

APPLICANT CERTIFICATION OF CLAIM TO LOCAL PREFERENCE

COMPLETE CAREFULLY- CHECK ALL PREFERENCES THAT APPLY TO YOU

Print Name _____ Social Security Number _____

I hereby certify that I qualify for the following Local Preferences which 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.**

Singles Preference: _____ **I claim the single/family preference.**

Singles Preference: Single applicants who are elderly or disabled will be given priority over “other single” applicants regardless of preference status. “Other singles” denotes a one-person household in which the individual member is not elderly or disabled. Such applicants will be placed on the waiting list in accordance with any other preferences to which they are entitled, but they cannot be selected for assistance before any one-person elderly or disabled family regardless of local preferences.

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 which consists of two 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 have been displaced as a result of fleeing violence in the home or they are currently living in a situation where they are being subjected to or victimized by violence in the home. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

Homeless Families Preference: _____ **I claim the homeless preference.**

Families only from the City of Elkhart Homeless Shelter, Women’s Shelter and referrals from Transitional Housing for the Homeless, 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 or have been referred by the transitional housing program. The family must show sufficient proof of homelessness.

- Written verification must be provided from the Shelter or Transitional Housing for the Homeless. 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, work or have been hired to work in the jurisdiction of the Elkhart PHA.

Veteran’s Preference: _____ **I claim the veteran’s preference.**

This preference is available to current members of the U.S. Armed Forces, veterans, or surviving spouse of veterans. Supporting 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 ONE QUALIFIES FOR THIS PREFERENCE**

I understand that before I am offered assistance under the HCV Program, all claims to preferences will be verified by the Elkhart Housing Authority. Applicants who claim a preference for which they are not qualified will have their application withdrawn.

Signature of applicant _____ Date _____

If preferences change, a new Certification to Local Preference form is available at the front desk for updating your file. Documentation will be required to support the working preference after initial pre-application.