

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

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

Table with 6 columns: (Full Legal Name), (Relationship), (Date of Birth), (Age), (Sex), (Social Security #). Includes a 'Head' entry and several blank rows.

(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 with 3 columns: Household Member, Source of Income, Amount per Month. Includes dollar signs and blank lines for entry.

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 cost per month \$ _____ Electricity, Yes _____ No _____, Average cost per month \$ _____
Do you pay the bill for:
Heating Oil, Yes _____ No _____, Average cost per month \$ _____ Water/Sewer, Yes _____ No _____, Average cost per month \$ _____
Bottled Gas, Yes _____ No _____, Average cost per month \$ _____ Garbage, Yes _____ No _____ Average cost per month \$ _____
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 _____