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(List Additional Members on a separate paper. Make sure you list Name, Relationship, DOB, Age, Sex and Social Security #)  
 If the Head of Household listed above is **under** 18 years of age, are you legally emancipated? \_\_\_\_\_

DO NOT WRITE IN THIS BOX
Income \$ _____
Income \$ _____
Income \$ _____
Childcare Deduction \$ _____
Adjusted Income \$ _____

**SOURCES OF INCOME:** List all checks and money you and everyone who will be in your assisted household **NOW** receive. See INFORMATION SHEET listing EXAMPLES of income that needs to be included.

HOUSEHOLD MEMBER(S)	SOURCE OF INCOME	AMOUNT PER MONTH
		\$
		\$
		\$
		\$

Are you currently employed? \_\_\_ Yes \_\_\_ No  
 Have you had continuous employment for the past 12 months? \_\_\_ Yes \_\_\_ No  
 Do you pay child care for a minor in your household that is under age 13? \_\_\_ Yes \_\_\_ No. If Yes, \$ \_\_\_\_\_

**II. PAST PARTICIPATION:**

Have you ever applied for or participated in Section 8 Rental Assistance Program or Public Housing? \_\_\_\_\_.  
 If yes, when and where? \_\_\_\_\_  
 Do you have an outstanding debt owed to the Housing Authority? \_\_\_\_\_  
 If yes, amount if known. \$ \_\_\_\_\_  
 Have you or a family member been convicted of methamphetamine production on the premises of Federal assisted housing? \_\_\_\_\_ Date of conviction \_\_\_\_\_  
 Have you or a family member been evicted from Federal assisted housing in the last five years, because of drug related criminal activities? \_\_\_\_\_. If yes, date of eviction \_\_\_\_\_

DO YOU REQUIRE REASONABLE ACCOMMODATION in order to take full advantage of the Louisville Metro Housing Authority housing programs and related services? Yes \_\_\_\_\_ No \_\_\_\_\_.  
 Type of accommodation needed \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or

misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. If information is reported in error or omitted from this form, the family will be determined to be ineligible at the time of application.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE**

**DATE**

**Housing Choice Voucher Program Office:** 600 S. 7<sup>th</sup> Street, Louisville, KY 40203 | Main: (502) 569-6060 | TDD: (502) 587-0831 | Fax: (502) 587-1027



**Notice of Right of Reasonable Accommodation:** If you or someone else in your household has a disability – and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in the Housing Choice Voucher Program– please contact the Ombudsman to discuss accommodation options. The

Ombudsman of the Housing Choice Voucher program can be reached at (502) 569-6942. TDD 502-587-0831.

