

**Housing Authority Of Paintsville
700 Sixth Street
Paintsville, KY 41240
606-789-1782
Fax: 606-789-7271
TDD: 1-800-648-6056**

APPLICATION FOR

Public Housing _____ **Section 8** _____ **High Rise** _____

Date of Application: _____

Bedroom Size: _____

Time of Application: _____

Received By: _____

Instructions: Please read Carefully. Incomplete applications will not be processed

This application is valid for all public housing properties and Section 8 programs operated by the Housing Authority of Paintsville hereinafter referred to as "PHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy and Administrative Plan;
- b. Meet the HUD requirements on citizenship or eligible immigration status or pay a higher rent;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.
- d. Provide documentation of Social Security numbers for all family members;
- e. Meet or exceed the Applicant Selection Criteria on prior criminal activity;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA or Section 8 Voucher in the past 12 months;
- h. Be able and willing to comply with the PHA lease and voucher terms and conditions;
- i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- j. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list by the date and time of application is received. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable).

Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.

PHA will conduct a criminal record check on all applicants age 18 years or older.

The Housing Authority is an Equal Housing Provider

APPLICATION for PUBLIC HOUSING/SECTION 8

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current mailing address, Street, Apt. # _____

Current City, State and Zip _____

Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race: White ___ Black/African American ___ American Indian/Alaska Native ___ Asian ___
Native Hawaiian/Other Pacific Islander ___

5. Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___

Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name	Date of Birth	Sex	SSN	Relation	Disabled Person?	Birthplace: Country	Full-time Student?
H		_____			Head			
2		_____						
3		_____						
4		_____						
5		_____						
6		_____						
7		_____						
8		_____						

7. Have you ever been married? _____ Are you Separated or Divorced? _____

Your Maiden name _____ List Ex-spouse names _____

8. Have you ever used a name other than the one you are using now? _____, If yes, please explain _____

9. Have you ever used a social security number other than the one you listed above? _____

If yes, what is the other number? _____

10. For all Family Members that are not United States citizens, provide the following information:

Name of Family Member _____

Alien Registration # _____

Name of Family Member _____

Alien Registration# _____

Name of Family Member _____

Alien Registration # _____

Family Income Information

11. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from Working, TANF, VA Pension & Other Pension Plans, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Retirement, Child Support, Self-employed, Military Pay, Cash contributions, Food Stamps, Spousal Support, Any Work Done From Home, etc. Example: Wages, \$150/wk, SSI \$421/month

Family Member Name	Income Source	Amount \$	Frequency - Per
			Week ___ Month ___ Year ___
			Week ___ Month ___ Year ___
			Week ___ Month ___ Year ___
			Week ___ Month ___ Year ___

12. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? Yes___ No___ If yes, describe the type of asset(s) please: _____ What is the market value of all assets? _____
13. Do you own any real estate? Yes___ No___ If yes, what is the address? _____
14. Have you sold any real estate in the past two years? Yes___ No___ If yes, what was the address? _____
15. Does any family member have any inheritances, lottery winnings, or lump sum payments? _____, If yes describe: _____
16. Does any family member have any life insurance policies? _____ If yes, provide Name of Company _____
17. Current Landlord's name and phone # _____
 Current Landlord's Address _____
 Date Family Moved to this location _____

Screening

A "yes" answer will not automatically disqualify you for admission.

18. Have you ever been evicted from housing? Yes___ No___ If yes, why? _____
19. Have you ever lived in public housing before? Yes___ No___ If yes, where? _____ Dates: _____
 Name of Lessee: _____ Do you owe any money to the housing authority? Yes___ No___
20. Do you have any past due utility bills? Yes___ No___ If yes, please describe and give amount owed: _____
 Name of Utility Company _____
21. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes___ No___ If yes, please explain the problem and who was involved: _____
22. Is anyone in your household currently on parole or probation? Yes___ No___ If yes, please explain: _____

Deductions in Calculating Rent

23. Is the head of household or spouse age 62 or older or a person with a disability? Yes___ No___ If yes, please answer the following questions. If no, please skip down to question # 26
24. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes___ No___ If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses: _____

Type of expense: _____ Monthly medical expense: \$ _____

Name, address & phone # of person who can verify expense: _____

25. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes ___
No ___ If yes, describe the nature of the expense and the monthly amount: _____ Name, address &
phone # of someone who can verify the expense: _____

26. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to
school or attend job training? Yes ___ No ___ If yes, Name, address and phone # of childcare provider:

Monthly unreimbursed child care cost: \$ _____

27. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a
disability? Yes ___ No ___ If yes, Name of family member: _____ Address & phone # : _____

28. Drivers License or State ID #: Applicant: _____ Co-applicant: _____ Automobile: Year:
_____ Make: _____ Model: _____ License: _____

29. Do you have a pet in your unit? Yes ___ No ___

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified.
I/we authorize the release of information to the Housing Authority by my/our employer(s), Community Based Services, the Social Security
Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause
me/us to be disqualified for admission.

Applicant Signature

Date

Spouse/Other Adult Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing
containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the
United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

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Form PS041
Preference Certification

TO: Housing Authority of Paintsville

Please check all that apply:

- At least one member of my household is age 62 or older.
- At least one member of my household is disabled
- The Head of Household or spouse is a Veteran
- None of the Above

I/We do hereby certify that these statements are true and correct to the best of my knowledge and that I have no objection to the Housing Authority verifying their accuracy.

I/We further certify that I/We are eligible for this preference. I/We understand that we must furnish verification of my/our circumstances and preference claim at the time of assistance.

Signature of Applicant

Date

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Date

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Form P012
Request for Reasonable
Accommodation

TO: Housing Authority of Paintsville

As an applicant/resident of the Housing Authority of Paintsville, I understand that I may request reasonable accommodations in order to take full advantage of the programs and services offered by the Housing Authority of Paintsville. Such accommodations may include interpreting services for the deaf/hearing impaired; wheelchair ramp; shower bars or exceptions to excessive utilities due to the use of necessary medical equipment. I understand that the accommodation(s) I request must be related to a disability, and must be necessary in order for me (or other household member) to access or use Housing Authority of Paintsville programs and services. I understand that the Housing Authority of Paintsville reserves the right to verify the necessity of the accommodation in making a determination as to whether or not the request is reasonable and will not create undue financial hardship or administrative burden or alter the fundamental business of the Housing Authority of Paintsville.

_____ Yes, I do need reasonable accommodations as follows:

_____ No, I do not require any reasonable accommodations at this time.

Signature _____

Date _____

Address: _____

Phone No. _____

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Form PS050
Criminal Background
Admin. Office of the Courts

Administrative Office of the Courts

Pretrial Services

100 Millcreek Park

Frankfort, KY 40601

The process to obtain the information contained in the COURT DISPOSITION SYSTEM is as follows:

Individuals Requesting a record on yourself is free. Enclose a self-addressed stamped envelop for a return reply.

Others If the request is on another person there is a \$10 fee and you must include two envelopes. The first must have postage and your address, and the other only needs the address of the person being checked.

Non-Profit Any Governmental units must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their initial request. Each subsequent request must include the tax-exempt number. Any changes in this basic information must be reported. Multiple inquires can be made on a continuation form.

Fees are paid to the order of the Kentucky State Treasurer of Kentucky by check or money order ONLY. Failure to comply with these procedures will result in the request being returned unprocessed. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-2350.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

Social Security Number: _____

Name: _____

Date of Birth: _____

Maiden or Alias Names: _____

Street Address/P. O. Box: _____

City, State, Zip Code: _____

Individual Release

I understand that failure to accurately provide the information requested may result in prosecution under K.R.S. 523.100.

Signature of Resident/Applicant

Other Request

I have provided the basic information necessary to qualify for record processing and exemption of fees if applicable.

*Acct. No.

Signature of Housing Authority Representative

Date

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