

LOUISVILLE METRO HOUSING AUTHORITY
ALL APPLICATIONS MUST BE MAILED TO:
LOUISVILLE METRO HOUSING AUTHORITY
PO BOX 189
LOUISVILLE, KENTUCKY 40201-0189

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

INFORMATION ABOUT APPLYING FOR SECTION 8 RENTAL ASSISTANCE ONLY

1. This Application is for rental assistance only.
2. **Fill the application out completely.** An incomplete application will not be processed.
3. All applications must be sent **BY MAIL ONLY TO:**

LOUISVILLE METRO HOUSING AUTHORITY
P. O. BOX 189, LOUISVILLE, KENTUCKY 40201-0189

SECTION 8 PROGRAM: The Section 8 Rental Assistance Program 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 by providing eligible families with vouchers that enable them to seek out suitable housing in the private sector, by entering into contracts with landlords, and participating in the families' rental payments. Head of Household must be at least **18 years of age or legally emancipated** in order to participate in the program.

MODERATE REHAB PROGRAM: This program is for specific units owned by private landlords in the Moderate Rehab Program located in Jefferson County. Under the Moderate Rehab Program, you must be willing to live in one of the Moderate Rehab Apartments rather than being able to choose your own unit, as you would under the Section 8 Voucher Program. The Head of Household must be at least **18 years of age or legally emancipated**.

PUBLIC HOUSING PROGRAM: If you are interested in the Public Housing Program call 502-569-3400.

ELIGIBILITY

1. Head of Household must be at least 18 years of age or legally emancipated.
2. The family income cannot exceed:

MAXIMUM GROSS ANNUAL INCOME LIMITS

NUMBER OF PERSONS IN THE FAMILY							
1	2	3	4	5	6	7	8
\$20,800	\$23,750	\$26,750	\$29,700	\$32,100	\$34,450	\$36,850	\$39,200

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: TANF, 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.

If you or a family member are enrolled in an institution of higher education and if all of these are true, (1) are under 24 years of age; (2) not a veteran; (3) not married; (4) do not have a dependant; (5) not other wise individually eligible; or (6) have parents either individually or jointly not eligible to receive assistance, you may not be eligible for assistance.

POLICY ON FELONY CONVICTIONS FOR DRUG RELATED OR VIOLENT CRIMES

If you or a family member age 18 or older has been convicted of a felony drug-related or violent crime, your family may be ineligible for rental assistance. If any household member is subject to a lifetime 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 Authority.

RULES ON BEDROOM SIZE ELIGIBILITY

1. Head of household is assigned their own bedroom, which can be shared only by a co-habiting adult.
2. No more than two persons can share a bedroom.
3. Children of the same sex will share a bedroom unless there are five years separating the ages.
4. Children of the opposite sex, both under the age of four, will share a bedroom.
5. Persons of different generations will not be required to share a bedroom.

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

PRIORITY OF SERVICE

The waiting list will be composed of four (4) categories, (1) families with local preferences, (2) families without local preference, (3) singles with local preferences, and (4) singles without local preferences. All applicants will be contacted from the waiting list in the order listed above. All families will be contacted before eligible singles.

PREFERENCE

LOCAL PREFERENCES

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

1. **INVOLUNTARILY DISPLACEMENT FOR PHYSICAL VIOLENCE**
2. **INVOLUNTARILY DISPLACEMENT - GOVERNMENT ACTION**
3. **SUBSTANDARD HOUSING**
4. **FAMILIES PAYING MORE THAN 50% OF INCOME (BEFORE TAXES) FOR RENT AND UTILITIES**
5. **HOMELESSNESS**
6. **PREVIOUS SECTION 8 PARTICIPANT IN THE HOMEOWNERSHIP PROGRAM**

PAST PARTICIPATION

If you have been a participant on the Section 8 program previously and left owing the Housing Authority money it is the policy of the Housing Authority that all outstanding claims **be paid in full prior to consideration for assistance again.**

WHAT YOU MUST DO AFTER MAILING 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 Waiting List
Louisville Metro Housing Authority
P O Box 189
Louisville, Kentucky 40201-0189

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 Housing Request Form from further processing.

FOR MORE INFORMATION, CALL (502)584-1704. THIS NUMBER IS A COMPUTER INFORMATION LINE. YOU NEED TO CALL FROM A TOUCH-TONE PHONE. IT IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK OR TO SPEAK TO A REPRESENTATIVE CALL (502)569-6076 BETWEEN 1:00 p.m. - 4:00 p.m. MONDAY THROUGH THURSDAY.

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

THIS APPLICATION MUST BE MAILED TO THE

LOUISVILLE METRO HOUSING AUTHORITY, P O BOX 189, LOUISVILLE, KY 40201-0189

FILL OUT COMPLETELY OR THE APPLICATION WILL NOT BE PROCESSED***PLEASE PRINT CLEARLY***

LOUISVILLE METRO HOUSING AUTHORITY SECTION 8 & MOD REHAB PROGRAMS FOR 801 VINE STREET OFFICE.

*** APPLICATIONS ARE ACCEPTED BY MAIL ONLY AT THE ADDRESS LISTED ABOVE ***

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

I. PERSONAL INFORMATION

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

ADDRESS (Street) (Apt #) (City)

(State) (Zip Code) (Home Phone #) (Work Phone #) MAILING ADDRESS (If different from above) Zip

FOR STATISTICAL PURPOSES ONLY (CHECK ONLY ONE)

RACE: 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

*** All Social Security Numbers must be listed to complete the processing of your application***

Table with columns: (Full Legal Name), (Relationship), (Date of Birth), (Age), (Sex), (Social Security #). Includes a row for 'Head'.

(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?

If you are a one-person family, check here if you are eligible because you are pregnant.

Is any member listed above handicapped or disabled?

How long is the handicap or disability expected to continue?

Does any member of your family require the use of a wheel chair?

Please list the name of the disabled or handicapped family member (s).

Is this person(s) able to use all areas of your current home and are they able to easily get out of the unit?

Are you enrolled in an institution of higher learning? Are you a veteran?

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.

HOUSEHOLD MEMBER(S) SOURCE OF INCOME AMOUNT PER MONTH

Table for listing income sources with columns for member, source, and amount per month.

DO NOT WRITE IN THIS BOX Annual \$ Total \$

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

Checking Name of Bank Account # Account Balance \$ Savings Name of Bank Account # Account Balance \$ Certificates of Deposits Name of Bank Account # Account Balance \$ Credit Union Shares Name of Bank Account # Account Balance \$ Stocks and Bonds Value \$ Retirement/Pensions/IRA Program Value \$ Life Insurance (Cash Value) \$ List all Real Estate you own (Do not include burial plots): Current Value of Real Estate \$ Amount you still owe \$ Is this your home? 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? ____ 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? Explain _____

III. **PAST PARTICIPATION:** Have you ever applied for or participated in Section 8 Rental Assistance Program or Public Housing? ____ If yes, when and where _____
Do you have an outstanding debt owed to the Housing Authority? ____ If yes, amount if known. \$ _____

Have you or a family member been convicted of methamphetamine production on the premises of Federal assisted housing? ____ 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? ____ 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 11)**

1. How much do you pay for rent each month? \$ _____
2. Do you pay the bill for:
LG&E Yes ____ No ____, Average cost per month \$ _____
If not LG&E, do you pay for:
Gas, Yes ____ No ____, Average per monthly \$ _____ Electricity, Yes ____ No ____, Average cost monthly \$ _____
Do you pay the bill for:
Heating Oil, Yes ____ No ____, Average cost per month \$ _____ Water/Sewer, Yes ____ No ____, Average cost monthly \$ _____
Bottled Gas, Yes ____ No ____, Average cost monthly \$ _____ Garbage, Yes ____ No ____ Average cost monthly \$ _____
3. Do you live in Public Housing or do you reside in a unit which receives rental subsidy/assistance? Yes ____ No ____ If yes, please explain _____
4. Does someone outside your household or a Government or Private Agency or Charity or Religious Organization regularly help you pay your bills or utilities? ____ If yes, tell us from whom and how much. _____ \$ _____
5. 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? _____
(KEEP A COPY OF THE NOTICE SINCE YOU WILL HAVE TO BRING IT IN WITH YOU IF YOU ARE SCHEDULED FOR AN APPOINTMENT.)
6. a. Has someone in your household physically abused you or other family members, or threatened to do so? _____
b. Has someone in your household been a victim of a hate crime in your neighborhood within the last six months? _____
Has this been reported to the police or a Human Rights Agency? _____
7. 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 ____
Does your home have any other unsafe conditions? Yes ____ No ____ Explain _____
8. Do you live in a shelter for homeless families or individuals or in transitional housing? ____ Name the shelter/transitional housing: _____
9. Check here if you do **not** have one place where you can stay every night. ____
10. Does any member of your family have a mobility or other impairment that prevents them from using critical elements of the unit? _____
11. Are you a former Section 8 Homeownership Participant? _____

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 _____

MAIL TO LMHA, PO BOX 189, LOUISVILLE, KY 40201-0189

DO NOT WRITE BELOW THIS LINE FOR LMHA STAFF ONLY

ELIGIBLE FOR LOCAL PREFERENCE, YES ____ NO ____

RENT ____ INVOLUNTARILY DISPLACED – PHYSICAL VIOLENCE ____ SUBSTANDARD ____ HOMELESS ____
INVOLUNTARILY DISPLACED – GOVERNMENT ACTION ____ FORMER SECTION 8 HOMEOWNER PARTICIPANT ____