

**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 S. 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. Head of Household must be at least **18 years of age or legally emancipated** in order to participate in the program.

**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:

**NUMBER OF PERSONS IN THE FAMILY/MAXIMUM GROSS ANNUAL INCOME  
LIMITS EFFECTIVE MAY, 2011**

1	2	3	4	5	6	7	8
35,750	40,850	45,950	51,050	55,150	59,250	63,350	67,400

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. **YOU MUST ALSO LIST ALL ASSETS OF THE ENTIRE FAMILY.**

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

If you or a family member age 18 or older have 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. You may obtain the complete policy from the LMHA.

**RULES ON BEDROOM SIZE ELIGIBILITY**

1. Head of household is assigned their own bedroom, which can be shared only by a cohabitating adult.
2. No more than two persons can share a bedroom
3. Children of the opposite sex, both under the age of four, will share a bedroom.

The family unit size will be determined by the Louisville Metro Housing Authority in accordance with the above guidelines.

## **PAST PARTICIPATION**

If you have been a participant with Louisville Metro Housing Authority (LMHA) or any other Public Housing Agency previously and left owing LMHA 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.

## **PREFERENCES**

### **LOCAL PREFERENCES**

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

1. **INVOLUNTARY DISPLACEMENT FOR PHYSICAL VIOLENCE**
2. **INVOLUNTARY DISPLACEMENT – GOVERNMENT ACTION**
3. **SUBSTANDARD HOUSING**
4. **FAMILIES PAYING MORE THAN 50% OF INCOME (BEFORE TAXES) FOR RENT AND UTILITIES**
5. **HOMELESS**

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

You must let us know of a change of address, family composition and information to give you a preference.

All notifications of changes must be submitted **IN WRITING** to the Housing Authority at the following address:

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

**All mail**, which is returned to the Housing Authority as undeliverable because applicant failed to submit **WRITTEN CHANGE OF ADDRESS** to the Housing Authority, will result in the **removal** of the application from the wait list.

**FOR MORE INFORMATION**, call (502) 569-3400 between 2:00 p.m. – 5:00 p.m., Monday – Friday.

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

# **RETURN THIS FORM ONLY**

THIS PRE-APPLICATION/PERSONAL DECLARATION MAY BE MAILED TO: **LOUISVILLE METRO HOUSING AUTHORITY, 420 S. 8<sup>TH</sup> STREET, LOUISVILLE, KENTUCKY 40203 \*\*\*PLEASE PRINT CLEARLY\*\*\***  
YOUR FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR APPLICATION FROM BEING PROCESSED.

**I. PERSONAL INFORMATION**

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Maiden Name, if applicable)

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (Home phone) (Work Phone)

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

**RACE (CHECK ONLY ONE):**    \_\_\_ White    \_\_\_ Black    \_\_\_ American Indian/Native Alaskan    \_\_\_ Asian/Pacific Islander

**ETHNICITY (CHECK ONE):**    \_\_\_ Hispanic    \_\_\_ Non-Hispanic

**LIST ALL PERSONS INCLUDING YOURSELF WHO WILL LIVE WITH YOU IN ASSISTED HOUSING**

You do not have to tell us about the SSN, citizenship or immigration status of yourself or anyone else in your home who does not want to receive benefits. Other members of your household can still receive benefits if they qualify. At least one member of the household must have legal immigration status to qualify for Public Housing.

(Full Legal Name)	(Relationship)	(Date of Birth)	(Age)	(Sex)	(Social Security#)
_____	<b>HEAD</b>	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____
_____	_____	/ /	_____	_____	_____

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

If the Head of Household listed above is **under** 18 years of age, are you legally emancipated? \_\_\_ Yes    \_\_\_ No (If yes, attach documentation)

If you are a one-person family, check here if you are pregnant. \_\_\_\_\_ Due Date: \_\_\_\_\_

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

Is any member listed above handicapped or disabled? \_\_\_ Yes    \_\_\_ No    If yes, list name(s): \_\_\_\_\_

How long is the handicap or disability expected to continue? \_\_\_\_\_

Does any member of your family require the use of a wheel chair? \_\_\_ Yes    \_\_\_ No

Is the person(s) able to use all areas of your current home and are they able to easily get out of the unit? \_\_\_ Yes    \_\_\_ No

**II. 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. (List additional sources on separate paper)

HOUSEHOLD MEMBER (S)	SOURCE OF INCOME	AMOUNT PER MONTH
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DO NOT WRITE IN THIS BOX	
Annual \$	_____
Annual \$	_____
Annual \$	_____
Annual \$	_____
<b>Total \$</b>	_____

**ASSETS: (ANSWER YES OR NO. IF YES, LIST NAME OF BANK, ACCOUNT# AND ACCOUNT BALANCE)**

Checking \_\_\_ Yes \_\_\_ No    Name of Bank: \_\_\_\_\_    Acct# \_\_\_\_\_    Acct. Balance \$ \_\_\_\_\_  
Savings \_\_\_ Yes \_\_\_ No    Name of Bank: \_\_\_\_\_    Acct# \_\_\_\_\_    Acct. Balance \$ \_\_\_\_\_  
Certificates of Deposits \_\_\_ Yes \_\_\_ No    Name of Bank: \_\_\_\_\_    Acct# \_\_\_\_\_    Acct. Balance \$ \_\_\_\_\_  
Credit Union Shares \_\_\_ Yes \_\_\_ No    Name of Bank: \_\_\_\_\_    Acct# \_\_\_\_\_    Acct. Balance \$ \_\_\_\_\_  
Stocks and Bonds \_\_\_ Yes \_\_\_ No    Value \$ \_\_\_\_\_    Retirement/Pension/IRA Program \_\_\_ Yes \_\_\_ No    Value \$ \_\_\_\_\_  
Life Insurance (Cash Value) \$ \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

List all Real Estate you own (Do not include burial plots): \_\_\_\_\_  
Current Value of Real Estate \$ \_\_\_\_\_ Amount you still owe \$ \_\_\_\_\_ Is this your home?  Yes  No  
List all other assets/items (or lump sum payments made to you in the last 3 months) which are of value. (DO NOT include personal property such as jewelry or cars unless they are an investment.) \_\_\_\_\_

In the past two years have you disposed of (sold or given away) assets for less than the current value?  Yes  No If yes, what was it? \_\_\_\_\_ What was the value \$ \_\_\_\_\_ Who did you give it to or sell it to? \_\_\_\_\_  
Relationship \_\_\_\_\_  
Was there a financial penalty in selling or giving this asset away?  Yes  No Explain: \_\_\_\_\_

**III. PAST PARTICIPATION:**

Have you ever applied for or participated in Section 8 Rental Assistance Program or Public Housing?  Yes  No If yes, when and where? \_\_\_\_\_ Do you have an outstanding debt to the 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 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? \_\_\_\_\_

**\*\*\*VERY IMPORTANT PLEASE COMPLETE ALL BLANKS. FAILURE TO ANSWER ALL QUESTIONS MAY DELAY YOUR ELIGIBILITY FOR A LOCAL PREFERENCE. REMEMBER TO SIGN AT THE BOTTOM OF THIS PAGE\*\*\***

**IV. LOCAL PREFERENCES (COMPLETE IN FULL, QUESTIONS 1 THROUGH 10)**

1. How much do you pay for rent each month \$ \_\_\_\_\_
2. Do you pay the bill for:  
Gas:  Yes  No, Average per month \$ \_\_\_\_\_ Electricity:  Yes  No Average per month \$ \_\_\_\_\_  
Do you pay the bill for:  
Heating Oil:  Yes  No Average cost per month \$ \_\_\_\_\_ Water/Sewer:  Yes  No Average per month \$ \_\_\_\_\_  
Bottled Gas:  Yes  No Average cost per month \$ \_\_\_\_\_ Garbage:  Yes  No Average per month \$ \_\_\_\_\_
3. Do you live in Section 8 or do you reside in a unit which receives rental subsidy/assistance?  Yes  No If yes, please explain: \_\_\_\_\_
4. Has a Government Agency sent you a written notice to move from your home within the last six months?  Yes  No If yes, were you told you would have to move because your home was condemned or found to be unsafe?  Yes  No (KEEP A COPY OF THE NOTICE SINCE YOU WILL HAVE TO BRING IT IN WITH YOU IF YOU ARE SCHEDULED FOR AN APPOINTMENT)
5. a. Has someone in your household physically abused you or other family members, or threatened to do so?  Yes  No  
b. Has someone in your household been a victim of a hate crime in your neighborhood within the last six months?  Yes  No Has this been reported to the police or a Human Rights Agency?  Yes  No
6. Does the home you now live in have: (Check Yes or No)  
Hot and Cold running water?  Yes  No  
A usable flush toilet inside your home for the exclusive use of your family?  Yes  No  
A usable bathtub or shower inside your home?  Yes  No  
A Kitchen?  Yes  No Electricity?  Yes  No Adequate Heat?  Yes  No  
Any unsafe electrical service?  Yes  No  
Any other unsafe conditions?  Yes  No Explain: \_\_\_\_\_
7. Do you live in a shelter for homeless families or individuals or in transitional housing?  Yes  No If yes, name the shelter/transitional housing: \_\_\_\_\_
8. Do you have one place where you can stay every night?  Yes  No
9. Does any member of your family have a mobility or other impairment that prevents them from using critical elements of the unit?  Yes  No

DO YOU REQUIRE A REASONABLE ACCOMODATION in order to take full advantage of the Louisville Metro Housing Authority housing program and related services?  Yes  No If yes, 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: \_\_\_\_\_

FOR OFFICE USE ONLY

ELIGIBLE FOR LOCAL PREFERENCE?  YES  NO

PHYSICAL VIOLENCE  SUBSTANDARD  HOMELESS  INVOLUNTARILY DISPLACED   
GOVERNMENT ACTION  PAY MORE THAN 50%