

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

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:

Pre-Application Checklist

ALL HOUSEHOLD MEMBERS OVER 18 (WHO ARE NOT YOUR SPOUSE) MUST BE PRESENT AT THE TIME OF APPLICATION

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 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)

These 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 by each parent must be documented.** McCracken Co Office 270-444-7573.

No applications will be taken on federally recognized holidays.

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

**Our office will be closed on these dates 1/1/26 1/19/26 4/3/26 5/25/26 6/19/26
7/3/26 9/7/26 11/26/26 11/27/26 12/24/26 12/25/26**

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)

Name _____	Marital Status (circle one):			
	Married	Divorced	Separated	Never Married
Maiden Name _____	Married Name(s) _____			
Name _____	Marital Status (circle one):			
	Married	Divorced	Separated	Never Married
Maiden Name _____	Married Name(s) _____			
Name _____	Marital Status (circle one):			
	Married	Divorced	Separated	Never Married
Maiden Name _____	Married Name(s) _____			

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. Does any member of your household have assets more than \$50,000? YES _____ NO _____ Explain _____

4. 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 _____

5. DOES ANYONE outside your household pay for any of your bills or give you money? YES _____ NO _____

Please exclude government programs that assist with housing, medical, food, and other basic living expenses.

EXPLAIN: _____

6. 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 _____

7. Has any listed member of your household ever been arrested or convicted for the production of methamphetamines in any HUD assisted housing?

YES _____ NO _____ EXPLAIN _____

8. 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 _____

9. Has anyone been assigned another Social Security number? YES _____ NO _____ EXPLAIN:

10. 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.

11. 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?

12. 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 _____

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

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

Name _____ State(s) _____

14. Please List all full-time students over 18 years of age _____

15. 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 FOR ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD COMPOSITION 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. I AM ATTESTING THAT I WILL REPORT ALL ASSETS OVER \$50,000.

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 and all household members over the age of 18 unless a power of attorney/guardianship 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.