

The City of Paducah Section 8 Housing Choice Voucher Program

2330 Ohio St Paducah KY 42003 (inside Elmwood Court Office Building)

Phone: (270) 450-4239

1-800-648-6056 (TTY for hearing impaired only)

Fax (270) 408-2131

IN ORDER FOR US TO ACCURATELY PROCESS YOUR APPLICATION WE NEED THE FOLLOWING ITEMS AT THE TIME OF APPLICATION. YOUR APPLICATION WILL NOT BE TAKEN WITHOUT THE COMPLETE DOCUMENTATION LISTED BELOW:

Pre-Application Checklist

ALL HOUSEHOLD MEMBERS OVER 18 (WHO ARE NOT YOUR SPOUCE) MUST BE PRESENT AT THE TIME OF APPLICATION

1. **MARRIAGE LICENSE (if currently married or separated) OR DIVORCE DECREE on all Divorces from all states.** STATUS: Married Divorced Never Married Widow
2. **BIRTH CERTIFICATES FOR ALL MINORS UNDER 18 YEARS OF AGE** (we will accept the copy given by the hospital or the certified original).
 - A. **Custody papers on child or children under the age of 18 MUST VERIFY PRIMARY residents.**
 - B. If you are applying on behalf of someone and have Power of Attorney or Guardianship the documents are needed at the time of the application.
3. **SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS** (if you do not have the SS card , reapply and bring the letter verifying that you have applied with the social security number printed on the document and we will use this as proof until you receive the new card.
4. **DRIVERS LICENSE or GOVERNMENT ISSUED PICTURE IDENTIFICATION** (for all member 18 yrs. or older).
5. **VERIFICATION OF ALL INCOME IN THE HOUSEHOLD** (this includes funds from: Cash contributions, retirement benefits, veteran's benefits, rental property income, stock dividends, and income from bank account(s), alimony, and all other sources.
 - A. **Wages--** we need your last 2 months check stubs: **(8) weekly (4) bi-weekly (4) twice a month or (2) monthly**, if you have not worked a full 2 months an employer verification form can be obtained from this office.
 - B. **Self-employment**—Prior year's tax returns or personal record of income for 90 days/three months.
 - C. **IF ZERO INCOME**—**Each member over the age of 18 must sign a zero-income statement in our office at the time of the application**
6. **Student Status**—**Each member over the age of 18 must submit proof of full-time student status from the educational facility.** (Official letter from Registrar's office or student portal)

These verifications below must be dated within the last 30 days.

1. **Social Security, SSI or Pension (on SELF, SPOUSE, OR CHILDREN)**—statement must be provided on each person who receives one or both benefits.
2. **KTAP, FOODSTAMPS/SNAP (ask for KIF 105.3 for KY only), or WIN**—statement must verify the amount received on each benefit and list all household members. **(Please have office date stamp benefit letter).**
3. **Unemployment, Short Term Disability or Workers Compensation benefits--** letter from agency on benefit amount.
4. **Child Support--** (Must provide print-out for last 6-months and Court Ordered Document on all children). **If child support is paid directly to you, then a notarized statement on the amount paid from each parent must be documented.**

No applications will be taken on holidays

Appointment Month: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

Appointment dates for the highlighted month

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 25 26 27 28 29 30 31

You may choose any Monday or Tuesday in a month. Please arrive by 10:45 am



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Personal Declaration

Head of Household _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Cell Phone # _____ Home Phone # _____

E-mail Address _____

Emergency Contact Name _____ Phone Number _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in, including foster children =FC, live in aide = LA (if needed for the care of a family member):

| Full Legal Name <i>(First, MI, Last)</i> | Date of Birth & Abbreviate the State of Birth | Sex (M/F) | SSN | <u>Relationship</u> C=Child G=Grand Child R=Relative F=Friend P=Partner S=Spouse FC=Foster Child LA=Live in aide | <u>Marital Status</u> M=Married D=Divorced N=Never Married W=Widowed |
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Please List the Absent Parent(s) for each child under the age of 18 that resides in your household.

| Child(s) Name | Mothers Name | Fathers Name | Address (if known) |
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Marital Status

Have you or your spouse ever been divorced or presently separated?
 Yes _____ No _____ Divorced _____ Separated _____

What is your maiden name? _____ Spouse Maiden Name _____

Head of Household Name _____ List below all names for all marriages

Spouse Name _____ List below all names for all marriages

Family Member Name _____ List Below all names for all marriages

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

A doctor's statement must be provided and list the name of the Live-in-Aide.

Household Income

| | | | |
|------------|---------------------|--------------|----------------|
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |
| Name _____ | Income Source _____ | Amount _____ | Employer _____ |

PLEASE CHECK ALL SOURCES OF INCOME RECEIVE BY ANY MEMBER OF YOUR HOUSEHOLD

Wages _____ Social Security _____ SSI _____ Child Support _____ Pension _____ Veterans Benefits _____

Self-Employment _____ Work Study _____ K-TAP _____ Ready to Work _____ SNAP _____

Other _____ RSDI _____ Alimony/Maintenance _____ Child Support Arrears _____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

ANSWER ALL THE FOLLOWING QUESTIONS FOR ALL HOUSEHOLD MEMBERS

1. ARE YOU an Owner or part Owner in real estate and/or mobile home or sold any real estate in past two years?

YES _____ NO _____ EXPLAIN: _____

2. DO YOU own any stocks or bonds? YES _____ NO _____ Explain _____

3. DO YOU have a checking or savings account? YES _____ NO _____

Name _____ Checking _____ Savings _____ BANK _____

Name _____ Checking _____ Savings _____ BANK _____

4. DOES ANYONE outside your household pay for any of your bills or give you money? YES _____ NO _____

EXPLAIN: _____

5. HAVE YOU or anyone listed in your household ever been charged with a Felony, other than a traffic violation, or arrested/charged with any illegal drug related incidents within the past three years?

YES _____ NO _____ EXPLAIN _____

Have any listed member of your household ever been arrested or convicted for production of methamphetamines in any HUD assisted housing? YES _____ NO _____ EXPLAIN _____

6. HAVE YOU or any other adult member ever use any name(s) or social security number(s) other than the one you are currently using (include maiden name)? YES _____ NO _____ EXPLAIN: _____

7. HAVE YOU or any member lived in any other Public/Assisted Housing Program? YES _____ NO _____

If yes, list state, county, address, date and if owing money, amount owed.

8. IS THIS the first time that you or any family member ever applied for the City of Paducah, Section 8 Rental Assistance Program? YES _____ NO _____ If no, what name did you use on the previous application/contract?

9. ARE YOU or any family member subject to the Sex Offender Registration in any state?

YES _____ NO _____ if yes, list date and state of conviction: Date _____ State _____

Applications/Personal Declarations are required to be submitted in person with the required verifications by the head of household or spouse unless a power of attorney for the applicant is presented. Please do not mail or fax this form as it will not represent placement of your application for housing assistance.