

FOR STAFF USE ONLY

Date Received: _____ Time: _____ AM
PM

Low Income Public Housing.....

Section 8.....

By: _____

HOUSING AUTHORITY of MAYSVILLE

P.O. Box 446 • 600 Clark Street
Maysville, KY 41056

606-564-4409 • 606-564-3826 FAX

To Learn More, Visit Our Website at: hamaysville.com

HEAD of HOUSHOLD

ADDRESS _____

PHONE _____

HOUSEHOLD MEMBERS: List Head of Household First ... then list all persons who will be living in your home ... PLEASE PRINT

ADULTS - Legal Name	Date Of Birth	Social Security Number	Sex	Relationship To Head Of Household	Marital Status (Single, Divorced, Widowed, Etc.)
1. _____ <i>Birth Place</i>				HEAD of HOUSEHOLD	
2. _____ <i>Birth Place</i>					
3. _____ <i>Birth Place</i>					

CHILDREN - Legal Name	Date Of Birth	Social Security Number	Sex	Relationship To Head Of Household	Absent Parent Name & Address
1. _____ <i>Birth Place</i>					
	<i>School</i>				
2. _____ <i>Birth Place</i>					
	<i>School</i>				
3. _____ <i>Birth Place</i>					
	<i>School</i>				
4. _____ <i>Birth Place</i>					
	<i>School</i>				
5. _____ <i>Birth Place</i>					
	<i>School</i>				

CHECK ALL THAT APPLY - Voluntary Information

The following information is voluntary and must be asked of all applicants

Head Of Household:

- White African American Hispanic
 American Indian or Alaskan Native Asian Pacific Islander
 Other _____ Veteran

Does any member of your family require a handicap accessible unit or any other special accommodations? Yes No

EXPLAIN: _____

Do you expect anyone to move into or out of your household within the next 12 months?..... Yes No

Do you have any pets?..... Yes No

If Yes, what kind and how many? _____

INCOME / BENEFITS SOURCES

Household Member	Weekly or Monthly	Employment	VA / Pension Retirement	SSI / SS	Child Support	Unemployment	KTAP	Food Stamps	Other
_____ Employer:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	\$	\$	\$	\$	\$	\$	\$
_____ Employer:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	\$	\$	\$	\$	\$	\$	\$
_____ Employer:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	\$	\$	\$	\$	\$	\$	\$
_____ Employer:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	\$	\$	\$	\$	\$	\$	\$

ASSETS

Do you or any member of your household own or have interest in any real estate, boat and/or mobile homes?..... Yes No

If Yes, please explain: _____

Have you sold any real estate in the last two (2) years?..... Yes No

If Yes, what was the address of the property? _____

Do you or any member of your household own a car?..... Yes No

If Yes, please complete the following: OWNER: _____ MAKE/MODEL: _____ YEAR: _____ TAG NUMBER: _____
 OWNER: _____ MAKE/MODEL: _____ YEAR: _____ TAG NUMBER: _____

BANKING INFORMATION

Do you or any member of your household have a checking account, savings account, stocks, bonds or certificates of deposit?..... Yes No

If Yes, please complete the following information:

Household Member	Bank Or Other Institution	Type Of Account	Current Balance

Have you or any member of your household lived in assisted housing before? (Public Housing or Section 8)..... Yes No

If Yes, please list the address: _____ *When?* _____

Have you or any member of your household been evicted from assisted housing? (Public Housing or Section 8)..... Yes No

If Yes, please state reason for eviction: _____

Has any person on this application been convicted of illegal drug activity or sexual offenses?..... Yes No

If Yes, please explain: _____

Do you or any adult on this application currently owe money to a Public Housing Agency?..... Yes No

If Yes, what is the name of the agency owed? _____ *Amount owed?* _____

IF YOU ARE DECLARING YOURSELF AS A VICTIM OF DOMESTIC VIOLENCE, YOU WILL NEED TO PROVIDE DOCUMENTATION.

YES..... *I am declaring myself a victim of domestic violence. (Please provide a copy of DVO)*

NO..... *I am not declaring myself a victim of domestic violence.*

SECTION 504 COMPLIANCE

If you or anyone in your household is a person with disabilities, and you require a specific accomodation in order to fully utilize our programs and services, please inform the housing authority. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590

WARNING Title 18, Section 1001 of The United States Code, states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of The United States.

PERSONAL DECLARATION FOR APPLICATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members, age 18 and older, living in the household must sign this application certifying the information pertaining to them is correct.

ITEMS NEEDED WITH COMPLETED APPLICATION

Please Bring All That Apply

1. **Verification of Income:** *Three (3) most recent original check stubs, recent Social Security Notice, Pension Benefits Letter, KTAP Verification, Unemployment Notice, Food Stamps Notice, Child Support Verification, etc.*
2. **Verification of your Current Address** if it is **not** on your ID or Driver's License.
3. **Social Security Cards for ALL HOUSEHOLD MEMBERS.**
4. **Birth Certificates for ALL HOUSEHOLD MEMBERS.**
5. **Driver's License or Photo ID for ALL ADULT MEMBERS** in your Household *(18 Years of Age or Older).*
6. **Legal Separation Papers or Divorce Decree and/or Custody Documentation.**

NOTICE

**REFUSING ASSISTANCE OFFERED
WILL REMOVE YOUR APPLICATION
FROM THE WAITING LIST AND YOU
WILL NOT BE ELIGIBLE
TO RE-APPLY FOR A PERIOD
OF 18 MONTHS.**

APPLICATION PROCESS

*You will be notified by mail when your name comes to the top of the waiting list. **Once you have applied, it is YOUR Responsibility to make our office aware of any changes to the information on your application.** If you move, change your phone number, persons move in or out of your home, or your income changes, you will need to come in to our office to **UPDATE** your Application. Please give any correspondence received from this office your prompt attention.*

I am applying for: Low Income Public Housing Section 8 Rental Assistance No Preference

I do hereby swear and attest that all of the information above is true and correct. I also understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members **MUST** be reported to the Housing Authority of Maysville **IMMEDIATELY**. I understand and agree that this is not a contract and does not bind either party. **By my signature below, I consent to allow the Housing Authority of Maysville to request and obtain information from all sources necessary to verify income and eligibility for the housing programs I have selected above.**

Signature - Head of Household _____
Date

Signature - Spouse or Other Adult _____
Date

Signature - Other Adult _____
Date _____
Signature - Other Adult _____
Date

Signature - Other Adult _____
Date _____
Signature - Other Adult _____
Date