



Housing Authority of GLASGOW

111 BUNCHE AVENUE
P.O. BOX 1745
GLASGOW, KY 42142-0473

PHONE: 270-651-9834
FAX: 270-651-9883
E-MAIL: HA@HAGLASGOW.COM

SHERI D. LEE, P.H.M. • EXECUTIVE OPERATIONS OFFICER

APPLICATION INSTRUCTIONS

- Complete all of the enclosed forms.
- Do not leave ANYTHING blank.
- If the question does not apply to your household put NO on that answer line.
- Make sure to list everything on Question (4) on page 3. (This includes anything you may have been arrested, charged, convicted or received a ticket for, even if it was dismissed or has been many years ago).

Best NOT to return
application from 12:30 –
1:30 person who will
review is at lunch.

BEFORE WE CAN ACCEPT YOUR APPLICATION WE MUST HAVE ALL OF THE FOLLOWING

1. All adults in the household **MUST** sign all of the enclosed forms.
2. We must have Picture IDs for all adults in household.
3. All household member's Social Security Cards and Birth Certificates
4. **Proof of any income for your household.**

You may choose to email a clear picture of the documents to:

tjwilliams@haglasgow.com – Public Housing

klpedigo@haglasgow.com – Section 8 (HCV)

(If you do not have some of the above listed documents, we may be able to provide application for you to send for those documents.)

Your application will be processed and added to the waiting list in the order your complete application and documents are received.

If you have any question on any of this information or on how to fill out your application, please do not hesitate to call 270-651-3859 or email.

We look forward to assisting you.

PHA & HCV

PRE-APPLICATION &/or ADD ON TO (Name of Tenant: _____)

HOUSING AUTHORITY OF GLASGOW-- PERSONAL DECLARATION

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 their social security card. All adult members of the household must sign on the reverse side certifying the information pertaining to them is correct. I understand giving false or incorrect information will terminate my application. 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 contact the Housing Authority at 270-651-3859. The Housing Authority of Glasgow does not discriminate against applicants because of race, color, sex, handicap, age, family status or national origin.

PLEASE PRINT ALL INFORMATION.

Are you or have you recently applied for either: Public Housing _____ or Section 8/HCV _____, When: _____
Which program are you applying for today: Public Housing _____, Section 8/HCV _____

NAME OF HEAD OF HOUSEHOLD: _____ DATE: _____

CURRENT ADDRESS _____ MAILING ADDRESS: _____

CITY, STATE, ZIP: _____ YOUR CELL/HOME PHONE NUMBER: _____

LIST YOUR EMAIL ADDRESS: _____

DO YOU CURRENTLY OWN OR RENT? _____ * HAVE YOU OR OTHER ADULTS LIVED OUT OF THE STATE OF KY
 IN LAST 5 YEARS? _____ IF YES WHO? _____ AND WHERE? _____

1. IF REQUESTING TO BE ADDED TO A CURRENT TENANT'S LEASE, HOW LONG HAVE YOU KNOWN OUR
 TENANT? _____. HAVE YOU EVER LIVED WITH THEM? YES NO IF YES, PLEASE EXPLAIN: _____

2. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER LIVED IN A HOUSING AUTHORITY OF GLASGOW APT. OR ANY
 ASSISTED HOUSING/SECTION 8/VOUCHER/HUD? _____ IF YES, WHEN & WHERE: _____
 UNDER WHAT NAME: _____

3. HAVE YOU OR ANY FAMILY MEMBER PARTICIPATED IN A FAMILY SELF-SUFFICIENCY PROGRAM AT ANOTHER
 HOUSING AGENCY? _____ IF YES, WHERE: _____

4. HAVE YOU OR ANY FAMILY MEMBER PARTICIPATED IN THE EARNED INCOME DISALLOWANCE (EID)/RENT
 "FREEZE" PROGRAM AT ANOTHER HOUSING AGENCY? _____ IF YES, WHERE: _____

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

LIST ALL ADULTS IN HOUSEHOLD (First, Middle Initial, Last)	GENDER	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M), WIDOWED (W), SEPARATED (S), DIVORCED (D) OR SINGLE (G)
			Head of Household		Year: _____
					Year: _____
					Year: _____
					Year: _____

LIST ALL CHILDREN IN HOUSEHOLD (Name as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	CHILD'S SOCIAL SECURITY NUMBER	SCHOOL NAME	ABSENT PARENT'S NAME & ADDRESS

PERSONAL DECLARATION PAGE 2

4. Do you have PRIMARY custody of ALL children listed? Yes or No. If no, who has custody: _____
 Do you have a copy of the custody papers? _____ Explain: _____
 Do the children live with you full time? Yes No If No, Explain: _____

List name and address of spouse/ex-spouse/significant other, if not in household.

Name: _____

Name: _____

Address: _____

Address: _____

II. TOTAL HOUSEHOLD INCOME: List all monies earned or received by everyone in your household. This includes but IS NOT limited to wages, self-employment, child support, contributions, Social Security, disability (SSI), Workman's Compensation, retirement benefits, KTAP, Veteran's benefits, rental property income, stock dividends, income from bank Accounts, alimony, or any other sources of income.

Household Member Name With Income	Employer Name	Gross Weekly Wages	K-TAP AMOUNT	Child Support Monthly	Social Security/ SSI Amount	Unemployment Benefits Amount	All Other Income	Food Stamps (SNAP)

III. ASSETS:

- Do any family members have or receive income from any of the following? Yes, No
 Check all that apply: Real Estate, Company retirement/Pension Funds, Stocks
 Bonds, Trusts, Life Insurance, Certificate of Deposit (CD)
 Other Assets: _____
- Have you disposed of any assets (property, etc.) during the past two years for less than fair market value? Yes, No
 If yes, explain: _____
- Do you or anyone in your household have a life insurance policy? Yes, No
 If yes insurance company: _____ Cash value of policy \$ _____
- Do you have/own/borrow a vehicle? Model/Year Tag No. _____
 Do you have/own/borrow a second vehicle? Model/Year Tag No. _____
 How much is paid for vehicle insurance? How much is the car payment on the vehicle(s)? _____
 If you do not own a vehicle, how did you arrive at the Housing office? _____
 Do you pay child care? If yes, who do you pay/amount? _____
 Do you have any out of pocket medical bills (Elderly/Disabled Only)? _____
- Does anyone outside your household pay any of your bills or give you money? Yes, No, If yes, please explain: _____

IV. GENERAL INFORMATION:

- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the ones currently being used? Yes, No If yes, list name & Social Security number(s) and which member. List any maiden names: _____
- Do you currently owe money or any type of claim to any Housing Authority or HCV Program? Yes, No
- If yes, please explain: _____

PERSONAL DECLARATION PAGE 3

4. Have you or anyone in your household ever been charged with, cited for, arrested for, or convicted of any crime? If yes, explain below (include traffic violations, bad checks, DUI's, PT's, etc. even if dismissed) You must list everything.
Please list all charges for:

Head: _____

Other Adult: _____

Other Adult: _____

5. Have you or anyone in your household ever been evicted from any place you have lived? Yes _____, No _____
If yes, when and where: _____
If yes, for what reason? _____
6. Have you or anyone in your household ever been convicted, arrested, charged or evicted from federally assisted housing for drug-related or violent criminal activity? _____ Yes, _____ No Explain: _____
7. Are you or anyone in your household listed on the Sex Offender Registry? _____ Yes, _____ No If Yes, please Explain: _____
8. Will any person on your lease require a reasonable accommodation? _____ YES, _____ NO If yes, please explain: _____
9. Will there be any pets in your household? _____ Yes, _____ No If yes what kind? _____
10. Current monthly household expenses: Please list approximate amounts you pay monthly for each of the following. If someone pays this for you, please list amount. If you pay nothing write "None".

Auto \$	Child Care \$	Telephone \$	Credit Cards (list)
Furniture \$	Medical \$	Insurance \$	\$
Cable \$	Loans \$	Other \$	\$
Rent \$	Utilities \$	Other \$	\$

11. Do you prefer an apartment located in Glasgow or Cave City or does not matter? Circle one
12. Are you aware effective 01/01/18, the U.S. Department of HUD mandates **smoke-free public housing** which means you, your guests, visitors, etc. **cannot smoke inside your unit and must be at least 25 feet away from the unit?** _____ Yes, _____ No
- Are you willing to abide by the Smoke-Free Policy? _____ Yes, _____ No.
 - Does anyone in your household use lit tobacco products, e-cigarettes, or vape _____ Yes, _____ No
 - Do you or anyone in your household use any type of recreational drugs? _____ Yes, _____ No If Yes, Explain: _____

I do hereby swear and attest that all of the information provided above is true and correct. I also understand that **all changes** in income of any member of the household as well as **all changes** in household members must be reported **IMMEDIATELY** to the Housing Authority office in **WRITING**. I further authorize the Housing Authority of Glasgow to obtain employment information, my current address or other information upon my moving out for the purpose of forwarding any deposit refund and/or move out invoice and for collecting any unpaid move out charges.

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.

(THIS FORM MUST BE SIGNED IN FRONT OF A HOUSING REPRESENTATIVE)

Signature Head of Household _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other 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.

I HAVE REVIEWED THIS PERSONAL DECLARATION FOR COMPLETENESS: PHA/HCV INITIALS: _____

5 YEARS OF RENTAL HISTORY REQUIRED

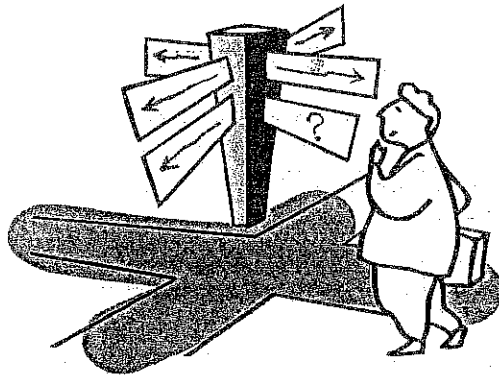
1. Current Leaseholder: _____ Address: _____
_____ Move in: _____ Move out: _____ Monthly Rent: \$ _____ Do you pay
utilities? _____
Landlord's name & phone #: _____
Why do you want to move? _____

2. Past Leaseholder: _____ Address: _____
_____ Move in: _____ Move out: _____ Monthly Rent: \$ _____ Do you pay
utilities? _____
Landlord's name & phone #: _____
Why do you want to move? _____

3. Past Leaseholder: _____ Address: _____
_____ Move in: _____ Move out: _____ Monthly Rent: \$ _____ Do you pay
utilities? _____
Landlord's name & phone #: _____
Why do you want to move? _____

4. Past Leaseholder: _____ Address: _____
_____ Move in: _____ Move out: _____ Monthly Rent: \$ _____ Do you pay
utilities? _____
Landlord's name & phone #: _____
Why do you want to move? _____

5. Past Leaseholder: _____ Address: _____
_____ Move in: _____ Move out: _____ Monthly Rent: \$ _____ Do you pay
utilities? _____
Landlord's name & phone #: _____
Why do you want to move? _____



APPLYING FOR HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Purpose...

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit or give false information.

Do You Realize...

If you commit fraud to obtain assisted housing, you could be...

- Lose your housing assistance
- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and Local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on the housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General (OIG) will check the income and asset information you provided with other Federal, State, or Local governments and with private agencies. Certifying false information is fraud.

Do not sign any forms unless you have read them, understand them, and are sure everything is complete and accurate.

So Be Careful!

When you fill out your application and annual recertification for assisted housing make sure your answers to the questions are accurate and honest. You must include:

- All sources of income and changes in income you or any members of your household receive (wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.)
- Any money you receive on behalf of your children (child support, TANF payments, social security for children, etc.);
- Income from assets (interest from a saving account, credit union, or certificate of deposit, dividends from stock, etc.);
- Earnings from a second job or part time job;
- Any increase in income (pay raise or bonus)
- All bank accounts, saving bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any other adult member of your family/household who will be living with you.
- Any business or asset (your home) that you have sold in the last two years at less than full value.
- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.
- Any insurance settlements or payments (worker's comp, injuries, unemployment, etc...)

Ask Questions...

If you don't understand something on the application or recertification forms always ask questions. It's better to be safe than sorry.

Beware of Scams...

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

If you know of anyone who provided false information on a housing assistance application or recertification or if anyone tells you to provide false information, report that to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00a.m. to 4:30p.m. Eastern Time at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov you can write the Hotline at

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

 X
Signature

Date

Signature

Date

ADMINISTRATIVE OFFICE OF THE COURTS

RECORDS UNIT

1001 VANDALAY DRIVE

FRANKFORT, KENTUCKY 40601

502-573-1682 or 800-928-6381

records@kycourts.net

The process to obtain the information contained in CourtNet is as follows:

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN OR ALIAS NAMES: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees, if applicable. ALL INFORMATION BELOW IS REQUIRED

Signature

Date

Requested by:
HOUSING AUTHORITY OF GLASGOW
111 Bunche Avenue, P.O. Box 1745
Glasgow, KY 42142-1745
270-651-3859

Requestor/contact Person: _____



AOC Website Results: (mark one)

No Record; As Told; Other;

If Other: See Attached

NSOPW.GOV (National Sex Offender Website)
(mark one):

No Record; Other; If Other, See Attached

Date Checked: _____

Staff Signature: _____

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
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No Record; As Told; Other;

If Other: See Attached

NSOPW.GOV (National Sex Offender Website)
(mark one):

No Record; Other; If Other, See Attached

Date Checked: _____

Staff Signature: _____

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)	
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
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.

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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.

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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)	
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
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.	
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☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

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P.O. BOX 1745
GLASGOW, KY 42142-0473

PHONE: 270-651-9834
FAX: 270-651-9883
E-MAIL: HA@HAGLASGOW.COM

SHERI D. LEE, P.H.M. • EXECUTIVE OPERATIONS OFFICER

Date: _____

CONSENT FOR RELEASE OF PERSONAL INFORMATION

I authorize the release of information concerning my rental history, credit history, employment, arrest/criminal records, etc... to the Housing Authority of Glasgow.

This information will be used by the Housing Authority to process applications, update applications, and update resident/participation information for eligibility purposes.

I also authorize and understand that the Housing Authority of Glasgow may obtain employment information, current address information or other necessary information upon my move out or termination from the programs for the purpose of forwarding any refund and/or move out invoice. This information may also be used for collecting any unpaid charges/balances from any housing program where applicable.

I further authorize the Housing Authority of Glasgow to share information obtained between the different housing programs (public housing, housing choice voucher, Parkland Place Apartments and the HERO Foundation) administered within the agency. This information includes rental applications, background checks, income, interview questionnaires, social security cards, birth certificates, photo IDs, etc.

.....

Signature

Signature

Printed/Typed Name

Printed/Typed Name

Social Security Number

Social Security Number

Signature

Signature

Printed/Typed Name

Printed/Typed Name

Social Security Number

Social Security Number



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TRUTH STATEMENT

HCV () HAG () BOTH ()
() Interim () Re-Exam () Application

This is to certify to The Housing Authority of Glasgow that I have made truthful statements concerning ALL income received in my household and the number of people residing in my household.

I further certify that The Housing Authority staff has explained to me that ALL income changes and changes concerning anyone moving in or out of my household is to be reported to The Housing Authority Office immediately. I also understand that failure to make this information known to The Housing Authority Office could result in retro-active rent charges, termination of my lease and/or prosecution in a court of law.

Signature of Applicant/Resident

Signature of Applicant/Resident

Signature of Applicant/Resident

Housing Representative

Date Signed

Truth Statement 12/01/17

(Application date) R-12