

# UPDATE FORM FOR PUBLIC HOUSING WAIT LIST

THIS UPDATE MAY BE MAILED TO: **LOUISVILLE METRO HOUSING AUTHORITY, 420 South 8<sup>TH</sup> ST., LOUISVILLE, KY. 40203**

\*\*\*PLEASE PRINT CLEARLY\*\*\*

YOUR FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR APPLICATION FROM BEING PROCESSED.

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

MAILING ADDRESS \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code) (Home Phone #) (Cellphone #)

\*\*\*FOR STATISTICAL PURPOSES ONLY\*\*\*

**RACE:** \_\_\_\_\_ White \_\_\_\_\_ American Indian / Native Alaskan \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander

**ETHNICITY** (check one): \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

### LIST ALL PERSONS INCLUDING YOURSELF WHO WILL LIVE WITH YOU IN YOUR ASSISTED UNIT

\*\*\*At least one member of the household listed below must have legal residency status for the family to be eligible for housing assistance\*\*\*

<u>Full Legal Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender</u>	<u>Social Security #</u>	<u>Disabled or Handicap</u> <small>Check if yes</small>
_____	<b>Head</b>	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____
_____	_____	/ /	_____	_____	_____	_____

(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? \_\_\_\_\_  
 Are you enrolled in an institution of higher learning? \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

**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	ESTIMATED ANNUAL INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Annual Income</b>		\$ _____

**PAST PARTICIPATION**

Have you ever lived or participated in Public Housing or a Section 8 Program? \_\_\_\_\_. If yes, when and where \_\_\_\_\_.

Do you have an outstanding debt owed to any 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? \_\_\_\_\_. If yes, 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** \_\_\_\_\_

Louisville Metro Housing Authority Office: 420 South Eighth Street, Louisville KY 40203 | Main: (502) 569-3400 | Fax: (502) 569-7849



**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 Public Housing Program – please contact the Ombudsman to discuss accommodation options. The Ombudsman of the Public Housing program can be reached at (502) 569-1168. TDD 502-587-0831.



