

**Call the Receptionist @ (270) 467-7120
To Schedule an Appointment with SHAWN SALES**

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 8:00am and 4:30pm. Please note that we are closed from 12:00pm to 1:00pm 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. Vehicle registration for each vehicle you own or use regularly. Please do not bring the title.
- _____ 10. 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.
- _____ 11. Verification of participation in a government training program. (Reach Higher, Foster Grandparents, Green Thumb, National Guard Reserves, Experience Works etc.)
- _____ 12. 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.
- _____ 13. Three personal references that are NOT related to you. Please list their CORRECT name, address and phone number on a separate piece of paper.
- _____ 14. Copies of any other legal documents for anyone in the household. (Power of Attorney, Payee, Guardianship, Notarized Statement)

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	D.O.B.	Age	Sex M/F	A Relation To Head	U.S. Citizen Yes/No	B Race	C Ethnicity	Social #
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)? _____ If yes, provide: Household Member Name: _____
 Amount: _____

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 DELINQUENT/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
- Unit is not Decent, Safe, or Sanitary
- Owner is Unwilling to Participate
- Employment
- Transportation
- Rent is too high
- Closer to Other Services
- 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: _____