

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)

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

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

(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

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

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 \_\_\_\_\_  
06/10