

UPDATE FORM FOR WAITING LIST ONLY!

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

MAIL TO:

LOUISVILLE METRO HOUSING AUTHORITY, PO BOX 189, LOUISVILLE, KY 40201-0189

***** THIS FORM WILL BE ACCEPTED BY MAIL ONLY AT THE ADDRESS LISTED ABOVE *****

YOUR FAILURE TO COMPLETE ALL SECTIONS MAY DELAY THIS FORM 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

ONCE APPROVED FOR ASSISTED HOUSING 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*****

(Full Legal Name)	(Relationship)	(Date of Birth)	(Age)	(Sex)	(Social Security #)
_____	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? _____

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

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Are you currently employed? _____ Yes _____ No

Have you had continuous employment for the past 12 months? _____ Yes _____ No

Do you pay child care for a minor in your household that is under age 13? _____ Yes _____ No

If yes, amount per month \$ _____

DO NOT WRITE IN THIS BOX
Income \$ _____
Income \$ _____
Income \$ _____
Income \$ _____
Total \$ _____
Childcare Deduction _____
Adjusted Income \$ _____

(CONTINUED ON OTHER SIDE)

ASSETS: (ANSWER YES OR NO. IF YES, LIST ACCOUNT BALANCE)

Checking _____ Account Balance \$ _____ Savings _____ Account Balance \$ _____
Certificates of Deposits _____ Account Balance \$ _____ Credit Union _____ 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 _____

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 _____
02-14