



600 Brush Arbor Rd | Williamsburg, KY | 40769  
O: 606.549.0282 | F: 606.549.4824 | TTD: 886.241.6567  
williamsburghousing.org  
Executive Director: Mary Thornton, MBA  
Board Chair: Richard Foley  
Office Hrs.: Mon – Thurs, 8:00am-5:30pm

## Application Requirements

The following documentation **MUST BE INCLUDED** to apply for an apartment that applies to your family!

1. Birth Certificates for all members in the household
  2. Social Security Cards for all members in the household
  3. Picture ID (driver's license or personal ID)
  4. Proof of income (**examples below**)
    - a. Social Security / SSI Award Letter
    - b. V.A. Award Letter
    - c. Retirement
    - d. Child Support
    - e. Pay Stubs (last 2 months)
    - f. Bank Statement (last 2 months)
    - g. SNAP/K-TAP Award Letter (if applicable)
- Marriage License, Divorce or Separation papers – (**if applicable**)
- Custody, Adoption, or Guardianship papers – (**if applicable**)



For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
 Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
 List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

## APPLICATION FOR ADMISSION

Agency Name: \_\_\_\_\_

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_

Provide an Alternate Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)

*\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless applicant discloses being disabled.*

Adults (age 18 and older)			Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
Last	First	MI									Employed	Received TANF
				HEAD								

Minors (Under Age 18)			Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last	First	MI								

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home? \_\_\_\_\_  
If yes, where? \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_  
If yes, specify requirements: \_\_\_\_\_
4. Have you or any other adult member ever used any name (s) or Social Security number (s) other than the one you are currently using? Yes/No \_\_\_\_\_ If yes explain \_\_\_\_\_

## II. INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Other/Scholarships					\$
					\$

**Previous Year's Tax Return.** Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

- Does anyone outside the household help with bills on a regular basis? \_\_\_\_\_ If yes, list name of each person or agency that assists with bills: \_\_\_\_\_
- Is any household member age 18 or older employed in a job training program? \_\_\_\_\_ If yes, list his/her name and the specific job training program: \_\_\_\_\_
- Has anyone in your household applied for any benefits which are in the process of being approved? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- Are you entitled to: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no
- Do you receive: Child Support ☐ yes \$ \_\_\_\_\_ ☐ no or Alimony ☐ yes \$ \_\_\_\_\_ ☐ no

### III. ASSETS

- Does any household member listed have assets or receive income from assets? If yes, values and income derived from each asset:

Type Asset	Value	Annual Income	Type Asset	Value	Annual Income
Real Estate			Checking Account		
Stocks			Savings Account		
Bonds			Certificate(s) of Deposit		
Company Retirement or Pension Fund			Trusts		
Insurance Settlements			Other		

- Has any asset been given away or sold for less than its fair market value in the past 2 years? \_\_\_\_\_  
If yes, what? \_\_\_\_\_ What was its market value? \_\_\_\_\_  
How much did you receive? \_\_\_\_\_

### IV. MEDICAL AND DISABILITY ASSISTANCE

- List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance(s)</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>prescription medicine(s)</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? \_\_\_\_\_ If yes, Itemize: \_\_\_\_\_

#### V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? \_\_\_\_\_ If yes, to whom are expenses paid? \_\_\_\_\_  
How much per month? \_\_\_\_\_
2. Address of Child-Care-provider: \_\_\_\_\_
3. What amount is reimbursed? \_\_\_\_\_ Source: \_\_\_\_\_

#### VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:
- Violent criminal activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
- Domestic Violence, dating violence, or stalking? ☐ yes ☐ no  
If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_
- Alcohol related activity? ☐ yes ☐ no If yes, give details \_\_\_\_\_
- Manufacture of methamphetamines? ☐ yes ☐ no If yes, give details \_\_\_\_\_
- Possession, sale, or distribution of illegal drugs? ☐ yes ☐ no If yes, list name/date/disposition of case \_\_\_\_\_
- List name of any household member who is required to register as a sex offender: \_\_\_\_\_  
If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_
2. Has any household member participated in drug rehabilitation during the past 12 months? ☐ yes ☐ no  
If yes, explain \_\_\_\_\_
3. Has any household member been evicted from federally assisted housing in the past 3 years? \_\_\_\_\_  
If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

## VII. RENTAL HISTORY

1. Current Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no
2. Previous Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no
3. Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? \_\_\_\_\_ If yes, under what name: \_\_\_\_\_  
Housing Agency/City \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Lease in Name of: \_\_\_\_\_  
Were you ever late in paying rent? ☐ yes ☐ no Were you evicted or asked to move? ☐ yes ☐ no  
Do you owe money to the agency? ☐ yes ☐ no Comments: \_\_\_\_\_  
Were any wages disregarded in calculating your rent? ☐ yes ☐ no

## VIII. CREDIT HISTORY/PERSONAL REFERENCES

1. List two business where you have had credit or made payments on a regular basis in the past 24 months.  
Business \_\_\_\_\_ Address/Phone \_\_\_\_\_  
Business \_\_\_\_\_ Address/Phone \_\_\_\_\_
2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

## IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_
2. Do you have a pet? \_\_\_\_\_ Describe: \_\_\_\_\_
3. How did you learn about our program? \_\_\_\_\_

A criminal history check will be run on all household members over age 17 through the local police department, state, and NCIC. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid for only six months unless renewed/updated by me, the applicant.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or 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.**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*

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