

# The City of Paducah Section 8 Housing Choice Voucher Program

2330 Ohio St Paducah KY 42003 (inside Elmwood Court Office Building)

Phone: (270) 450-4239 1-800-648-6056 (TTY for hearing impaired only) Fax (270) 408-2131

## Pre-Application Checklist

**Our office is closed on**

1/1/25 1/20/25 6/19/25 7/4/25 9/1/25 11/27-25 11/28/25 12/25/25 12/26/25

**No applications will be taken on these dates.**

IN ORDER FOR US TO ACCURATELY PROCESS YOUR APPLICATION WE NEED THE FOLLOWING ITEMS AT THE TIME OF APPLICATION. YOUR APPLICATION WILL NOT BE TAKEN WITHOUT THE COMPLETE DOCUMENTATION LISTED BELOW:

1. **MARRIAGE LICENSE (if currently married or separated) OR DIVORCE DECREE on all Divorces from all states.** STATUS: Married Divorced Never Married Widow
2. **BIRTH CERTIFICATES FOR ALL MINORS UNDER 18 YEARS OF AGE** (we will accept the copy given by the hospital or the certified original).
  - A. **Custody papers on children under the age of 18 MUST VERIFY PRIMARY residents.**
  - B. If you are applying on behalf of someone and have the Power of Attorney or Guardianship the documents are needed at the time of the application.
3. **SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS** (if you do not have the SS card, reapply and bring the letter verifying that you have applied with the social security number printed on the document and we will use this as proof until you receive the new card.
4. **DRIVERS LICENSE or GOVERNMENT ISSUED PICTURE IDENTIFICATION** (for all members 18 yrs. or older).
5. **VERIFICATION OF ALL INCOME IN THE HOUSEHOLD** (this includes funds from: Cash contributions, retirement benefits, veteran's benefits, rental property income, stock dividends, and income from bank account(s), alimony, and all other sources).
  - A. **Wages--** we need your last 2 months check stubs: **(8) weekly (4) bi-weekly (4) twice a month or (2) monthly**, if you have not worked a full 2 months an employer verification form can be obtained from this office.
  - B. **Self-employment**—Prior year's tax returns or personal record of income for 90 days/three months.
  - C. **IF ZERO INCOME**—**Each member over the age of 18 must sign a zero-income statement in our office at the time of the application.**
6. **Student Status**—*Each member over the age of 18 must submit proof of full-time student status from the educational facility.* (Official letter from Registrar's office or student portal)  
**The verifications below must be dated within the last 30 days.**

1. **Social Security, SSI or Pension (on SELF, SPOUSE, OR CHILDREN)**—statement must be provided on each person who receives one or both benefits. McCracken Co office 270-554-3219 or 1-800-772-1213
2. **KTAP, FOODSTAMPS/SNAP (PAFS 27), or WIN** – must verify the amount received on each benefit. **Have worker Date STAMP form.** You must call 1-855-306-8959 to have the statements mailed to you.
3. **Unemployment or Workers Compensation benefits--** letter from agency on benefit amount.
4. **Child Support--** (Must provide print-out for last 6-months and Court Ordered Document on all children McCracken Co District Clerks Office 270-575-7270). **If child support is paid directly to you, then a notarized statement on the amount paid from each parent must be documented.** McCracken Co Office 270-444-7573

\*\*\*\*\***Applications are taken in person only on Monday's and Tuesday's**  
**between 8:45 am and 10:45 am**\*\*\*\*\*



**Section 8 Housing Choice Voucher Program**  
**2330 Ohio St Paducah KY 42003 (inside Elmwood Court Office Building)**  
**Phone: 270-450-4239**  
**1-800-648-6056 TTY for hearing impaired only**  
**Fax 270-408-2131**

**Personal Declaration**

Head of Household \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Household Information: Complete the following information for each household member that will occupy the unit at time of move-in, including foster children =FC, live in aide = LA (if needed for the care of a family member):**

| Full Legal Name<br>(First, MI, Last) | Date of Birth &<br>Abbreviate the State of<br>Birth | Sex<br>(M/F) | SSN | Relationship<br>C=Child<br>G=Grand<br>Child<br>R=Relative<br>F=Friend<br>P=Partner<br>S=Spouse<br>FC=Foster<br>Child<br>LA=Live in<br>aide | Marital<br>Status<br>M=Married<br>D=Divorced<br>N=Never<br>Married<br>W=Widowed |
|--------------------------------------|---|--------------|-----|--|---|
|                                      | _____   |              |     | HEAD   |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | -----   |              |     |  |   |
|                                      | -----   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |
|                                      | _____   |              |     |  |   |

**Please List the Absent Parent(s) for each child under the age of 18 that resides in your household.**

| Child(s) Name | Mothers Name | Fathers Name | Address (if known) |
|---------------|--------------|--------------|--------------------|
|               |              |              |                    |
|               |              |              |                    |
|               |              |              |                    |
|               |              |              |                    |
|               |              |              |                    |
|               |              |              |                    |

**Marital Status**

Have you or your spouse ever been divorced or presently separated?

Yes \_\_\_\_\_ No \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

What is your maiden name? \_\_\_\_\_ Spouse Maiden Name \_\_\_\_\_

Head of Household Name \_\_\_\_\_ List below all names for all marriages

\_\_\_\_\_

Spouse Name \_\_\_\_\_ List below all names for all marriages

\_\_\_\_\_

Family Member Name \_\_\_\_\_ List Below all names for all marriages

\_\_\_\_\_

Will you or anyone in your household require a live-in care attendant?  Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

A doctor's statement must be provided and list the name of the Live-in-Aide.

**Household Income**

|            |                     |              |                |
|------------|---------------------|--------------|----------------|
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |

**PLEASE CHECK ALL SOURCES OF INCOME RECEIVE BY ANY MEMBER OF YOUR HOUSEHOLD**

Wages \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Child Support \_\_\_\_\_ Pension \_\_\_\_\_ Veterans Benefits \_\_\_\_\_

Self-Employment \_\_\_\_\_ Work Study \_\_\_\_\_ K-TAP \_\_\_\_\_ Ready to Work \_\_\_\_\_ SNAP \_\_\_\_\_

Other \_\_\_\_\_ RSDI \_\_\_\_\_ Alimony/Maintenance \_\_\_\_\_ Child Support Arrears \_\_\_\_\_

**Zero Income Verification:**

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes  No If YES, who? \_\_\_\_\_

**ANSWER ALL THE FOLLOWING QUESTIONS FOR ALL HOUSEHOLD MEMBERS**

**1. ARE YOU an Owner or part Owner in real estate and/or mobile home or sold any real estate in past two years?**

YES \_\_\_\_\_ NO \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

**2. DO YOU own any stocks or bonds?** YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_

**3. DO YOU have a checking or savings account?** YES \_\_\_\_\_ NO \_\_\_\_\_

Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ BANK \_\_\_\_\_

Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ BANK \_\_\_\_\_

**4. DOES ANYONE outside your household pay for any of your bills or give you money?** YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

**5. HAVE YOU or anyone listed in your household ever been charged with a Felony, other than a traffic violation, or arrested/charged with any illegal drug related incidents within the past three years?**

YES \_\_\_\_\_ NO \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**Have any listed member of your household ever been arrested or convicted for production of methamphetamines in any HUD assisted housing?** YES \_\_\_\_\_ NO \_\_\_\_\_ EXPLAIN \_\_\_\_\_

**6. HAVE YOU or any other adult member ever use any name(s) or social security number(s) other than the one you are currently using (include maiden name)?** YES \_\_\_\_\_ NO \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

**7. HAVE YOU or any member lived in any other Public/Assisted Housing Program?** YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list state, county, address, date and if owing money, amount owed.

**8. IS THIS the first time that you or any family member ever applied for the City of Paducah, Section 8 Rental Assistance Program?** YES \_\_\_\_\_ NO \_\_\_\_\_ If no, what name did you use on the previous application/contract?

**9. ARE YOU or any family member subject to the Sex Offender Registration in any state?**

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, list date and state of conviction: Date \_\_\_\_\_ State \_\_\_\_\_

**10. Please List all full-time students over 18 years of age** \_\_\_\_\_

**11. Are all listed members of your household citizens by birth?** Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please list noncitizens and immigration status:

Name \_\_\_\_\_ Status \_\_\_\_\_ Alien ID \_\_\_\_\_

Name \_\_\_\_\_ Status \_\_\_\_\_ Alien ID \_\_\_\_\_

Name \_\_\_\_\_ Status \_\_\_\_\_ Alien ID \_\_\_\_\_

NATURALIZED CITIZEN

LAWFUL PERMANENT RESIDENT (L.P.R.)

CONDITIONAL PERMANENT RESIDENT

**Are you claiming a "Preference"?**

*Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. If you believe that you are eligible for any of the below local preferences, please contact the office at (270) 444-8542 and request information on the verification required for a specific preference.*

**Circle the letter of the preference that you are claiming**

- A.** (20 points) Eligible victims of domestic violence with appropriate certification regarding the "Violence Against Women and Department of Justice Reauthorization Act of 2005" or current legislation regarding violence against women.
- B.** (15 points) Eligible applicants who are currently enrolled or enrolled to be Full-time students (minimum 12 credit hours per semester) at an institution of higher learning in pursuit of a degree or specialty program and are seeking self-sufficiency.
- C.** (10 points) Federally Declared Disaster Families or locally displaced by governmental action - A family displaced by a federally declared disaster. Housing Choice Voucher participants or Public Housing residents from the disaster area will receive preference over non-assisted disaster families.
- D.** (5 points) Previously assisted eligible families that have been terminated by the PHA due to reduced federal funding.
- E.** (3 points) Working families (at least one person employed a minimum of 25 hours per week or receiving an equivalent pay of minimum federal wage times 25 weekly), disabled or elderly families and families certified for homeowner assistance.

**I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ALL CHANGES IN INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THIS HOUSING AGENCY IMMEDIATELY! I ALSO UNDERSTAND THAT IF SOMEONE OTHER THAN THOSE LISTED ON MY LEASE IS RECEIVING MAIL AT MY ASSISTED UNIT OR USING MY ADDRESS IN ANY WAY, MY HOUSING ASSISTANCE WILL BE TERMINATED AND THERE COULD BE POSSIBLE FRAUD CHARGES. I ALSO UNDERSTAND THAT FALSIFYING ANY INFORMATION ON THIS FORM WILL RESULT IN REJECTION OF APPLICATION AND/OR TERMINATION OF ASSISTANCE.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Live-in-Aid

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

❖ PLEASE READ THIS STATEMENT CAREFULLY

***Applications/Personal Declarations are required to be submitted in person with the required verifications by the head of household or spouse unless a power of attorney for the applicant is presented. Please do not mail or fax this form as it will not represent placement of your application for housing assistance.***