



GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

Public Housing Application: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Application: _____ Time: _____ Bedroom Size: _____ Update: Yes <input type="checkbox"/> No <input type="checkbox"/> Recertification Month: _____ Transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Section 8 Application: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Application: _____ Time: _____ Bedroom Size: _____ Update: Yes <input type="checkbox"/> No <input type="checkbox"/> Recertification Month: _____ Transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>
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APPLICATION FOR ADMISSION & RECERTIFICATION SECTION 8 & PUBLIC HOUSING PROGRAMS

APPLICANT NAME _____ APPLICATION NO.: _____
 CURRENT ADDRESS _____ APT. NO.: _____
 CITY, STATE, ZIP CODE _____
 IS WHERE YOU LIVE ALSO YOUR MAILING ADDRESS? Yes No
 IF NO, MAILING ADDRESS: _____
 HOME PHONE _____ HEAD HH WORK NO. _____ SPOUSE WORK NO. _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

MEMBER NO.	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.
		Head				

2. Race of Head of Household: (Check one - used for statistical purposes only)
 White Black American Indian/Alaskan Native Asian Native Hawaiian/Other
3. Ethnicity of Head of Household (Check one)
 Hispanic or Latino Not-Hispanic or Latino
4. Does anyone live with you now who is not listed above? Yes No
5. Does anyone plan to live with you in the future who is not listed above? Yes No
- Explain if you answered yes to either question: _____

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please direct your request for reasonable accommodations, in writing, to the housing authority administrative office, attention: Tom Wilson.”



HOUSEHOLD COMPOSITION AND CHARACTERISTICS (Continued)

- *6. Is head of household or spouse a person with disabilities? Yes No
- *7. Please identify any special housing needs your household has.

8. How many people live in your unit now? _____ How many bedrooms do you have? _____
9. Are you now living in a federally subsidized housing unit? Yes No
10. Have you ever lived in Public Housing or Section 8? Yes No If yes, where? _____
11. Have you ever participated in the Certificate or Voucher Program? Yes No
If yes, enter the date(s) of occupancy: _____
12. Have you ever been evicted from public housing, Indian Housing, a Section 23 or Section 8 program? Yes No
If yes, provide the following information: When? _____ For what reason? _____
Name of Housing Authority or owner _____
13. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol? Yes No
14. Name and address of current landlord: _____ Phone: _____
15. Your last address: _____ Dates you lived there? From _____ To _____
16. Name and address of previous landlord: _____
_____ Phone: _____

*These questions are asked for the purposes of calculating total tenant payment & determining the family's need for an accessible unit.

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

YES NO Does any member of your household:

- Yes No 1. Work full-time, part-time, or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Have an entitlement to receive child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive K-TAP?
- Yes No 11. Now receive or expect to receive Social Security benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?
- Yes No 17. Is anyone in the household self-employed?
- Yes No 18. Is anyone in the household receiving Workman's Comp or Disability benefits?

INCOME AND ASSET INFORMATION (Continued)

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts, IRAs, Keogh accounts, and Certificates of Deposit of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

3. List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?

If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care? _____

Yes No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

Elderly Families Only

Yes No Do you have Medicare? If yes, what is your monthly premium?

Yes No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

Yes No Do you have outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address.

All Families

List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

1. _____ 2. _____

APPLICANT CERTIFICATION

I/We certify that the information given to the Georgetown Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. *I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____
Signature of Spouse: _____ Date: _____
HA Representative: _____ Date: _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.