

APPLICATION FOR:

Public Housing

Section Eight

Complete this form (**FRONT AND BACK**) using the correct legal name for each member of your household as it appears on their Social Security Card. All adult members of the household must sign to certify the information pertaining to them is correct. For this Program, the Head of Household (HOH) refers to the adult member in your household who will be responsible for receiving the **Public Housing/ Section 8 rental assistance. (Attach additional information if more space is needed to complete application)**

APPLICANT INFORMATION:

Current Time _____

Head of Household (HOH) Name _____

(HOH) Telephone No. _____

Work Phone _____

Cell Phone _____

Spouse Work Phone _____

Address where you live now:

Street	City	State	Zip
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List the Head of Household (HOH) and all other members including those unrelated to you who will be living in the unit.

Race of Household Members (used for statistical purposes only)

1 = White 2 = Black 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Other Pacific Islander

Ethnicity Codes 1 = Hispanic 2 = Non-Hispanic

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons** (head/spouse/co-head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

FAMILY MEMBER NAME First, MI, Last	Relation to Head	Sex M/F	Birth Place City/State	Social Security Number	Birth Date	Age	Race	Ethnicity Code
1.	HEAD							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

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Answer the following questions about all members of the household:

1. Has any adult who will live in the home previously lived in a State other than this State? Yes No
If yes, which family member(s)? _____ State lived? _____
2. Does anyone other than an adult who will live in the home share custody of any of the children listed? Yes No
If yes, who? _____
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
4. Is anyone who will be living in the home expecting a child? Yes No If yes, who? _____
5. Is there anyone not listed on the application who is temporarily absent from the home? Yes No
If yes, who? _____
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?
 Yes No If yes, who? _____
What do they require? _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years

1. **Present Address:** _____

How long have you lived at this address: _____
Landlord Info:
Name: _____
Address: _____
Telephone: _____
2. **Previous Address:** _____
How long have you lived at this address: _____
Landlord Info:
Name: _____
Address: _____
Telephone: _____

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3. Previous Address: _____

How long have you lived at this address: _____

Landlord Info:

Name: _____

Address: _____

Telephone: _____

4. Previous Address: _____

How long have you lived at this address: _____

Landlord Info:

Name: _____

Address: _____

Telephone: _____

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.	
Name:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Phone:	Phone:
Relationship:	Relationship:

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PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household

1. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2. Have you or any household member ever been charged, arrested or convicted for the use, sale, manufacture or distribution of any controlled substances? (drugs-including drug paraphernalia). Yes No
If yes, when/where? _____ What crime(s)? _____
3. Is any household member a registered sex offender? Yes No.
If yes, who? _____ In what State(s)? _____
Note: Failure to respond to the question may jeopardize the approval of your application
4. Is any household member currently using illegal drugs? Yes No If yes, who? _____
5. Has any household member ever been evicted from any type of housing (public or private)? Yes No
If yes, explain when, where and for what reason. _____

6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes No
If yes, Explain _____

7. Has any household member received rental assistance in public housing, Section 8 or Subsidized Housing Development?
 Yes No
If yes, when? Year(s) _____ Housing Agency Name _____
Under what name? _____ Who was Head of Household? _____
8. Have you or another household member ever been evicted from any private landlord or any federally rent-assisted program? (Public Housing & Section 8 or other) _____ If yes, when and where _____
9. Do you owe any private landlord, Public Housing, Section 8 or other rent assisted program money? _____
If yes, who and how much? _____
10. Do you owe any Public Housing Authority Community Service Hours? _____, If yes, who? _____
Name of the Public Housing Agency: _____

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PART D: INCOME INFORMATION: (Include additional money earned or received for odd jobs, rental property income, and workman’s Comp. Veterans Benefits, Alimony, regular contributions including help with diapers, clothing, car payments, insurance etc...) Enter each type of income that any household member has or will have in the next year in the Blocks below:

INCOME TYPE CODES:			
P = Pension	SI = SSI	G = General Assistance/food stamps	I = Indian Trust/per capita
B = Own Business	W = Wages	N = Other Non-wage source	SS = Social Security
T = KTAP	CS = Child Support	M = Military Pay	E = Medical Reimbursement
U = Unemployment Benefits			

1. Do you or any member of your household receive food stamps? _____, If yes, how much? _____ (Verification needed)
2. Do you or any member of your household receive cash only for working? _____, List who pays you in box below:

List each source of income for each household member in the boxes provided (Use above codes to describe type of income below)

Family Member Name with Income	Code	Provide name & address of employer or name source of the income that can be verified. Example, Employer, K’Tap etc...)	Per Month _____ Hourly rate _____ Hours per week _____ Weeks per year _____
		Phone Number _____ FAX Number _____	
Family Member Name with Income	Code	Provide name & address of employer or name of source of the income that can be verified. Example, Employer, K’Tap etc...)	Per Month _____ Hourly rate _____ Hours per week _____ Weeks per year _____
		Phone Number _____ FAX Number _____	
Family Member Name with Income	Code	Provide name & address of employer or name of source of the income that can be verified. Example, Employer, K’Tap etc...)	Per Month _____ Hourly rate _____ Hours per week _____ Weeks per year _____
		Phone Number _____ FAX Number _____	
Family Member Name with Income	Code	Provide name & Address of employer or name of source of the income that can be verified. Example, Employer, K’Tap etc...)	Per Month _____ Hourly rate _____ Hours per week _____ Weeks per year _____
		Phone Number _____ FAX Number _____	

ATTACH ADDITIONAL SHEETS OF PAPER IF NEEDED TO LIST INCOME

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY
(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

Savings account? Yes No Checking account?..... Yes No
 Certificate of deposit? Yes No Money market account?..... Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any following?

Stocks? Yes No Bonds? Yes No
 Real property (land/house)? Yes No Trust funds? Yes No
 Pensions? Yes No Individual retirement accounts..... Yes No
 Inheritances? Yes No Life insurance policies? (with cash value)... Yes No
 Any other type of capital investment? Yes No

Explain and "Yes" answers below.

Family Member Name	Bank Name	Account Number	Balance

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expense for child care of a child age 12 or younger? Yes No
 If yes, complete the following: _____

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone #	

If yes, how much is reimbursed per month?

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work.
 (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work?
 (Could be the person with disabilities)..... Yes No
 If yes, what is the anticipated monthly cost? \$ _____

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5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Mortgage			
Electric			
Gas			
Water			
Telephone/Cell			
TV Cable/Satellite			
Internet			
Car payment(s)			
Gas for car			
Car Insurance			
Other Insurance			
Life Insurance			
Health Insurance			
Loans			
Rent To Own			
Bank/Finance Company			
Food			
Credit Cards			
Court Fees/Fines			
Cigarettes			
Other			

Medical Expenses (These questions only apply if the head, spouse or co head is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long-term care insurance? Yes No
- Out of pocket prescription expenses? .. Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? ... Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

Certification of the Applicant

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH. KENTUCKY REVISED STATUTE 514.040; THEFT BY DECEPTION MAKES IT A CRIME TO KNOWINGLY GIVE FALSE INFORMATION TO GET INTO HOUSING TO GET A LOWER RENT, OR TO RECEIVE AID AND/OR BENEFITS UNDER ANY STATE OR FEDERALLY FUNDED ASSISTANCE PROGRAM.

I hereby certify that all of the information I have provided on this application is true and complete.

In order to keep this application current, you must report all changes in **person**.

I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law

Certification of Applicant <i>(all members 18 years or older)</i>			
Signature of Head of Household		Date:	
Signature of Spouse		Date:	
Signature of Other Member 18 years or older		Date:	
Assisted By:		Date:	
Certification of PHA Representative			
I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.			
Signature of PHA Representative _____		Date _____	

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and PHA Representative.

Signature of PHA Representative: _____ Date: _____

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Date landlord reference mailed: _____ Date criminal check mailed: _____
Date landlord reference returned: _____ Date criminal check returned: _____

PHA USE FOR COMMENTS AND CONTACT INFORMATION:

Dru Sjodin National Sex Offender Data Base Checked:

Record Found: Yes No

Date checked _____ By _____

Public Housing Preferences

1. Residency
2. Working Family
3. Displaced Family
4. Veteran
5. Other

Public Housing Use Only

APPLICANT PREFERENCE(S): _____

INCOME FOR ELIGIBILITY: _____

MONTHLY RENT: _____ EFFECTIVE DATE: _____

I CERTIFY THIS APPLICANT IS ELIGIBLE: _____