

Applications for Public Housing are Accepted:

Tuesdays: 9am – 11am and 1pm – 3pm Wednesdays: 9am – 11am and 1pm – 3pm

****Applications should be returned to the office at Elmwood Court
located at 2330 Ohio St, Paducah, KY 42003****

****Working families may schedule an appointment****

REQUIRED to turn in with your Application:

<input type="checkbox"/>	All Adults (18 yrs. and older)	Need to be present when turning in an application
<input type="checkbox"/>	Completed Application	Current and Past Landlords will be contacted and verified for rental history. Complete and accurate names and mailing addresses are critical to assure that your application is approved as quickly as possible.
<input type="checkbox"/>	Picture I.D.(s)	For everyone 18 yrs. and older listed on the application
<input type="checkbox"/>	Social Security Card(s)	For everyone listed on the application
<input type="checkbox"/>	Birth Certificate(s)	For everyone under the age of 21 yrs. old listed on the application

Required ONLY if it applies to you or a household member:

<input type="checkbox"/>	Pay stubs	At least 3 current stubs
<input type="checkbox"/>	Other Income	SS/SSI Award Letters, Pension, KTAP, VA, Disability, Unemployment, Workers Compensation, Tax Returns with Schedule C to verify Self-Employed, etc.
<input type="checkbox"/>	Bank Statement(s)	Current statement from Checking and/or Savings
<input type="checkbox"/>	Support Income	Child Support, Alimony
<input type="checkbox"/>	Other documentation that may apply to your individual circumstances	Divorce Decree, Marriage License, Custody Papers, Certification of Pregnancy, Class Schedule, Certification of Veteran Status

**You will not be able to turn in your application if you are missing I.D.'s,
Social Security Cards, Birth Certificates
~ No Exceptions~**





November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



HAP Property Location/Descriptions:

<p>Ella Munal is located on the South side of Paducah off of Bridge Street. There are a total of 133 units and offers efficiency, 1, 2, 3, 4 and 5 bedroom rental apartments.</p>	<p>Elmwood Court is located off Jackson Street by Paducah Tilghman High School. There are a total of 259 units and offers 1, 2, 3 and 4 bedroom rental apartments.</p>	<p>Pierce Lackey is located off South 28th Street near Morgan Elementary School. There are a total of 169 units and offers efficiency, 1, and 2 bedroom rental abatements.</p>
<p>Dolly McNutt is located on the South side of Paducah off of Bridge Street. There are a total of 52 units and offers 1, 2, and 3 bedroom rental apartments. Tenants pay utilities (water, gas, and electric).</p>	<p>Anderson Court is located on the Northside of Paducah by the Pork Peddler. There are a total of 100 units and offers 1, 2, 3 and 4 bedroom rental apartments.</p>	<p>H.C. Mathis is located across the street from the Paducah-McCracken County Senior Center. There are a total of 28 units and offers 1, and 2 bedroom rental apartments designed for seniors only (62 and older). Tenants pay utilities (water, gas, and electric).</p>
<p>Blackburn is located off of Walter Jetton Blvd. beside the Robert Coleman Spray Park. There are a total of 77 units and offers efficiency, 1, 2, 3, 4 and 5 bedroom rental apartments.</p>	<p>Scattered Sites (South side) are at multiple locations throughout the South side of Paducah. There are 12 duplexes/fourplexes with 3 bedroom units. Tenants pay utilities (water, gas, and electric).</p>	<p>Scattered Sites (North side) are at multiple locations throughout the North side of Paducah. There are 28 duplexes and offers 2 and 3 bedroom rental apartments. Tenants pay utilities (water, gas, and electric).</p>

Please select all properties where you would like to live:

<input type="checkbox"/> Ella Munal Efficiency to 5 Bedroom units	<input type="checkbox"/> Elmwood 1 to 4 bedroom units	<input type="checkbox"/> Pierce Lackey Efficiency to 2 bedroom units	<input type="checkbox"/> Anderson Court 1 to 4 bedroom units
<input type="checkbox"/> Dolly McNutt 1 to 3 bedroom units Tenants pay utilities	<input type="checkbox"/> Blackburn Efficiency to 5 bedroom units	<input type="checkbox"/> Scattered Sites 2 to 3 bedroom units Tenants pay utilities	<input type="checkbox"/> H.C. Mathis Seniors Only (62 and older) 1 to 2 Bedroom units Tenants pay utilities

***Please return all applications to the office at Elmwood Court located at 2330 Ohio St, Paducah, KY 42003**

PHA use Only:

Date of application: _____ **Time of application:** _____ **Taken by:** _____

1. Full Name of **Head** of household: _____
2. Full Name of adult **Co-Head** of household: _____
3. Current address, **Street:** _____
 Current **City, State, and Zip Code:** _____
 Current **Phone #'s** including area code **Home ()** _____ **Cell ()** _____
Work () _____ **Message ()** _____

For Statistical Purposes Only

4. Race of **Head:** Caucasian/White African American/Black Asian or Pacific Islander
 Native American/Alaskan Native
5. Ethnicity of **Head:** Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children. Each box **Must** be completed for each family member. **No one except those listed on this form may live in the unit!**

	First & Last Name	Date of Birth	Sex	Social Security Number	Relation To Head	Handicap /Disabled Yes or No	Place of Birth	Student Yes Or No	Marital Status
H					Head				
2									
3									
4									
5									
6									
7									
8									

6. If anyone in the applicant family is handicap/disabled do you require a unit with accessible features? Yes No
 Does the handicap/disabled family member require reasonable accommodations during the application process and/or after occupancy? Yes No Hearing Impaired Visually Impaired Physically Impaired
7. If anyone's a **student**, provide full name, address, city, state & zip of school: _____

8. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give full name, address and phone # _____

9. Is the applicant family displaced by governmental action through no fault of their own? Yes No If yes, Who can verify this? Please give full name, address & phone # _____

10. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this? Please give full name, address & phone # _____

11. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give complete name, address & phone number: _____

12. Is any adult family member enrolled in an education program full-time? Yes No Part-time? Yes No If Yes, Who can verify this? Please give complete name, address and phone #: _____

13. Is any adult family member employed? Yes No If yes, give complete name, address & phone number of employer: _____

14. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, Food Stamps, VA, Social Security, SSI, SSID, Employment, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages \$150/week, SSI \$421/month, Food Stamps \$200.00/month.

Family Members Name	Income Source	Amount	Frequency of Pay
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other

15. Do you have a checking or savings account or own any Certificates of Deposit, Stocks, Bonds, Life Insurance with a Cash value, IRA's, KEOGH, Retirement Account, Money Market Funds, Other Investments, etc.? Yes No If yes, Describe the type of asset(s): _____

What is the market value of all assets? _____

16. Do you own any real estate? Yes No If yes, what is the address? _____

17. Have you sold any real estate in the past two years for less than fair market value? Yes No If yes, what was The address? _____

List all places you have lived for the past two years, starting with the most current. PHA will be contacting all former landlords for the period of two years from the date of application.

Former address	Landlords Name and Address	Landlords City, State & Zip	Landlords Phone #	Date lived From	Date Lived To

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

18. Have you ever been evicted? Yes No If yes, Where and Why? _____

19. Has any applicant family member ever lived in Public or Section 8 Housing as an adult (18 years or older) where rent was based on your income? Yes No If yes, Where? _____
 Dates: From _____ To: _____ Name of Lessee: _____
 Do you owe any money to any HUD Housing Agencies? Yes No Who? _____

20. Has any family member (18 yrs or older) ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and date of violation: _____

21. Is any household member subject to lifetime sex offender registration? Yes No If yes, explain: _____

22. Is anyone currently on parole or probation? Yes No If yes, give name and explain: _____

23. List each person over 18 in household and all states in which they have lived since turning 18 years old _____

24. Is the head of your household a veteran of the armed forces? Yes No

25. Do you own a pet? Yes No Type of animal(s): _____

Qualifying for Deductions in Calculating Rent:

Do you have child care 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, list the name, address and phone # of your child care provider: _____

Monthly **Out of pocket** child care expense: \$ _____

If you are elderly or disabled do you pay **Out of Pocket** medical expenses? Yes No If yes, amount per year: \$ _____.

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 understand that withholding information from this Housing Authority or Providing false information to the Housing Authority is considered **FRAUD** . Under Federal Law, **FRAUD** is punishable by fines up to \$10,000 AND imprisonment for up to five (5) years. If a resident of this Housing Authority submits fraudulent information OR withholds relevant information, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violation a federal law. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. By signing below, I confirm that I have read the penalties for fraud, that I understand what fraud is and that I understand the penalties for committing fraud.

Applicant Signature Date

Co-Applicant Signature Date

Other Adult Signature Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.