



(PLEASE USE BLACK OR BLUE INK ONLY)

For Office Use Only

Date Received _____
Time _____ BR Size _____

APPLICATION FOR ADMISSION

How did you hear about us? Now Leasing Sign _____ Internet _____ Family/Friend _____ Previous Resident _____
If referred, name of person _____ Do they reside with us? _____
Have you applied with the Housing Authority of Covington within the last 12 months? _____

Applicant's Full Name _____ Telephone# _____

Present Address _____ Apt# _____ Work# _____

City _____ State _____ Zip _____

Mailing Address (if different) _____ Apt# _____

City _____ State _____ Zip _____

Have you ever lived in Public Housing/ Section 8? Yes _____ No _____

If yes, where? _____

Did you leave owing money for rent or damages? _____ Amount \$ _____

Were any of your wages excluded? (Earned Income Exclusion) _____ If yes, when? _____

Check all that apply: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

If separated, widowed, or divorced, from whom _____ Year _____

Have you or any adult member of the household ever used any other name(s), alias, and/ or social security numbers other than currently used? (include married & maiden names) _____ Yes _____ No

If yes, names used: _____

HOUSEHOLD COMPOSITION (List all persons who will be living in the home)

(Enter race codes: **1**- White **2**- Black/African Amer. **3**- American Indian **4**- Asian **5**- Multi Racial)

*Include head of household first

Name	Date of Birth	Relation to Head	Social Security Number	Race	S	B
		Self				

Check One: Do you have Full _____ Temporary _____ Joint _____ custody of above child(ren)?

Ethnicity: Hispanic _____ Non-Hispanic _____

Absent Parent Information

Please provide the information requested below for the absent parent of above child(ren) who **do not** reside in the household:



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Household Member	Absent Parent	Address, City, State, Zip

Rental/ Residential History

You must provide 3 years. Use Landlord of Property ONLY.

1) **Name of Present Landlord** _____ Phone # _____
Address of Landlord _____ City _____ State _____ Zip _____
 Are you the Leaseholder? _____ If not, who are you staying with? _____
 Present monthly rent \$ _____ How many persons in the unit? _____ Utilities included? _____
 Move in Date _____ Do you owe money? _____ If so, why? _____
 Reason for moving? _____

2) **Address previous rented/resided** _____ Phone# _____
 Did you rent in your name? _____ If not, whom did you live with? _____ Relation _____
 Move in Date _____ Move out Date _____ Were you evicted? Yes _____ No _____
 Monthly Rent _____ Did you leave owing money? Yes _____ No _____ Amount Owed \$ _____
 Reason for moving? _____
 Name of Landlord/Owner _____ Phone# _____
 Address of Landlord/Owner _____ City _____ State _____ Zip _____

3) **Address previous rented/resided** _____ Phone# _____
 Did you rent in your name? _____ If not, whom did you live with? _____ Relation _____
 Move in Date _____ Move out Date _____ Were you evicted? Yes _____ No _____
 Monthly Rent _____ Did you leave owing money? Yes _____ No _____ Amount Owed \$ _____
 Reason for moving? _____
 Name of Landlord/Owner _____ Phone# _____
 Address of Landlord/Owner _____ City _____ State _____ Zip _____

4) **Address previous rented/resided** _____ Phone# _____
 Did you rent in your name? _____ If not, whom did you live with? _____ Relation _____
 Move in Date _____ Move out Date _____ Were you evicted? Yes _____ No _____
 Monthly Rent _____ Did you leave owing money? Yes _____ No _____ Amount Owed \$ _____
 Reason for moving? _____
 Name of Landlord/Owner _____ Phone# _____
 Address of Landlord/Owner _____ City _____ State _____ Zip _____

5) **Address previous rented/resided** _____ Phone# _____
 Did you rent in your name? _____ If not, whom did you live with? _____ Relation _____
 Move in Date _____ Move out Date _____ Were you evicted? Yes _____ No _____
 Monthly Rent _____ Did you leave owing money? Yes _____ No _____ Amount Owed \$ _____
 Reason for moving? _____
 Name of Landlord/Owner _____ Phone# _____
 Address of Landlord/Owner _____ City _____ State _____ Zip _____

*** If you need more room, ask for additional reference sheets**

Student Information

Is any household member, 18 years of age or older, a full time student? _____ Yes _____ No
 If so, complete the following information:

Member	School Attended	Address

Pets:

Do you have any pets? _____ If yes, how many: _____
 What type of pet(s) do you have? _____ Weight _____
 Current on inoculations? No _____ Yes _____



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Note: You will be asked to provide certifications from Veterinarian.

TOTAL HOUSEHOLD INCOME

List all money earned or received by **everyone** in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, disability payments, pensions, workers compensation, retirement, public assistance, Veterans benefits, rental property income, stocks, interest income, alimony, and all other sources. *** **Please list wage information on the next page.**

Check Yes or No

<u>Item</u>	<u>Yes</u>	<u>No</u>	<u>Who Receives</u>	<u>Organization</u>	<u>Monthly Amount</u>
Family Contributions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Interest / Assets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Grants / Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
K-TAP / OWF	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Self-Sufficiency Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Pension / Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Self-Employed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Income from Rental Prop.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____



Wages (List wages of **all** family members who will be living in household, including part time & 2nd jobs)

Household Member	Hourly Rate	Average Hours	Tips, OT, Comm.	Employer

Is the above an employment training program? Yes _____ No _____

Last month/year you received the following: Wages _____ K-TAP/OWF Benefits _____

Do you or other adult in the home pay for childcare while you work or attend school full time? Yes _____ No _____
If so, please complete the requested information below:

Paid to	Address	City	State	Zip	Weekly amount

HISTORY/ INFORMATION

Do you anticipate any changes in your household within the next 12 months? Yes _____ No _____

If yes, reason: _____

Do you pay child support? _____ If yes, name of child(ren): _____

Child support agency name and address _____

Have you or anyone in your home **ever** been arrested, or convicted of a felony or misdemeanor? Yes _____ No _____

If yes, explain including year and state: _____

Have you or anyone in your household **ever** been arrested, charged with possession, manufacturing or selling illegal drugs or other controlled substances? Yes _____ No _____

If yes, explain including year & state: _____

Does anyone outside of your household pay for any of your bills or give you money? Yes _____ No _____

If yes, who: _____ For: _____ Monthly amount \$ _____

Do you own or have interest in: Real estate, boat and/ or mobile home? Yes _____ No _____

Have you sold any real estate within the last 2 years? _____ Do you have any rental properties? _____

Have you ever had problems with roaches, bed bugs or other infestations at your residencies? Yes _____ No _____

Have you ever been on any State Assistance? _____ If yes, where? _____

Are you able to live in an upstairs apartment? Yes _____ No _____

Bank Account Information – (List all accounts including Savings, Checking, Stocks/ Bonds, CD's, Trust Funds.)

Bank Name	Type of Account	Bank Address

To further assist you, as an applicant of The Housing Authority of Covington, we are asking your permission to share your basic information with other agencies. If you need assistance, i.e.; employment, disability assistance, income, housing emergency assistance, etc. please check the proper box below for more information.

_____ Yes, I would like more information. _____ No thank you, I do not want my information shared.



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ELDERLY, DISABLED, OR IMPAIRMENT INFORMATION ONLY

If not applicable, skip and sign below

Is anyone in your household age 62 or older? _____ Disabled _____ Impaired _____
 Do you receive Medicare? _____ Do you receive other medical assistance? If so, what type? _____
 Do you pay for medical expenses out of your own pocket that are not covered by your Medicare or medical insurance?
 If yes, please complete information below:

*If Prescriptions, please provide a printout from the pharmacy.

Provider Name	Address	City	State	Zip

Do you pay for supplemental insurance? _____ If so, give name and address below:

Carrier Name	Address	City	State	Zip	Premium

Are you making payments on outstanding medical bills? If so, give name and address below:

Name	Address	City	State	Zip	Monthly payment

Is there an adult, over 18, not employed or in school in the household that requires impairment assistance such as a wheelchair, braces, etc. If so, please list below:

Paid to	Address	City	State	Zip	Monthly amount

Applicant Certification of Information

I/ We understand that this is an application for housing assistance and is not a contract and does not bind either party. I/ We further certify that the information given the Housing Authority representing household composition, income, assets, and allowances and deductions is accurate and complete to the best of my/ our knowledge and belief. I/ We understand that furnishing false information and/ or making false statements is grounds for termination of housing assistance/ occupancy, and I/ we have no objection to inquiries being made for the purpose of verifying statements made herein.

If you believe you have been discriminated against, you may call the Fair Housing and equal Opportunity National Toll-Free Hotline at 1-800-424-8590. (Within Washington, DC Metropolitan area, call 1-202-426-3500) After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

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 or the "Department of Housing and Urban Development".

Signature of Head of Household_____
Date_____
Signature of Other Adult_____
Date

Application Received by: _____
 HAC Representative Date





SITE BASED WAITING LIST CHOICE

Name: _____ Address: _____
Phone: _____ City, State, Zip: _____

Currently, we are accepting applications for Golden Tower only. In order to be eligible to apply for Golden Tower you must meet the following requirements:

1. **ALL** household members must be 55 or older.
2. Must have good landlord/rental history.
3. Must pass background screening.

☐ **Golden Tower (Senior Community) – 50 E. 11th Street, Covington, KY 41011**

- | | |
|-----------------------------------|-----------------------------------|
| ❖ Secure Building | ❖ Landscaped Courtyard |
| ❖ 24-Hour Onsite Laundry Facility | ❖ FI-Optics |
| ❖ Congregate Meal Site | ❖ Studio & One Bedroom Apartments |
| | ❖ Community for age 55 and above |

Please see the attached notice for what the application process looks like. If you have any questions, please contact the number listed below. If you need to make a request for reasonable accommodations, please do so in writing or by contacting the number listed below.

Myrena Thomas
Housing Specialist
859.491.5311
Myrena.thomas@hacov.org



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HAC0003

AUTHORIZATION TO OBTAIN INFORMATION

In order to be eligible for housing, each family member 18 years and older, or head of household and spouse, regardless of age, shall be required to sign this authorization form to obtain the following information for eligibility purposes:

Please initial beside each statement verifying permission to obtain.

I, _____ authorize the Housing Authority of Covington to obtain:

_____ State wage information from current and previous employers and/ or SWICA
(State Wage Information Collection Agency)

_____ Information from IRS (Internal Revenue) or SSA (Social Security Administration) for the
sole purpose of verifying income.

_____ Access to national criminal background records from all police and/ or law enforcement
agencies.

_____ Current and previous landlords, including any Section 8 or subsidized housing.

_____ Perform a credit check for the purpose of verifying credit history, evictions, fraud, and
balances owed.

I understand that by not initialing and signing this form, my eligibility for housing may be affected. I also understand that if any of the above information is returned unsatisfactory, I will have the opportunity to discuss the results in an informal hearing with a designated officer and an employee of the Housing Authority of Covington. This form is valid for 13 months from date of signature.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Housing Authority of Covington Representative

Date



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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Housing Authority of Covington
2300 Madison Ave.
Covington, KY 41014

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willful requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 48%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:	
	Signature Printed Name	Date

PREFERENCE CERTIFICATION

The Housing Authority of Covington will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

Circle one in each category	Covington Residents	Kenton County Residents	In State Residents	Out of State Residents
Applicants who reside or work in Covington, KY. The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.	10	7	6	3
Applicants with an adult family member who is currently working at least 35 hours a week, at least the minimum wage, and has been doing so for the last year at the same job, are 62 or older, or are people 55+ with disabilities.	10	7	6	3
Applicants with an adult family member who is currently working at least 20 hours a week, at least minimum wage, and has been doing so for the last 180 days, are 62 or older, or are people 55+ with disabilities.	10	7	6	3
Applicants who are homeless veterans.	5	4	4	3
Applicants with an adult family member currently enrolled in an employment training program or attending school on a full-time basis.	5	3	3	2
Victims of domestic violence.	5	3	3	2
Victims of reprisals or hate crimes.	5	3	3	2
Displaced person(s): individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to the Federal Disaster Relief Laws.	5	3	3	2
High rent burden.	5	3	3	2

Applicants are placed on the waiting list by bedroom size based on the number of points received from the above preferences. Applicants claiming a preference are considered to be priority applicants. Applicants not claiming a preference are considered to be non-priority applicants. The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

I do hereby certify that these statements are true and accurate to the best of my knowledge and that I have no objections to the Housing Authority of Covington verifying their accuracy.

Signature of Applicant

Date

Please notify in writing if you need to request Reasonable Accommodations



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HAC004

Declaration of U.S Citizenship

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury, 1/ that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under 1001(a)(15) or 101(a)(20) of the INA 3/; or
- ☐ Permanent residence under 249 of INA 4/; or
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA 5/; or
- ☐ Parole status under 212(d)(f) of the INA 6/; or
- ☐ Threat to life or freedom under 243(h) of the INA 7/; or
- ☐ Amnesty under 245 of the INA 8/.

(Signature)

(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification #: _____ Date: _____



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REQUEST FOR REASONABLE ACCOMMODATION

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

1. I am not requesting a Reasonable Accommodation at this time. Initials: _____
2. The following member of my household has a disability.
Name: _____ *Relationship or association with you: _____
3. As a result of this disability, I am requesting the following reasonable accommodation: (Please check one or more items below.)
 - ☐ A change in my apartment or other part of the housing development; please specify: _____
 - ☐ A change in the following rule, policy or procedure; (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) please specify: _____
 - ☐ Other (for example, a change in the way the PHA communicates with you). Please specify: _____
4. This request for reasonable accommodation is necessary so that I can: Please specify: _____
5. I authorize the housing agency to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the housing agency may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of _____

Name of expert/professional: _____ Phone: _____
Title: _____ Agency/facility/institution: _____
Address: _____ City/State/Zip: _____

*You may present verification directly to the housing agency.
Please return this form as promptly as possible so that the housing agency may make a determination on this request.*

I understand that the information obtained by the housing agency will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signed: _____ Date: _____
Head of household or authorized representative

*If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.



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HAC051-A

COMMUNITY SERVICE REQUIREMENT RE-INSTATEMENT

To: _____

Date: _____

This letter is to notify residents of the Housing Authority of Covington the reinstatement of the Community Service requirement, under Section 14.0 of the ACOP (Admission s and Continued Occupancy), in order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self- responsibility of the resident within the community.

The following adult members of tenant families are **exempt** from this requirement.

- A. Age 62 or older
- B. Family members who are blind or disabled as defined under 216(l)(1) or 1614 of the Social Security Act (42 U.S.C. 416(l)(1) and who certifies that because of this disability he/she is unable to comply with the community service requirements.
- C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Engaged in work activities as defined in section 407(d) of the Social Security Act specified below:
 - 1. Unsubsidized employment;
 - 2. Subsidized private-sector employment;
 - 3. Subsidized public-sector employment;
 - 4. Work experience, (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
 - 5. On-the-job training;
 - 6. Job-search and job-readiness assistance;
 - 7. Community service programs;
 - 8. Vocational educational training (not to exceed 12 mos with respect to any individual);
 - 9. Job-skills training directly related to employment;
 - 10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
 - 11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and

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12. The provision of childcare services to an individual who is participating in a community service program.
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under other State Welfare program, including the welfare-to-work program.
- F. Family members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

The manager's office in your community will provide you with community service time sheets along with a list of the agencies willing to participate in this program.

By signing below, I am certifying that I have read and understood the Community Service Policy, and agree to abide by the necessary rules if I am obligated to perform this service:

Head of Household Signature

Date

Other Adult Household Member

Date



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NATIONAL CRIMINAL BACKGROUND RECORDS REQUEST RELEASE FORM

APPLICANT INFORMATION

PLEASE PRINT OR TYPE THE INFORMATION CLEARLY.

Full Name: _____

Date of Birth: _____ Race: _____

Social Security Number: _____ Male _____ Female _____

Maiden or Alias Names: _____

Street Address/P.O Box: _____

City, State, Zip Code: _____

Individual Release

I understand that failure to accurately provide the information requested may result in prosecution under K.R.S. 523.100.

Signature of Resident/Applicant _____ Date _____

Office Use Only

I have provided the basic information necessary to qualify for record processing and exemption of fees if applicable.

C59-121
Tax Exempt/User # _____ Signature of Housing Authority Representative _____ Date _____

Agency or Individual requesting information:

Housing Authority of Covington
2300 Madison Ave
Covington, KY 41014
(859) 491-5311



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