



Thank you for your interest in our program(s)!

All family members aged 18 and over must sign the documents in this application packet. *By signing my/our name and submitting these forms I/we do hereby swear and attest that all the information is true and correct. I/we understand that any change in phone number, address, source of income, and changes in household members must be reported immediately.* All changes must be reported in writing.



Completed pre-applications for housing along with pre-application documents can be submitted online by visiting www.owensborohousing.org, dropped off (in the office or in the Night Deposit box outside the door), emailed to apps@owensborohousing.org or mailed to the office. Normal business hours are Monday – Thursday, 7:30 a.m. – 4:00 p.m. and closed for all major holidays.'

Once the pre-application has been reviewed and approved, you will be added to the waiting list and will receive a confirmation letter.

- **Birth Certificate for MINORS only**
- **Photo ID for ALL adult household members.**
- **Social Security Cards for ALL household members**

*****The above documents are REQUIRED; Your name WILL NOT be added to the waiting list if you fail to provide all required documents.*****

We *strongly* encourage listing a current email address for communication. If no email address is provided, documents will be mailed to the address listed on your pre-application. ***If you are homeless, please list an address where you can receive mail.***

<p>Current <i>estimated</i> <u>PBV</u> wait time:</p> <ul style="list-style-type: none"> • 0 bedroom: 6-9 months (55+ only) • 1 bedroom: 12-18 months • 2 bedrooms: 6-9 months • 3 bedrooms: 6-12 months • 4 bedrooms: 2-3 years <p><i>*Section 8 (HCV) will provide you with a confirmation letter regarding their waiting period.</i></p>

Once your name starts to approach the top of the waiting list, the leasing specialist will contact you for a full application appointment.

After the full application interview, HAO Properties will begin the screening process when your name approaches the top of the wait list. Screening includes criminal history, rental history, verification of household composition and verification of income, assets, and/or deductions.



KEEP IN MIND:

HAO Properties allows preference points to be applied to applicants on the waiting list. Those points are as follows:

1. Displaced/Subsidized – **5 point.** (*Displaced due to a federally mandated natural disaster*).
2. Displaced/Unsubsidized – **3 point.** (*Displaced due to a federally mandated natural disaster*).
3. Elderly/Disabled/Family/Veteran (honorably discharged) – **1 point.**
4. Daviess County residents – **1 point.** – *Project Based Vouchers does not have this preference.*

To ensure the accuracy of wait times regarding HAO Properties, please review the descriptions below and select each wait list that best fit your needs:

Section 8 (House Choice Voucher) - The Housing Choice Voucher (HCV) program allows eligible individuals/families to find their own housing, including single-family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

Section 8 (Project Based Voucher) – The Project Based Voucher (PBV) program provides rental assistance for eligible individuals/families who occupy specific apartments. HAO Properties manages the following six Section 8 (PBV) apartment complexes located in Owensboro, Kentucky: Smith Homes, Walker Place, Baker Place, Adams Village, Locke Apartments, and Churchill Park.

An applicant with 0 points will be placed on the waiting list. However, an applicant with more points will continuously jump ahead of an applicant with less points. Applicants with 0 points will likely be on the waiting list *indefinitely*.

We do not disclose number placement on the waiting list, however, if the estimated time has passed and you want to ensure your pre-application is still active, that information can be verified with the front desk receptionist.

Once your name approaches the top of the waiting list, the leasing specialist will reach out using the contact information provided by the applicant to schedule an appointment to begin the screening/full application process.

*****Be sure to update information in writing, by mailing a request to the office or via email as it changes. Failure to do so can cause your application to be removed from the waiting list*****

HAO PROPERTIES PREAPPLICATION

Applying for (CHECK ALL THAT APPLY):

- ALL HOUSING LISTS** -OR- **Section 8** (Housing Choice Voucher)
 Project-Based Voucher Subsidized Apartments
 (One combined list for Churchill Park, Smith Homes, Walker Place, Baker Place, Adams Village, and Locke Apartments)

Please answer every question. If a question does not apply to your situation, write N/A to ensure all questions have been answered. Thank you for your cooperation, we look forward to assisting you.

COMPLETE THIS FORM IN INK.

CURRENT ADDRESS (If HOMELESS provide address where you receive mail)

ADDRESS: _____

City _____ State _____ Zip _____

Cell Phone _____ Other Phone _____

Email Address _____

Alternate Contact (Phone Number & Name) _____

HOUSEHOLD MEMBERS - ALL BLANKS MUST BE COMPLETED FOR EACH MEMBER

***Race** (Information on race is for statistical purposes only):

1. White, 2. Black, 3. American Indian/Alaskan Native, 4. Asian, 5. Pacific Islander, 6. Bi/Multi Racial 7. Prefer not to answer.

ADULTS: (Age 18 or older) - HEAD OF HOUSEHOLD refers to the name used for filing purposes.

(Name as it appears on Social Security Card) Last Name, First Name, Middle Initial	Sex (M/F)	Date of Birth	Relation to Head	Social Security Number	Full-Time Student Y or N	*Race
			HEAD			

CHILDREN: (Newborn to age 17)

(Name as it appears on Social Security Card) Last Name, First Name, Middle Initial	Sex (M/F)	Date of Birth	Relation to Head	Social Security Number	Full-Time Student Y or N	*Race

HOUSEHOLD INCOME SOURCES

Check **ALL** sources of money earned or received by **anyone** living in your household. Also include if anyone is assisting you in paying for your cell phone, car insurance, etc.:

- Wages from Employment**
- Social Security and/or SSI**
- Pension**
- Zero Income**

- Child Support/KTAP**
- Unemployment Benefits**
- Assistance from Others**
- Other** _____

OTHER

Are you expecting anyone to be added (both children through birth or adoption and adults) and/or removed from your household within the next 12 months? Yes No
If yes, please list changes: _____

List other names(s) used (i.e., maiden name, other married names, other last names) and any other social security number(s) used by **ALL** adult household members: _____

Is or has anyone in your household been on a sex offender list? Yes No

If yes, please provide the individual's name, dates, state, and county.

The following questions are OPTIONAL; However, they may benefit your placement on the waiting list.

The Head of Household, Spouse/Co-Head is (Check all that apply):		<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Age 62 years or older	<input type="checkbox"/> A Person with a Disability	
<input type="checkbox"/> A Veteran (Honorably Discharged)	<input type="checkbox"/> A resident of Daviess County, KY	

Will your household require an accommodation due to a disability? Yes No

If yes, describe: _____

**PLEASE BE SURE YOU HAVE ANSWERED ALL QUESTIONS
Otherwise, we will be unable to process your information.**

Please have **ALL** adult family members (age 18 and over) sign below.
I do hereby swear and attest that all the information above is true and correct.

Signature of Head of Household Date

Signature of Spouse/Co-Head Date

Signature of Other Household Adult Date

Signature of Other Household Adult Date

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. Kentucky Revised Status 514.040, Theft by Deception, makes it a crime to knowingly give false information to get into housing to get a lower rent, or to receive aid and/or benefits under any state of federally funded assisted program.



STATEMENT OF NEED FOR APPLICATION ASSISTANCE

I certify that I have not requested and do not have a need for an interpreter, special apparatus, or any other type of assistance in order to properly complete the application process. I understand that I may ask for assistance at any time during the application process.

Signature

Date

Signature

Date

I request the following assistance in order to properly complete the application process:

- INTERPRETER (LANGUAGE NEEDED _____)
- SPECIAL APPARATUS _____
- OTHER _____

Signature

Date

Signature

Date



HOUSING AUTHORITY *of Owensboro*

RELEASE OF INFORMATION FORM

HUD regulations and Housing Authority policy require staff to verify certain information in order to determine eligibility for initial and continued occupancy in subsidized housing. The types of information which may be needed can include past, present, and future employment, rental history, criminal history, citizenship and immigration status, information on income, assets and deductions, ages of household members, custody of children, verifications of identity and relationship to other family members, marital status, and other information which may be necessary to determine eligibility for housing.

Examples of sources, which may be contacted, include, but are not limited to, the following:

- | | |
|--|--|
| Kentucky Pre-Trial Services | Social Security Administration |
| Law Enforcement Agencies, including NCIC | Welfare Agencies |
| IRS, State Wage Agencies | Immigration and Naturalization Service |
| Banks and other Financial Institutions | Post Office |
| Child Support Division | Probation and Parole Officers |
| Courts | Educational Institutions |
| Credit Bureaus | Utility Companies |
| Landlords, Past and Present | Veteran's Administration |
| Friends, Relatives, other References | Employers |

Other Providers of: Alimony, Child Support, Child Care, Credit, Medical Care or Equipment, Insurance, Pensions, Annuities, Assets, Income, Unemployment, Informal Support.

I hereby give permission for the sources listed above to release information necessary to the Housing Authority in order to determine my eligibility and rent due under the program. This authorization form does not expire.

Head of Household

Date Signed

Other Adult Household Member

Other Adult Household Member

Other Adult Household Member

Other Adult Household Member

