

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

No applications will be taken on these dates.

1/16/23 5/29/23 6/19/23 7/4/23 9/4/23 12/25/23

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 child or children under the age of 18 MUST VERIFY PRIMARY residents.
 - B. If you are applying on behalf of someone and have 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 member 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 only on Monday's and Tuesday's between
8:45 am and 10:45 am**



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Personal Declaration

Head of Household _____

E-mail Address _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

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

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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. List all household members who have a checking or savings account or both?

Name _____ Checking ___ Savings ___ BANK _____

Name _____ Checking ___ Savings ___ BANK _____

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 _____

Has 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 child or other adult member ever used another name(s)? _____

YES _____ NO _____ Explain _____

Name _____ New name _____

Name _____ New name _____

Name _____ New name _____

Name _____ New name _____

Has anyone been assigned another Social Security number? 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 _____

List all states where you or members of your household have lived.

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

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

SUMMARY OF FAMILY-SPONSORED VISAS

VAWA SELF-PETITIONER

SPECIAL IMMIGRANT JUVENILE (SIJ) STATUS

Are you claiming a "Preference"?

Certain preferences are assigned to applicants 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) 450-4239 and request information on the verification required for a specific preference.

Listed below are preference points associated with the Section 8 HCV Program

- 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.