

**REQUIRED INFORMATION FOR MAKING APPLICATION FOR LOW
INCOME HOUSING**

PLEASE DO NOT REMOVE THIS SHEET FROM THE DECLARATION

APPLICATIONS ARE TAKEN BY APPOINTMENT ONLY. OFFICE HOURS ARE MONDAY THROUGH FRIDAY 8:00-4:30. PLEASE NOTE THE OFFICE IS CLOSED FROM 12:00NOON-1:00PM FOR LUNCH. OUR PHONE NUMBER IS 270-843-6071, AND FOR THE HEARING IMPAIRED, OUR TDD NUMBER IS 1-800-247-2510. WE ARE LOCATED AT 247 DOUBLE SPRINGS ROAD.

PLEASE DO NOT BRING SMALL CHILDREN TO THE INTERVIEW. THE APPLICATION PROCESS IS AT LEAST 45 MINUTES TO 1 HOUR. IT IS VERY IMPORTANT FOR YOU TO ANSWER ALL QUESTIONS CORRECTLY. CHILDREN GET RESTLESS AND IRRITATED WHEN THEY HAVE TO REMAIN QUIET AND KEEP STILL FOR ANY LENGTH OF TIME. IT BECOMES VERY DIFFICULT TO LISTEN ATTENTIVELY WHEN CHILDREN ARE CRYING AND HAVE BECOME IMPATIENT.

PLEASE BRING THE FOLLOWING INFORMATION WITH YOU AT THE TIME OF YOUR APPOINTMENT. IT IS ESSENTIAL THAT YOU HAVE ALL OF THIS INFORMATION. THIS INFORMATION WILL HELP TO EXPEDITE THE APPLICATION PROCESS.

WE MUST HAVE THE FOLLOWING INFORMATION ON ALL MEMBERS WHO WILL BE LIVING IN THE HOUSEHOLD INCLUDING YOURSELF.

- **FORM OF IDENTIFICATION SUCH AS DRIVERS LICENSE/PERSONAL IDENTIFICATION**
- **SOCIAL SECURITY CARDS**
- **BIRTH CERTIFICATIONS FOR THOSE WHO WILL BE LIVING IN YOUR HOUSEHOLD-**PLEASE NOTE, DRIVERS LICENSE OR SOCIAL SECURITY CARDS WILL NOT BE ACCEPTED AS PROOF OF BIRTH.**
- **MARRIAGE LICENSE, DIVORCE DECREE, SEPARATION PAPERS, DEATH CERTIFICATES (whichever applies to your current situation)**
- **PLEASE PROVIDE CUSTODY, ADOPTION, OR GUARDIANSHIP PAPERS FOR CHILDREN IN YOUR CARE (whichever one applies)**
- **PROVIDE NAMES AND ADDRESSES OF CURRENT AND PREVIOUS LANDLORDS (NO RELATIVES PLEASE)**

IF YOU ARE THE PAYEE, GUARDIAN, OR HAVE POWER OF ATTORNEY FOR ANYONE IN THE HOUSEHOLD, PLEASE BRING YOUR NOTARIZED LETTER OR LEGAL PAPERS SHOWING PROOF.

Housing Authority of Bowling Green
247 Double Springs Road
P.O. Box 116
Bowling Green, KY 42102-0116
Office: (270) 843-6071 Fax: (270) 781-7091

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. FAILURE TO PROVIDE TRUE AND COMPLETE INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION. **DO NOT LEAVE ANY SPACES**

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household: _____
2. Social security #: _____ 3. Alien Registration #: _____
4. Current Address: _____

Street	City	State	Zip Code	County
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5. Mailing Address if **Different** from above: _____
6. Most Recent Previous Address: _____

Street	City	State	Zip Code	County
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7. Home Phone #: _____ 8. Work Phone #: _____ 9. Spouse Work Phone #: _____
10. Highest grade or the full years of formal schooling that the head of household has completed: _____
11. Date of Birth: _____ 12. Sex (M/F): _____
13. Citizenship ___ Are you a citizen of the United States (Yes/No)? ___ If no, please answer question #30 on page 3.
14. Race (1=White, 2= Black/African American, 3= American Indian/Alaska Native, 4=Asian, 5= Native Hawaiian/Other Pacific Islander) Select as many codes as appropriate to best indicate your race: _____
15. Ethnicity (1=Hispanic or Latino, 2= Not Hispanic or Latino): _____
16. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in **PHA** rules or policies, modification of the housing unit, or specific housing needs (Yes/No)? _____ If yes, please describe: _____
17. Marital status of Head of Household: Married Single Widow(er) Divorced
18. Current Spouse Name: _____
19. Name and address of former spouse, if separated, divorced, or deceased: _____

1. Former Spouse Name: _____	2. Former Spouse Name: _____
Former Spouse Address: _____	Former Spouse Address: _____
20. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:
 1. Contact Name: _____ 2. Contact Name: _____
Contact Address: _____ Contact Address: _____
Contact Telephone # _____ Contact Telephone # _____

21. Have you or any household member ever lived in any Public or Assisted Housing (Yes/No)? ____ If Yes, provide:
 Household Member Name: _____ Public/Assisted Housing Agency Name and
 Address: _____

Date of Residency: _____

22. Do you currently owe any back rent or damages to any Public or Assisted Housing Agency (Yes/No)? _____
 If yes, amount: _____ Name and Address of Public/Assisted Housing Agency: _____

23. Have you ever used a name other than the one you are using now (Yes/No)? _____ If yes, please explain:

24. Have you ever used a social security number other than the one you listed on page 1 of this form (Yes/No)? _____
 If yes, what is the other number(s): _____

25. **LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT**

- **A** Give the relationship of each family member to the head using the following codes: (H=head, S=spouse, K=co-head, F=foster child, foster adult, Y=other youth under 18, F= fulltime student 18+, L=Live-in aide, A=other adult)
- **B** Select as many codes as appropriate to best indicate each member's race: (1=White, 2=Black/African Am., 3= American Indian/Alaska Native, 4= Asian, 5=Native Hawaiian/Other Pacific Islander)
- **C** Select the code that best indicates each member's ethnicity: (1-Hispanic or Latino, 2= Not Hispanic or Latino)

26.

Member Number	Member's Full Legal Name	D.O.B.	Age	Sex M/F	A Relation To Head	U.S. Citizen Yes/No	B Race	C Ethnicity	Social Security #
02									
03									
04									
05									
06									
07									
08									
09									
10									

If there are any additional household members, check here and attach a separate page with application.

27. List the household member name, and school name, address and telephone # of all household members that are attending school full time:

a. Name of Household member:	e. Name of Household member:
School Name:	School Name:
School Address:	School Address:
School Telephone #:	School Telephone #:
b. Name of Household member:	f. Name of Household member:
School Name:	School Name:
School Address:	School Address:
School Telephone #:	School Telephone #:
c. Name of Household member:	g. Name of Household member:
School Name:	School Name:
School Address:	School Address:
School Telephone #:	School Telephone #:
d. Name of Household member:	h. Name of Household member:
School Name:	School Name:
School Address:	School Address:
School Telephone #:	School Telephone #:

28. Provide the following information for all household members(s) (other than the Head of Household who are married, separated, divorced, or widow(ed) :

a. Name of Household member:	b. Name of Household member:
Name of Spouse/Former Spouse:	Name of Spouse/Former Spouse:
Address of Spouse/Former Spouse:	Address of Spouse/Former Spouse:
Select one: Is household member married, Separated, divorced or widow(ed)?	Select one: Is household member married, Separated, divorced or widow(ed)?

29. List the absent parent's name and address for each household member under the age of 18:

a. Minor's Name:	d. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:
b. Minor's Name:	e. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:
c. Minor's Name:	f. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:

30. For all household members that are not United States citizens, provide the following information:

a. Name of Household Member:	c. Name of Household Member:
Alien Registration #:	Alien Registration #:
b. Name of Household Member:	d. Name of Household Member:
Alien Registration #:	Alien Registration #:

PART B: DRUG/CRIMINAL ACTIVITY – FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES:

1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No)? _____ If yes, provide the following information: **When?** _____
 _____ For what reason? _____
2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? (Yes/No)? _____ If yes, provide the following information: Name of Household Member: _____
 Name of Public/Assisted Housing: _____
3. Are you or any household member subject to lifetime registration as a sex offender (Yes/No)? _____ If yes, provide the following information: Name of Household Member: _____
4. Are you or any household member persons who abuse or show a pattern of abuse of alcohol? (Yes/No)? _____ If yes, provide the following information. Name of Household Member: _____ Is household member currently enrolled in a treatment program (Yes/No)? If yes, please describe: _____

PART C: INCOME INFORMATION

DOES ANY HOUSEHOLD MEMBER

1. Work full time part-time or seasonally – including wages, fees, tips, bonuses, money for services (Yes/No)? _____

a. Name of Household member:	e. Name of Household member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:
b. Name of Household member:	f. Name of Household member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:
c. Name of Household member:	g. Name of Household member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:
d. Name of Household member:	h. Name of Household member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:

2. Work for someone who pays cash (Yes/No)? _____ If yes, provide the following information:

a. Name of Household Member:	b. Name of Household Member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:

3. Receive unemployment benefits, workers compensation, or severance pay (Yes/No)? _____ If yes, provide:

Household Member Name: _____

Type of Benefit: _____

Amount: _____

Employer Name and Address: _____

4. Receive child support from the child support recovery unit (Yes/No)? _____ If yes, provide:

a. Minor's Name:	e. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
b. Minor's Name:	f. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
c. Minor's Name:	g. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
d. Minor's Name:	h. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:

5. Receive child support directly from the absent parent (Yes/No) _____ If yes, provide:

a. Minor's Name:	e. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
b. Minor's Name:	f. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
c. Minor's Name:	g. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
d. Minor's Name:	h. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:

6. Receive alimony (Yes/No)? _____ If yes, provide: Household Member Name: _____

Amount: _____

Former Spouse Name: _____ Amount: _____

7. Receive TANF/K-TAP/Food Stamps (Yes/No)? _____ Amount: _____ If yes, provide: Household Member Name: _____

8. Receive Social Security or SSI benefits (Yes/No) If yes provide Household Member Name: _____

Amount: _____

Social Security Number Benefits are received under what name and what Social Security Number: _____

IF YES, ATTACH A COPY (ies) OF AWARD LETTER(s) TO THIS APPLICATION.

9. Receive income from a pension or annuity (**Yes/No**)? _____ If yes, provide: Household Member Name:
 Name: _____ Amount: _____
 Type of Pension/Annuity: _____
 Address of Pension/Annuity: _____
 Claim #: _____
10. Receive regular contributions from organizations or from individuals not living in the unit (**Yes/No**)? _____
 If yes, provide: Household Member Name: _____
 Amount: _____ Name and Address of Contributing Organization or Individual: _____

11. File a Federal Income Tax Return last year (**Yes/No**)? _____ If yes, **Attach a Copy to this Application.**
12. 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**)? _____ If yes, provide: Household Member Name: _____
 Type of Asset: _____ Amount of
 Income/Interest Received: _____
13. Own a business or are self-employed (**Yes/No**)? _____ If yes, provide: Household Member Name: _____
 _____ Business
 Name: _____ Business Address: _____

14. Receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units) (**Yes/No**)? _____
 If yes, provide: Household Member Name: _____ Amount: _____
 _____ Source of Pay/Allotment: _____

15. Receive money to pay bills from someone outside of your household (**Yes/No**)? _____ If yes, provide: Household Member Name: _____ Amount: _____ Name and Address of party paying the bills: _____

PART D: ASSETS

DOES ANY HOUSEHOLD MEMBER:

1. Own a car (**Yes/No**) If Yes, provide:

a Make:	b. Make:	c. Make:
Model:	Model:	Model:
Tag #:	Tag #:	Tag #:
Registration:	Registration:	Registration:
Monthly Car Payment:	Monthly Car Payment:	Monthly Car Payment:
Insurance Provider:	Insurance Provider:	Insurance Provider:
Monthly Insurance Payment:	Monthly Insurance Payment:	Monthly Insurance Payment:

2. Own or have an interest in any property (real estate, mobile home, and/or land) **(Yes/No)**? _____
 If yes, provide Household Member Name: _____
 Real Estate Address: _____
 Value: _____

3. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years **Yes/No**? _____ If yes, describe below: _____

4. Own any stocks or bonds **(Yes/No)**? If yes, describe below: _____

5. Where do all household members bank? Provide all information below:

a Household Member Name:	d. Household Member Name:
Bank Name:	Bank Name:
Bank Address:	Bank Address:
Type Account :	Type of Account:
Account Number:	Account Number:
b Household Member Name:	e. Household Member Name:
Bank Name:	Bank Name:
Bank Address:	Bank Address:
Type Account :	Type of Account:
Account Number:	Account Number:
c. Household Member Name:	f. Household Member Name:
Bank Name:	Bank Name:
Bank Address:	Bank Address:
Type Account :	Type of Account:
Account Number:	Account Number:

6. Have any savings certificates, money market funds, or trust funds **(Yes/No)**? _____ If yes, please describe:

7. Have any type of retirement account (Company, IRA, Keogh) **(Yes/No)**? _____ If yes, please describe: _____

8. Have any inheritances, lottery winnings, or lump sum payments (Yes/No)? If yes, describe below: _____

9. Have any life insurance policies (Yes/No)? If yes provide:

a. Household Member Name:	c. Household Member Name:
Insurance Agency Name:	Insurance Agency Name:
Insurance Agency Address:	Insurance Agency Address:
Policy Number:	Policy Number:
Amount/Value:	Amount/Value:
b. Household Member Name:	d. Household Member Name:
Insurance Agency Name:	Insurance Agency Name:
Insurance Agency Address:	Insurance Agency Address:
Policy Number:	Policy Number:
Amount/Value:	Amount/Value:

PART E: EXPENSES

1. Does any household member have expenses for childcare of a child aged 12 or younger? If yes, provide below:

a. Minor's Name	c. Minor's Name
Childcare Provider Name:	Childcare Provider Name:
Childcare Provider Address:	Childcare Provider Address:
Childcare Provider Telephone #:	Childcare Provider Telephone #:
Monthly cost to you for childcare:	Monthly cost to you for childcare:
b. Minor's Name	d. Minor's Name
Childcare Provider Name:	Childcare Provider Name:
Childcare Provider Address:	Childcare Provider Address:
Childcare Provider Telephone #:	Childcare Provider Telephone #:
Monthly cost to you for childcare:	Monthly cost to you for childcare:

2. Indicate the \$\$ monthly expenditures for your household below:

Rent	Phone	Medical	Credit Card
Electric	Car Payment	Cable	Credit Card
Gas	Car Insurance	Insurance	Loan
Water	Child Care	Rentals	Other

INDICATE IN THIS SPACE ANY OF THE ABOVE THAT ARE DELIQUENT/NOT PAIR CURRENT:

ELDERLY/DISABLED FAMILIES ONLY

3. 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:

a. Care Attendant Name:	b. Care Attendant Name:
Care Attendant Address:	Care Attendant Address:
Care Attendant Telephone #	Care Attendant Telephone #

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

5. Do you have Medicare (Yes/No)? _____ If yes, what is your monthly premium? _____

6. Do you have any other kind of medical insurance? If yes, provide:

a. Name of Insurance Company:	b. Name of Insurance Company:
Insurance Agent's Name:	Insurance Agent's Name:
Insurance Company Address:	Insurance Company Address:

7. Do you have outstanding medical bills which you are paying? If yes, provide:

a. Name of Provider	d. Name of Provider:
Address of Provider:	Address of Provider:
Telephone # of Provider:	Telephone # of Provider:
b. Name of Provider:	e. Name of Provider:
Address of Provider:	Address of Provider:
Telephone # of Provider:	Telephone # of Provider:
c. Name of Provider:	f. Name of Provider:
Address of Provider:	Address of Provider:
Telephone # of Provider:	Telephone # of Provider:

8. Do you expect to incur additional medical expenses in the next twelve months that will not be covered by medical insurance? If yes, provide:

a. Name of Provider	c. Name of Provider:
Address of Provider:	Address of Provider:
Telephone # of Provider:	Telephone # of Provider:
b. Name of Provider	d. Name of Provider:
Address of Provider:	Address of Provider:
Telephone # of Provider:	Telephone # of Provider:

9. If you use the same pharmacy regularly, please provide:

a Pharmacy Name:	b. Pharmacy Name:
Pharmacy Address:	Pharmacy Address:
Pharmacy Telephone #:	Pharmacy Telephone #:

PART F. UNIT INFORMATION

1. Name, address, and telephone number of your current Landlord: _____

2. What is the total monthly rent of your unit? _____ What amount do you pay monthly for rent? _____

3. Indicate the type of housing you currently occupy: House _____ Apartment _____
Mobile Home _____ Other _____

4. Do you intend to remain in this unit if your Section 8 rental assistance is approved (Yes/No)? _____ If no, and you intend to move, please check all applicable reasons for your move that apply:

- | | |
|---------------------------------------|--------------------------|
| Closer to Day Care | Transportation |
| Unit is not Decent, Safe, or Sanitary | Rent is too high |
| Owner is Unwilling to Participate | Closer to Other Services |
| Employment | Other _____ |

PLEASE NOTE - COMMUNITY SERVICE: If you must do Community Service, you can receive **eight (8) hours** for attending the Resident Council meeting at the Hospitality House on the **third Wednesday** of each month starting at **10:00AM**.

APPLICANT/PARTICIPANT CERTIFICATION

I certify the information given to the Housing Authority of Bowling Green (HABG) on household composition and characteristics, drug and criminal activity, income assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under **Federal Law** and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the **HABG** office within ten (10) days of the change. Further that any other changes in household composition must be approved in writing by the **HABG**.

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.

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____