

HOUSING CHOICE VOUCHER- APPLICANT CERTIFICATION OF CLAIM TO LOCAL PREFERENCE
COMPLETE CAREFULLY- CHECK ALL PREFERENCES THAT APPLY TO YOU

Name _____
Address _____
CSZ _____
Phone _____ E-mail _____

I hereby certify that I qualify for the following Local Preferences which are weighted and determine placement on the waiting list. Select Preferences for which you are eligible. The Elkhart Housing Authority will deny the preference if the client does not qualify. Providing False information will result in withdrawal of application.

Family Status Preference: _____ I claim the family preference.
A household that will consist of two or more persons, which include one or more dependent children. **Or a household of one or more persons in which the head, co-head or spouse is elderly or disabled.**

Domestic Violence Preference: _____ I claim the domestic violence preference.
Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family must have occurred within the past ninety days or be of a continuing nature. **The family must be displaced as a result of fleeing violence in the home or are being subjected to or victimized by violence in the home in which they currently reside.** The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. VAWA form and supporting documentation is needed. Form is at the ehai.org website.

Homeless Families Preference: _____ I claim the homeless preference.
Families only from the City of Elkhart Homeless Shelter who have established residency in Elkhart for not less than six (6) months qualify for this preference. Applicants must have resided in said shelter for not less than thirty days and have been a resident of Elkhart for not less than six (6) months. The family must show sufficient proof of homelessness.

- Written verification must be provided from the Shelter. Families will not qualify if they had adequate shelter previously, such as Public Housing, and moved out voluntarily.

Residency Preference: _____ I claim the residency preference.
For families who live or work in the jurisdiction of the Elkhart PHA. **You must qualify at time of application to receive this preference. Documentation is required.**

No Local Preference: _____ I do not qualify for any of the above local preferences.

Terminated Housing Assistance due to Funding: The Elkhart Housing Authority will offer a preference to any family that has been terminated from the Elkhart Housing Authority Voucher Program due to insufficient program funding. At this time no action of this nature has been required.

I understand that before I am offered assistance under the HCV Program, all claims to preferences will be verified by the Elkhart Housing Authority. I understand that if I claim a preference for which I do not qualify the application will be withdrawn.

Signature of applicant _____ Date _____

If preferences change, a new Certification to Local Preference form is available on-line or at the reception desk for updating your application.