Call the Receptionist @ (270) 467-7120
To Schedule an Appointment with Don Duvall

Housing Authority of Bowling Green
247 Double Springs Road
Bowling Green, KY 42101
(270) 843-6071

Thank you for your interest in applying for residency at the Housing Authority of Bowling Green. Enclosed is the declaration, which must be completed in its entirety. **Please do not remove this letter from the application as it serves as a checklist for completed applications.**

Applications are taken by appointment only. To make an appointment, please call the office between 8am and 4:30pm. Please note that we are closed from 12pm to 1pm for lunch. For hearing impaired, please call 1-800-247-2510.

Before your appointment:

- Please make arrangements for childcare. The Occupancy Specialist will need your undivided attention and the appointment may last up to one hour.
- Please bring all required documentation along with the attached declaration. Please review the list below to make sure you have everything needed. Failure to provide all documentation will delay the processing of your application.
- Please be sure all information provided is accurate and up to date. This includes contact info for all landlord and personal references.

Required Documentation (if applicable):

_____ 1. Picture ID (driver's license, passport) for all household members
_____ 2. Social Security Cards for all household members
_____ 3. Birth Certificates for all household members
_____ 4. Marriage license, divorce decree, separation decree or death certificate
_____ 5. Custody, adoption or guardianship paperwork for children in your care
_____ 6. Background check – if you have **NOT** been a resident of Kentucky for one year, you must apply for this record from the state you previously resided in. No Exceptions.
_____ 7. Verification of income for all household members (paystubs, Social Security award letters, printout from child support office, KTAP/Food Stamp award letter, etc.)
_____ 8. Copies of most recent utility bills if you are currently paying utilities
_____ 9. Proof of rehabilitation if you have sought treatment for drug/alcohol abuse. This can be in the form of a letter from your physician or counselor that states you completed the program or your current status and progress.
_____ 10. Verification of participation in a government training program. (Reach Higher, Foster Grandparents, Green Thumb, National Guard Reserves, Experience Works etc.)
_____ 11. Verification of past government housing. If you owe another public housing agency, that debt must be paid before you can be approved for housing here.
_____ 12. Three personal references that are NOT related to you. Please list their CORRECT name, address and phone number on a separate piece of paper.
_____ 13. Copies of any other legal documents for anyone in the household. (Power of Attorney, Payee, Guardianship, Notarized Statement)

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. IF IT DOES NOT APPLY, PLEASE PUT N/A.

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

5. Mailing Address if **Different** from above: _____

6. Most Recent Previous Address: _____
Street City State Zip Code County

7. Home/Cell Phone #: _____ 8. Email _____

9. Date of Birth: _____ 10. Sex (M/F):_____

11. Citizenship ___ Are you a citizen of the United States (Yes/No)? _____ If no, please answer question #30 on page 3.

12. 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: _____

13. Ethnicity (1=Hispanic or Latino, 2= Not Hispanic or Latino): _____

14. 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: _____

15. Marital status of Head of Household: Married Single Widow(er) Divorced

16. Current Spouse Name: _____

17. 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 #_____

18. 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: _____

19. Do you currently owe any back rent or damages to any Public or Assisted Housing Agency (Yes/No)?_____

24. 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: _____ _____

5. Do you have an animal? _____ If yes, size and type _____

6. Have you ever been evicted? _____ If yes, explain _____

_____

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:	b. Name of Household member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone #:	Employer Telephone #:
c. Name of Household member:	d. 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:

11. 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 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:_____

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

3. Where do all household members bank/online platform? Provide all information below:

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

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

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

6. 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:

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 KNOWLINGLY 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/Other Adult: _____ Date: _____