

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. \$ _____

*****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 _____

This application is for programs run by the Louisville Metro Housing Authority, 801 Vine Street Office: Section 8 Housing Choice Voucher, and Moderate Rehab. See the information sheet for a description.

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 _____