

The City of Paducah Section 8 Housing Choice Voucher Program

City Hall, P.O. Box 2267- Room. 208 (Second Floor)
Phone: (270) 444-8531 Housing Specialist
Phone: (270) 444-8542, Housing Specialist
1-800-247-2510 (TDD for hearing impaired only)
Fax (270) 444-1352

Pre-Application Checklist

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 INFORMATION LISTED BELOW:

1. **MARRIAGE LICENSE OR DIVORCE DECREE (ON ALL MARRIAGES)**
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.**
3. **SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS** (if you do not have one, reapply and bring the letter verifying that you have applied, but before we will begin any contract we will require a copy of the social security 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, 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 office.
 - B. **Self-employment**—Prior year's tax returns
 - C. **IF ZERO INCOME--** WE MUST VERIFY CASH & NON-CASH CONTRIBUTIONS. THE ZERO INCOME SELF-DECLARATION MUST BE COMPLETED AND TURNED IN WITH THE APPLICATION.

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

1. **Social Security or SSI (on SELF, SPOUSE, OR CHILDREN)**—statement must be provided on each person who receives one or both benefits.
2. **KTAP, FOODSTAMPS, or WIN** –statement must verify the amount received on each benefit.
3. **Unemployment 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).

APPLICATIONS WILL BE ACCEPTED ONLY ON **MONDAY AND TUESDAY** BETWEEN THE HOURS OF **9:00 A.M. AND 11:00 A.M.** unless other arrangements are **made for reasonable accommodations**

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 the Social Security Card. All adult members of the household must sign certifying the information pertaining to them. PLEASE PRINT IN BLACK.

Head of Household _____ Email _____

Address _____ City _____ State _____ ZIP _____

Telephone# _____ Emergency Contact & Phone# _____

List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name	Date of Birth	Sex	SSN	Relation	Disabled Person?	Birthplace: Country	Full-time Student?
H					Head			
2								
3								
4								
5								
6								
7								
8								

Please list the absent parent (that's not in household) of all minors listed above:

Name of Child	Name of Absent Parent	Address if known
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or your spouse ever been divorced or presently separated? If so, list name of Spouse/Ex-Spouse, address and social security number (if known).

Name Address Social Security Number

1. _____

2. _____

Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

ANSWER ALL OF 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___ 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 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 _____

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 have 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 adherence of the Sex Offender Registration in any state? YES___NO___if yes, list date and state of conviction_____

LOCAL WAITING LIST SELECTION PREFERENCES

If you believe that you are eligible for any of the below local preferences, please contact the office at (270) 444-8542 and request information on the verifications required for a specific preference.

- A. (20 points) Eligible victims of domestic violence with appropriate certification in regards to the "Violence Against Women and Department of Justice Reauthorization Act of 2005" or current legislation regarding violence against women.
- B. (15 points) Eligible applicants who are currently enrolled or enrolled to be full-time students (minimum 12 credit hours per semester) at an institution of higher learning in pursuit of a degree or specialty program and are seeking self-sufficiency.
- C. (10 points) Federally Declared Disaster Families or locally displaced by governmental action - A family displaced by a federally declared disaster. Housing Choice Voucher participants or Public Housing residents from the disaster area will receive preference over non-assisted disaster families.
- D. (5 points) Previously assisted eligible families that have been terminated by the PHA due to reduced federal funding.
- E. (3 points) Working families (at least one person employed a minimum of 25 hours per week or receiving an equivalent pay of minimum federal wage times 25 weekly), disabled or elderly families and families certified for homeowner assistance.

I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND ALL CHANGES IN INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THIS HOUSING AGENCY IMMEDIATELY! I ALSO UNDERSTAND THAT IF SOMEONE OTHER THAN THOSE LISTED ON MY LEASE IS RECEIVING MAIL AT MY ASSISTED UNIT OR USING MY ADDRESS IN ANY WAY, MY HOUSING ASSISTANCE WILL BE TERMINATED AND THERE COULD BE POSSIBLE FRAUD CHARGES. I ALSO UNDERSTAND THAT FALSIFYING ANY INFORMATION ON THIS FORM WILL RESULT IN REJECTION OF APPLICATION AND/OR TERMINATION OF ASSISTANCE.

Signature of Head of Household /Date

Signature of Spouse/Co-Head/ 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.