

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 _____

SECTION 504 COMPLIANCE

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)**

