

# **KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE**

## **INFORMATION ABOUT APPLYING FOR PUBLIC HOUSING ASSISTANCE ONLY**

1. This Application is for Public Housing only.
2. **Fill the attached application out completely.** An incomplete application will not be processed.
3. Applications can be sent by mail or dropped off at:

LOUISVILLE METRO HOUSING AUTHORITY  
420 SOUTH 8<sup>TH</sup> STREET  
LOUISVILLE, KY 40203

**PUBLIC HOUSING:** Public Housing is one of the Federal Government's programs for assisting eligible low income families to secure decent, safe, and sanitary housing. The Housing Authority administers this Program in the Louisville Metro area.

### **ELIGIBILITY**

1. Head of Household must be at least 18 years of age or legally emancipated.
2. At least one member of the household must have legal immigration status to qualify for Public Housing.
3. The family income cannot exceed (see below)

### **NUMBER OF PERSONS IN THE FAMILY/MAXIMUM GROSS ANNUAL INCOME LIMITS EFFECTIVE APRIL 2018**

1	2	3	4	5	6	7	8
40,050	45,800	51,500	57,200	61,800	66,400	70,950	75,550

Earned income of family members under the age of 18 (other than spouse) and income for the care of foster children are not included as part of the **total family income**.

### **SOURCES OF INCOME**

Some examples of income are wages (gross wages before deductions) or payment for baby-sitting or other services, which you or any household member over 18 regularly receives. Other examples of checks and money for any household member, regardless of age, which must be listed are: KTAP, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Care taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces and Reserves.

### **POLICY ON CONVICTIONS FOR DRUG RELATED OR VIOLENT CRIMES**

If you or a family member age 18 or older has been convicted of a drug-related charge, violent crime, show a history of alcohol abuse, etc., your family may be ineligible for rental assistance. If any household member is subject to a registration requirement under a State sex offender registration program or convicted of drug-related criminal activity for methamphetamine production on the premises of federally assisted housing; you will be denied admission.

### **PAST PARTICIPATION**

If you have been a participant with Louisville Metro Housing Authority (LMHA) or any other Public Housing Agency previously and left owing money, it is the policy of the Housing Authority that all outstanding claims must be **paid in full prior to consideration for assistance again.**

## **PRIORITY OF SERVICE**

The waiting list will be composed of four (4) categories, (1) families with local preferences, (2) families without local preferences, (3) singles with local preferences, and (4) singles without local preferences. All applicants will be contacted from the waiting list based on bedroom size needed and preferences.

## **LOCAL PREFERENCES**

As stated under **Priority of Service**, families whose living situation meets the definition of at least one of the four preference categories listed below will be eligible to receive rental assistance before families who do not qualify for a Local Preference. The four preference categories are:

1. **INVOLUNTARY DISPLACEMENT FOR PHYSICAL VIOLENCE**
2. **INVOLUNTARY DISPLACEMENT – GOVERNMENT ACTION**
3. **HOMELESS VETERAN**
4. **HOMELESS**

All preferences will be verified when you begin the full application, and you must have experienced the preference within 30 days of the full application.

## **WHAT YOU MUST DO AFTER MAILING OR DROPPING OFF AN APPLICATION**

You must notify LMHA of any changes in your family composition, mailing address or if your preference information changes.

To report any of the above changes, you must complete an update form, and submit the form to the Housing Authority at the following address:

**Attention: Public Housing Wait List  
Louisville Metro Housing Authority  
420 South 8<sup>th</sup> Street  
Louisville, KY 40203**

**All mail**, which is returned to the Housing Authority, will result in the **removal** of the application from the wait list.

**FOR MORE INFORMATION**, call (502) 589-3522. This number is a computer information line which is available 24 hours a day, 7 days a week. You may call (502) 569-3400, between 2:00 P.M. and 5:00 P.M., Monday thru Friday, to speak to staff.

**NOTE: IT IS VERY IMPORTANT THAT YOU KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE.**

# UPDATE FORM FOR PUBLIC HOUSING WAIT LIST

THIS UPDATE MAY BE MAILED TO: LOUISVILLE METRO HOUSING AUTHORITY, 420 South 8<sup>TH</sup> ST., LOUISVILLE, KY. 40203

\*\*\*PLEASE PRINT CLEARLY\*\*\*

YOUR FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR APPLICATION FROM BEING PROCESSED.

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

MAILING ADDRESS \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code) (Home Phone #) (Cellphone #)

\*\*\*FOR STATISTICAL PURPOSES ONLY\*\*\*

RACE: \_\_\_\_\_ White \_\_\_\_\_ American Indian / Native Alaskan \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander

ETHNICITY (check one): \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

## LIST ALL PERSONS INCLUDING YOURSELF WHO WILL LIVE WITH YOU IN YOUR ASSISTED UNIT

\*\*\*At least one member of the household listed below must have legal residency status for the family to be eligible for housing assistance\*\*\*

<u>(Full Legal Name)</u>	<u>(Relationship)</u>	<u>(Date of Birth)</u>	<u>(Age)</u>	<u>(Gender)</u>	<u>(Social Security #)</u>
_____	Head	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____

(List Additional Members on a separate paper. Make sure you list Name, Relationship, DOB, Age, Gender and Social Security #)

Would anyone in your household qualify for a disabled/handicapped deduction? Yes \_\_\_\_\_ No \_\_\_\_\_. If so who \_\_\_\_\_

If the Head of Household listed above is under 18 years of age, are you legally emancipated? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you enrolled in an institution of higher learning? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

**SOURCES OF INCOME:**

List all checks and money you and everyone who will be in your assisted household now receive. See INFORMATION SHEET listing EXAMPLES of income that needs to be included.

HOUSEHOLD MEMBER(S)	SOURCE OF INCOME	ESTIMATED ANNUAL INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Annual Income</b>		\$ _____

**PAST PARTICIPATION**

Have you ever lived or participated in Public Housing or a Section 8 Program? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, when and where \_\_\_\_\_

Do you have an outstanding debt owed to any Housing Authority? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount if known. \$ \_\_\_\_\_

Have you or a family member been convicted of methamphetamine production on the premises of Federal assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of conviction \_\_\_\_\_

Have you or a family member been evicted from Federal assisted housing in the last five years, because of drug related criminal activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of eviction \_\_\_\_\_

**PREFERENCES:**

Before completing this section you must read the Preference Section on the information sheet. Check if you can provide documentation that you qualify for one of these preferences.

- \_\_\_\_\_ Involuntarily Displaced
- \_\_\_\_\_ Homeless Veteran
- \_\_\_\_\_ Homeless
- \_\_\_\_\_ Physical Violence

DO YOU REQUIRE REASONABLE ACCOMMODATION in order to take full advantage of the Louisville Metro Housing Authority housing programs and related services? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of accommodation needed \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. If information is reported in error or omitted from this form, the family will be determined to be ineligible at the time of application.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Louisville Metro Housing Authority Office: 420 South Eighth Street, Louisville KY 40203 | Main: (502) 569-3400 | Fax: (502) 569-7849



**Notice of Right of Reasonable Accommodation:** If you or someone else in your household has a disability - and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in the Public Housing Program - please contact the Housing Authority to discuss accommodation options.

