

# Virgin Islands Housing Authority

**St. Thomas**  
#4402 Annas Retreat  
PO Box 7668  
St. Thomas, VI 00801  
Telephone: 340-777-8442  
Fax: 340-775-0832  
TDD Line: 340-777-7725  
Email: [exec@vihousing.org](mailto:exec@vihousing.org)



**St. Croix**  
#5 Estate Bethlehem  
PO Box 1349  
Kingshill, VI 00851  
Telephone: 340-778-8442  
Fax: 340-773-3054  
TDD Line: 340-778-5245  
Website: [www.vihousing.org](http://www.vihousing.org)

## PRE-APPLICATION FOR PUBLIC HOUSING

**Instructions: Please read carefully. Incomplete applications will not be processed.**

- To be qualified for admission to public housing, an applicant must:
  - Be a family as defined in VIHA's Admission and Continued Occupancy Policy;
  - Meet the HUD requirements on citizenship or immigration status;
  - Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in VIHA's offices;
  - Provide Social Security numbers for all family members (**applications will be considered incomplete without this information**);
  - Provide any requested verification (**applications will be considered incomplete without this documentation**);
  - Meet or exceed the Applicant Selection Criteria; and
  - Meet the screening requirements.
- Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type, size, and applicant admission preferences.
- Applications will be accepted by hand delivery or mail, at any of the following addresses, postmarked within dates when PHA is accepting applications:

Virgin Islands Housing Authority PO Box 7668 St. Thomas, VI 00801 or #4402 Annas Retreat St. Thomas, VI 00802-1737	Virgin Islands Housing Authority PO Box 1349 Kingshill, VI 00851 or #5 Estate Bethlehem St. Croix, VI 00850	Louis E. Brown Apartments Carlisle Property Management 1000 Louis E. Brown Apartments Clubhouse, Frederiksted, VI 00840 (for the LEB waiting list only)
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- Applicants with disabilities may seek assistance with the completion of the application at VIHA's Admissions and Occupancy Department, at either of the addresses above.
- Be sure to include the name, Social Security number, date of birth, and all income for every family member who will live in the household.
- Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Virgin Islands Housing Authority is an Equal Housing Provider.



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**PHA use only**  
 Date: \_\_\_\_\_

**Application Number:** \_\_\_\_\_  
**Time of Application:** \_\_\_\_\_

## ELIGIBILITY PRE-APPLICATION FOR PUBLIC HOUSING

**Check the box for the program for which you are applying:**

- Public Housing – St. Croix
  Public Housing – St. Thomas  
 Public Housing – Louis E. Brown I (St. Croix)  
 Public Housing – Louis E. Brown II (St. Croix, Elderly Persons Aged 62 and Older Only)

### Applicant information:

Last Name	First Name	Middle
Mailing Address	City	State ZIP
Home Phone	Cell Phone	Work Phone

**Household Members:** Start with the head of household, then list spouse/co-head, then any other adults, then minors.

	First and Last Name	Relation	Sex M/F	Age	Date of Birth	Place of Birth	Social Security Number
1		HEAD					
2							
3							
4							
5							
6							
7							
8							



**Optional Information for Statistical Purposes Only** (please check all that apply):

Race of Head:     African American/Black                       Caucasian/White             Asian/Pacific Islander  
                           Native American/Alaskan Native     Multiracial

Ethnicity of Head:  Hispanic/Latino                                       Non-Hispanic/Non-Latino

1. Have you or anyone in your household ever used any other names?     Yes     No  
 If yes, what name(s)? \_\_\_\_\_
  
2. Have you or anyone in your household ever used a Social Security number other than those listed?  
 Yes     No    If yes, what number(s)? \_\_\_\_\_

**The following are types of income that must be reported:**

- Wages, tips, salary
- Social Security, SSI, SSDI
- TANF
- SNAP
- Child support
- Unemployment
- VA Benefits
- Pension or retirement
- Worker’s compensation
- Per capita payments
- Interest income from bank accounts and investments, such as stocks, bonds, or a 401k
- Income from real estate
- Contributions from family, friends, or anyone else outside of the household (this includes regular cash gifts, bills paid on behalf of anyone in the household, and purchase of products on your behalf)

**Income Information:** Please list the source and amount of **all current income** received by **all household members**, including your children, yourself, and any other adults in the household.

Household Member Name	Income Source	Amount	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year



3. Have you been required to move from your house within the last 12 months due to a natural disaster (for example, fire, flood)? Yes No If yes, documentation must be provided.
4. Have you been required to move or will you be required to move because you have been displaced by government action or action by a private landlord beyond your control and have not yet found suitable replacement housing? **(Do not check "yes" if you were evicted by the landlord because you did not pay rent or because the landlord increased the rent)**? Yes No  
If yes, documentation must be provided.
5. Are you participants in the witness protection program? Yes No If yes, documentation must be provided.
6. Do you currently live in substandard housing? Yes No If yes, please indicate whether your current housing **(check all that apply; this will be verified by a site visit)**:
  - Has no working indoor plumbing, no suitable flushing toilet, nor any suitable bathtub or shower;
  - Has no electrical service **(Do not check this box if this is due to nonpayment of your electrical bill)**;
  - Does not have a kitchen;
  - Is dilapidated and unsafe.
7. Are you, your spouse, or co-head employed at least 30 hours per week? Yes No If yes, documentation must be provided.
8. Are you, your spouse, or co-head self-employed and the income earned from self-employment is greater than or equal to the amount earned by working 30 hours per week at minimum wage? Yes No If yes, documentation must be provided.
9. Are you an official referral from, and in good standing with, the Virgin Islands Housing Finance Authority's Emergency Housing Program? Yes No If yes, documentation must be provided.
10. Are you, your spouse, or co-head a person age 62 or older or a person with disabilities? Yes No If yes, documentation must be provided.
11. Are any members of your household disabled? Yes No If yes, list their names below:  
\_\_\_\_\_
12. Do you or any members of your household require any of the following accommodations or unit modifications? Yes No If yes, please check all that apply:
 

<input type="checkbox"/> Wheelchair accessible unit	<input type="checkbox"/> Service/companion animal
<input type="checkbox"/> Sensory impaired accessible unit	<input type="checkbox"/> Live-in aide/caregiver
<input type="checkbox"/> Ground floor unit (no stairs)	<input type="checkbox"/> Other physical adaptations (i.e., grab bars)
<input type="checkbox"/> Other: _____	



13. Please list your current address:

Current <b>physical</b> address:	
Move-in date:	
Landlord name:	
Landlord phone number:	

14. Please list your most recent former physical addresses:

Former physical address:	
Move-in date:	
Move-out date:	
Landlord name:	
Landlord phone number:	

Former physical address:	
Move-in date:	
Move-out date:	
Landlord name:	
Landlord phone number:	

**VIHA will be contacting all former landlords for the period of three years from the date of application.**

**ATTENTION APPLICANT:** You are responsible for maintaining current and accurate applicant information. You are required to notify the Virgin Islands Housing Authority in writing of any change in address, income, and/or household composition. **If we cannot contact you at the address listed on this application or an updated address, your name will be removed from the waiting list, and you will have to reapply.**



It is the responsibility of all clients to provide accurate and complete information to the Virgin Islands Housing Authority (VIHA). If you do not provide all required information or if you submit false information to VIHA, you may be charged with federal fraud (Title 18, Section 1001 of the U.S. Code).

I/we understand that if I/we provide false or misleading information, or if I/we fail to disclose information requested on this application, I/we may be:

- Disqualified from admission or participation;
- Evicted from my/our apartment or house;
- Required to repay all overpaid rental assistance I/we received;
- Fined up to \$10,000;
- Imprisoned for up to five years;
- Prohibited from receiving future assistance; and/or
- Subject to State and local government penalties.

**I/WE CERTIFY THAT ALL INFORMATION I/WE HAVE PROVIDED IS COMPLETE AND ACCURATE.**

I understand that this is not a contract and does not bind either party. The information contained in this application is true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

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**Head of Household Signature**

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**Date**

