



## 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](http://www.owensborohousing.org), dropped off (in the office or in the Night Deposit box outside the door), emailed to [apps@owensborohousing.org](mailto: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> <b><u>PBV</u></b> wait time:</p> <ul style="list-style-type: none"> <li>• 0 bedroom: 6-9 months (<b>55+ only</b>)</li> <li>• 1 bedroom: 12-18 months</li> <li>• 2 bedrooms: 6-9 months</li> <li>• 3 bedrooms: 6-12 months</li> <li>• 4 bedrooms: 2-3 years</li> </ul> <p><b><i>*Section 8 (HCV) will provide you with a confirmation letter regarding their waiting period.</i></b></p>
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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.** – *Churchill Park 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\*\*\***



### 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.:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Wages from Employment</b>      | <input type="checkbox"/> <b>Child Support/KTAP</b>     |
| <input type="checkbox"/> <b>Social Security and/or SSI</b> | <input type="checkbox"/> <b>Unemployment Benefits</b>  |
| <input type="checkbox"/> <b>Pension</b>                    | <input type="checkbox"/> <b>Assistance from Others</b> |
| <input type="checkbox"/> <b>Zero Income</b>                |  |

### 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 ( <b>Check all that apply</b> ):		<b>Prefer not to answer</b> <input type="checkbox"/>
<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 for the past 6 months or more	

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.**



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**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

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.



# 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