

HOUSING AUTHORITY OF DANVILLE
P.O. BOX 666 – 102 MCINTYRE CIRCLE
DANVILLE, KY 40423-0666
859-236-6116 FAX 859-236-7548 TTD: 859-236-6126

| |
|---------------|
| Name _____ |
| Address _____ |
| _____ |
| Phone _____ |

PERSONAL DECLARATION FOR APPLICATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members, age 18 and older, living in the household must sign this application certifying the information pertaining to them is correct. **PLEASE PRINT.**

HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.

| ADULTS (legal name) | Date of Birth | Social Security Number | Highest Level of Education | Relationship to Head of Household | Marital Status (single, divorced, widowed etc.) |
|----------------------------------|----------------------|-------------------------------|-----------------------------------|--|--|
| 1. _____ Birth Place _____ | | | | HEAD | |
| 2. _____ Birth Place _____ | | | | | |
| 3. _____ Birth Place _____ | | | | | |
| 4. _____ Birth Place _____ | | | | | |

| CHILDREN (legal name) | Date of Birth | Social Security Number | School | Relationship to Head of Household | Absent Parent Name & Address (if known) |
|----------------------------------|----------------------|-------------------------------|---------------|--|--|
| 1. _____ Birth Place _____ | | | | | |
| 2. _____ Birth Place _____ | | | | | |
| 3. _____ Birth Place _____ | | | | | |
| 4. _____ Birth Place _____ | | | | | |
| 5. _____ Birth Place _____ | | | | | |

Do you expect anyone to move into or out of your household within the next 12 months? YES NO

Do you have any pets? YES NO If yes, what kind and how many? _____

HEAD OF HOUSEHOLD NAME _____ DATE _____

HOUSEHOLD INCOME: List all money earned or received by everyone in your household. This includes money from wages, child support, contributions from friends or family, self-employment, Social Security benefits, Workers Compensation, retirement benefits, veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, KTAP or any other source.

LIST AMOUNTS RECEIVED BELOW

| NAME OF HOUSEHOLD MEMBER RECEIVING INCOME | EMPLOYER | TOTAL WEEKLY WAGES | KTAP OR CHILD SUPPORT | SOCIAL SECURITY BENEFITS | UNEMPLOYMENT BENEFITS | ALL OTHER INCOME |
|---|----------|--------------------|-----------------------|--------------------------|-----------------------|------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

ASSETS: Do you or any member of your household own or have interest in any real estate, boat and or mobile/homes? YES _____ NO _____ If YES, please explain _____

Have you sold any real estate in the last two (2) years? YES _____ NO _____ If YES, what was the address of the property? _____

Do you or any other member of the household own a car? YES _____ NO _____ If yes, please complete the following:

| OWNER | MAKE/MODEL | YEAR | TAG NUMBER |
|-------|------------|------|------------|
| | | | |
| | | | |
| | | | |

BANKING INFORMATION: Do you or any member of your family have a checking account, savings account, stocks, bonds or certificates of deposit? YES _____ NO _____ If YES, Please Complete the information below:

| HOUSEHOLD MEMBER | BANK OR OTHER INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE | ACCOUNT NUMBER |
|------------------|---------------------------|-----------------|-----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

HEAD OF HOUSEHOLD NAME _____ **DATE** _____

CURRENT EXPENDITURES

Please give an accurate estimate of current monthly household expenses.

| | | | |
|-----------|--------|------------|--------------|
| Rent: | Phone: | Medical: | Credit Card: |
| Electric: | Auto: | Cable: | Insurance: |
| Water: | Loan: | Childcare: | Rentals: |
| Gas | Other: | Other: | Other: |

Please list any other regular monthly expenses that are not listed above and the amounts _____

Does anyone outside your household pay for any of your bills or give you money? YES _____ NO _____ Please explain:

EMPLOYMENT HISTORY Please list the last place of employment for each adult household member below:

| NAME | PLACE OF EMPLOYMENT | FROM | TO |
|------|---------------------|------|----|
| | | | |
| | | | |
| | | | |

PROGRAM INTEGRITY INFORMATION

- 1) Have you or any other member of your household ever used name(s) or Social Security number(s) other than the ones you are currently using? YES _____ NO _____ Please explain: _____
- 2) Have you or any other member of your household lived in assisted housing before? (Public Housing or Section 8) YES _____ NO _____ If yes, please list the address _____
When? _____
- 3) Have you or any member of your household been evicted from assisted housing(Public Housing or Section 8)? YES _____ NO _____ If yes, please state reason for eviction _____
- 4) Has any person on this application been convicted of illegal drug activity or sexual offenses? YES _____ NO _____ If yes, please explain: _____
- 5) Do you or any adult on this application currently owe money to a Public Housing Agency? YES _____ NO _____ If yes, what is the name of the agency owed? _____ Amount owed? _____
- 6) Do you or any member of your family require any specific accommodation due to a disability? YES _____ NO _____
Type of accommodation required: Accessibility _____ Hearing _____ Visual _____ Non-smoking _____

HEAD OF HOUSEHOLD NAME _____ DATE _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members **MUST** be reported to the Housing Authority of Danville **IMMEDIATELY**.

Signature Head of Household _____ Date _____
Spouse _____ Date _____
Co- Head _____ Date _____
Other Adult _____ Date _____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

APPLICANT (S) and/or RESIDENT (S) STATEMENT

I/We certify that the information given to the Housing Authority of Danville on household composition, income, 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 grounds for termination of housing assistance and termination of tenancy.

Signature Head of Household _____ Date _____
Spouse _____ Date _____
Co- Head _____ Date _____
Other Adult _____ Date _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Credit reports will be one piece of information that will be reviewed in determining your eligibility. This report will only be used for this purpose. By signing below you are authorizing the Housing Authority of Danville to review your credit report.

Signature Head of Household _____ Date _____
Spouse _____ Date _____
Co- Head _____ Date _____
Other Adult _____ Date _____

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 INFORM THE HOUSING MANAGER AT THE TIME OF YOUR INTERVIEW.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.

HEAD OF HOUSEHOLD NAME _____ DATE _____

IF YOU ARE DECLARING YOURSELF AS A VICTIM OF DOMESTIC VIOLENCE, YOU WILL NEED TO PROVIDE DOCUMENTATION.

YES I am declaring myself a victim of domestic violence.

NO I am not declaring myself a victim of domestic violence.

RENTAL HISTORY (FIVE YEARS)

What is your current Address? _____

Street Address

City

State

Zip

Do you rent or own here? _____ Dates you lived at this address? _____

Landlord's name, address/phone _____

What was your previous address? _____

Street Address

City

State

Zip

Did you rent or own here? _____ Dates you lived at this address? _____

Landlord's name, address/phone _____

REFERENCES:

Please list at least three (3) references, preferably not family that can be reached by phone between the hours of 8am and 5pm (if possible):

Name Address Relationship Daytime phone

Name Address Relationship Daytime phone

Name Address Relationship Daytime phone

**REPORT
(HAD use only)**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)

HEAD OF HOUSEHOLD NAME _____ DATE _____

Please provide the following information on your household members. Mark all appropriate boxes.

| | HEAD | CO-HEAD | MEMBER | MEMBER | MEMBER | MEMBER | MEMBER |
|---|------|---------|--------|--------|--------|--------|--------|
| NAME | | | | | | | |
| ETHNICITY | | | | | | | |
| Hispanic/Latino | | | | | | | |
| Non-Hispanic/Latino | | | | | | | |
| RACE | | | | | | | |
| White | | | | | | | |
| Black/African-American | | | | | | | |
| American Indian/Alaska Native | | | | | | | |
| Asian | | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | | |
| Multi-Racial | | | | | | | |
| | | | | | | | |