

**CITY OF PADUCAH SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**  
 2330 OHIO ST Paducah KY 42003 Voice (270) 450-4239 FAX (270) 408-2131  
 1-800-648-6056 TTY (HEARING IMPAIRED ONLY)  
 RECERTIFICATION FORM

HEAD OF HOUSEHOLD \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

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

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

➤ **Household Composition:** List all members who are living with you in the assisted housing unit.

Name First, M, Last	Relationship	Date of Birth	Sex	Social Security No.	School Status Name of school	M=Married D=Divorced N=Never Married W=Widow	State Of Birth
	<b>Head</b>						

**List Name and address of parent(s) of each Child (UNDER 18) if parent(s) is not in home:**

Child's Name	Mother's Name	Father's Name	Address

**Household Questionnaire**

- Has anyone in your household ever been convicted of fraud in any federally assisted housing program?  
 YES \_\_\_ NO \_\_\_
- Has anyone in your household been arrested for drug related criminal activity or violent criminal activity within the past 5 years? YES \_\_\_ NO \_\_\_
- Has anyone in your household been charged or subject to a lifetime registration under a state sex offender law? YES \_\_\_ NO \_\_\_ WHO \_\_\_\_\_  
 WHAT State(s) \_\_\_\_\_

- Does any member of your household have a checking or savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Bank \_\_\_\_\_

Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Bank \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Does anyone else outside your household pay for any of your bills or give you money? Do not include government subsidies. If yes, EXPLAIN \_\_\_\_\_

- Does anyone in your household possess assets in the amount of \$50,000 or more? Yes \_\_\_\_\_ No \_\_\_\_\_ List items \_\_\_\_\_
- Have you or any other adult member ever used any name(s) or Social Security Number(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Married Name(s): \_\_\_\_\_ Married Name(s) \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

➤ **Please check all sources of income received 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 \_\_\_\_\_

- **Income Information:** List total Gross Monthly income (before taxes) and payments received by each family member from any source.

Name \_\_\_\_\_ Income \_\_\_\_\_ Amount \$ \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Income \_\_\_\_\_ Amount \$ \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Income \_\_\_\_\_ Amount \$ \_\_\_\_\_ Employer \_\_\_\_\_

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Name \_\_\_\_\_ Income \_\_\_\_\_ Amount \$ \_\_\_\_\_ Employer \_\_\_\_\_

**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.

**APPLICANT CERTIFICATION:** I CERTIFY THAT THE INFORMATION GIVEN TO THE CITY OF PADUCAH HOUSING CHOICE VOUCHER PROGRAM ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND STATE LAW AND ARE GROUNDS FOR DENIAL OR TERMINATION OF HOUSING ASSISTANCE.

**PERMISSION TO VERIFY INFORMATION:** MY SIGNATURE BELOW MEANS THAT I UNDERSTAND AND AGREE THAT HUD OR THE CITY OF PADUCAH SECTION 8 HOUSING CHOICE VOUCHER PROGRAM MAY CONDUCT COMPUTER-MATCHING PROGRAMS TO VERIFY THE INFORMATION SUPPLIED FOR MY APPLICATION/RE-CERTIFICATION. IF A COMPUTER MATCH IS DONE, I UNDERSTAND THAT I HAVE A RIGHT TO NOTIFICATION OF ANY ADVERSE INFORMATION FOUND AND A CHANCE TO DISPROVE INCORRECT INFORMATION. HUD OR THE CITY OF PADUCAH HOUSING CHOICE VOUCHER PROGRAM MAY IN THE COURSE OF ITS DUTIES EXCHANGE SUCH AUTOMATED INFORMATION WITH THE FEDERAL, STATE, OR LOCAL AGENCIES, INCLUDING BUT NOT LIMITED TO STATE EMPLOYMENT SECURITY AGENCIES; DEPARTMENT OF DEFENSE; OFFICE OF PERSONNEL MANAGEMENT; THE U.S. POSTAL SERVICE; THE SOCIAL SECURITY AGENCY; AND STATE WELFARE AND FOOD STAMP AGENCIES. PRELIMINARY CRIMINAL BACKGROUND INFORMATION OBTAINED FROM PUBLIC INFORMATION SOURCES IS ALSO UNDERSTOOD.

**SIGNATURES**

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

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_