subsidized by DCHA,
- **other agencies as required** to determine your eligibility, and
- **the Department of Housing and Urban Development.**



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YOUR SIGNATURE

By signing this application, you are agreeing to the statements below:

I have told the truth; I understand that I can be disqualified from the voucher program, lose my voucher, and/or be required to repay rent DCHA overpaid because of inaccurate or incomplete information on this application.

I may have to provide documents that show that what I've told DCHA is true.

I will have to submit any changes to the information I provided on my application in writing to DCHA.

I agree to DCHA using and sharing information about me and other people listed on this application for program needs, as outlined in the DCHA Information Release in part 7 of this application.

I understand that this application does not guarantee that I will receive a voucher.

If I had help completing this application, I have reviewed the information and have provided accurate information to the best of my knowledge.

APPLICANT

Signature

Date - month/day/year

WHO'S A REPRESENTATIVE?

The representative is someone who has the legal power of attorney to sign on behalf of the applicant or co-applicant. Attach power of attorney documentation if you completed the application on behalf of someone else.

CO-APPLICANT

Leave blank if you didn't name a co-applicant.

Signature

Date - month/day/year

REPRESENTATIVE

Leave blank if you completed the application with a case manager or by yourself.

Signature

Date - month/day/year



PART

Core Application *Only complete if instructed in Part 4.*

9

WHAT ASSETS DOES YOUR HOUSEHOLD HAVE?

Assets include money in the bank and property you own. **See examples below.** We use this information to determine your eligibility and rent payment. If the value of all the assets owned by adults (18+) in your household is less than \$15,000, leave this table blank.

Full name of the household member who owns this asset – <i>only list assets owned by adults 18+</i>	Type of asset <i>see examples below</i>	Name of bank or other financial institution as listed on your statement – <i>if the asset has one</i>	Last two digits of the account number – <i>if the asset has one</i>	Balance or value
<i>For more space, continue in Part 14.</i>				

GATHER PROOF OF ASSETS.

Attach your statements, deeds, or other documentation for each asset. Your documentation should list the current value or balance of the asset, if possible. If your household does not have \$15,000 or more in assets, you do not need to submit documentation.

WHAT COUNTS AS AN ASSET?

List your checking and savings accounts, annuities, credit union shares, savings bonds, real estate, mobile homes, stock, bonds, and other investments.

HOW TO CALCULATE?

For accounts, list the balance on last month's statement.

For property, estimate the value. If your household only owns a portion of the asset, list the value of your portion.



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WHAT CHILDCARE EXPENSES DOES YOUR HOUSEHOLD PAY OUT-OF-POCKET?

You may qualify for deductions that can impact your rent payment if your household pays out-of-pocket for childcare that allows a member of your household to go to work, look for a job, or go to school. **See examples below.** Leave the table blank if you don't have expenses that meet these criteria.

Full name of the child(ren) the care is for <i>one row per expense</i>	Full name of the household member(s) relieved by childcare	Amount	Frequency <i>how often does your household pay this amount?</i>
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time

For more space, continue in Part 14.

GATHER PROOF OF EXPENSES.

Attach receipts with the period, amount, and payer or a [verification form](#) completed by your care provider for each expense you list.

WHAT COUNTS?

Include care for **children 13 or younger** by a preschool, day-care center, babysitter, or other provider **that your household pays for yourselves.**

WHY DO WE NEED THIS?

To reduce your rent payment, the childcare must allow you or another adult you live with to go to work, look for a job, or go to school. **If the expense does not meet these criteria, do not include it.**

WHEN COUNTS?

Include expenses you **paid for in the past 12 months or expect to pay for in the next 12 months.**



11

WHAT DISABILITY EXPENSES DOES YOUR HOUSEHOLD PAY OUT-OF-POCKET?

You may qualify for deductions that can impact your rent payment if your household pays out-of-pocket for disability assistance that allows a member of your household to go to work. **See examples below.** Leave the table blank if you don't have expenses that meet these criteria.

Full name of the household member the expense is for	Describe the expense <i>one row per expense</i>	Full name of the household member(s) who can go to work because of the expense	Amount	Frequency <i>how often does your household pay this amount?</i>
				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Annually <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time

For more space, continue in Part 14.

GATHER PROOF OF EXPENSES.

Attach receipts with the period, amount, and payer or a [verification form](#) completed by your provider for each expense you list.

WHAT COUNTS AS A DISABILITY EXPENSE?

Disability assistance expenses include live-in aides, service animals, or equipment like wheelchairs, ramps, adaptations to vehicles, or something else to help with a disability. **If the expense is entirely covered by insurance, don't include it.**

WHY DO WE NEED THIS?

To qualify for a deduction, the disability expense must allow you or another adult you live with to go to work. **If the expense does not meet these criteria, do not include it.**

WHEN COUNTS?

Include expenses you **paid for in the past 12 months or expect to pay for in the next 12 months.**



12

WHAT MEDICAL EXPENSES DOES YOUR HOUSEHOLD PAY OUT-OF-POCKET?

You may qualify for deductions that can impact your rent payment if your household pays out-of-pocket for medical expenses (**see examples below**) and if you or your co-applicant are 62+ years old or have a disability. Leave the table blank if you don't meet these criteria.

Full name of the household member the expense is for	Describe the expense <i>one row per expense</i>	Amount	Frequency <i>how often does your household pay this amount?</i>
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> One-time

For more space, continue in Part 14.

GATHER PROOFS.

Attach receipts with the period, amount, and payer or a [verification form](#) for each expense you list.

WHAT COUNTS AS A MEDICAL EXPENSE?

Some examples of medical expenses are prescriptions, medical insurance premiums, ambulance services, copays, long-term care, in-home nursing services, hospitalization, substance abuse and psychiatric treatment, and service animals.

Medical expenses also include equipment, like glasses, hearing aids, crutches, and artificial teeth, and improvements to housing, such as ramps for a wheelchair and handrails. **If the expense is entirely covered by insurance or if you already listed it in Part 11, don't include it.**

WHEN COUNTS?

Include medical expenses you **paid for in the past 12 months or expect to pay for in the next 12 months.**



WHAT WOULD HELP YOU RENT AN ACCESSIBLE HOME?

You may request a change to any policy or procedure voucher that would allow you to rent a home that is more accessible for your household. This is a reasonable accommodation.

WHAT ABOUT PHYSICAL CHANGES?

Because DCHA will not be your landlord, you will need to tell your landlord if you need them to make physical changes, like handrails or flashing lights, to your home. If you're not sure whether DCHA can offer an accommodation, request it here to find out.

REASONABLE ACCOMMODATIONS

Choose all that apply.

- ☐ Separate bedroom for a child or family member ☐ Wheelchair accessible unit
- ☐ Separate bedroom for medical equipment ☐ Emotional support animal
- ☐ Unit without steps or with an elevator ☐ Visual/hearing impaired equipment
- ☐ Live-in aide – *if approved, we'll need more information about your aide:*

☐ Cell ☐ Landline

Full name

Phone number

Mailing address

Unit

City

State

Zip

- ☐ Something else. Please tell us how a change to our policies or procedures would allow you to rent a home that is more accessible. You can list more than one thing:

WHO CAN YOU LIST?

This contact could be a health care professional, a case manager, a peer support group, or a teacher who can verify that you need an accommodation.

CONTACT TO VERIFY YOUR REQUEST

We may need to speak with someone to verify that your request for accommodation is needed and get information that will help us work with you to make the accommodation(s).

Full name

Title

Fax number

☐ Cell ☐ Landline

Phone number – *if they have one*

Email address – *if they have one*

GIVE YOUR CONTACT A HEADS UP.

Let your contact know that you're listing them, so they're ready when we reach out.

Who can we ask this person about?
choose all that apply

☐ The applicant (you)

☐ Someone else you live with:

☐ Someone else you live with:

Someone else you live with:



14

WHAT ELSE SHOULD WE KNOW?

Use this page to add any additional information that you didn't have space for in another part. Specify which part the information belongs in.

