



APPLICATION FOR ADMISSION

To apply for public housing, applicants must complete all sections of this application. **ANY FIELDS LEFT BLANK OR INCOMPLETE WILL RESULT IN THE APPLICATION BEING DENIED.**

Beginning February 1st, 2024 until further notice, the Public Housing Waiting List, consisting of studio, one bedroom, two bedroom, and three bedrooms, for Individuals 62+ and Families, will be open. Applicants must meet our income guidelines, as well as occupancy standards set forth by HUD.

ALL applicants must provide the COMPLETED APPLICATION and the FOLLOWING DOCUMENTATION when submitting their application:

- Verification of date of birth for **ALL** family members (birth certificates – copies are accepted, if legible)
- Social Security cards for **ALL** family members
- Driver's license or State ID for **ALL** members 18 years and older
- Military DD214 (if applicable)
- Proof of either U.S. Citizenship or eligible immigration status

IF ANY DOCUMENTATION IS MISSING, YOUR APPLICATION FOR HOUSING WILL NOT BE ACCEPTED. PLEASE CHECK CAREFULLY THAT YOU HAVE ALL NECESSARY DOCUMENTS BEFORE TURNING IN YOUR APPLICATION.

NOTE: If you previously lived in Public Housing or received a Housing Choice Voucher (Section 8), and owe a previous balance, **YOU MUST PAY THAT BALANCE IN FULL** before we can offer you housing.

2300 Madison Ave. Covington, KY 41014
Phone: 859.491.5311 | Fax: 859.292.3240



BETTER FUTURES





| | |
|---------------------|----------------|
| Date: _____ | Time: _____ |
| Bedroom Size: _____ | HH Size: _____ |
| Received by: _____ | |

Application for Admission

| | | | |
|------------------|----------------------|------------------------------------|-----|
| Applicant's Name | | Alternate/Emergency Contact Person | |
| Address | | Telephone Number with Area Code | |
| City, State, Zip | | Email Address REQUIRED | |
| () | () | () | () |
| Home Phone | Work Phone/Extension | Cell Phone | |

Bedroom Size:

Efficiency _____ One Bedroom _____ Two Bedroom _____ Three Bedroom _____

STATEMENT OF FAMILY COMPOSITION

List yourself and all persons who will reside with you (use the back of this sheet if necessary):

| Full Name | Social Security No. | Date of Birth | Age | Relationship to Head of Household |
|-----------|---------------------|---------------|-----|-----------------------------------|
| | | | | SELF |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|--------------------------|--------------------------|---|
| YES | NO | Is anyone in your household a full-time student and 18 years or older? Please list her/his name and the name of the school(s) he/she attends: |
| <input type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|--------------------------|--------------------------|--|
| YES | NO | Is the head of household, or spouse, elderly (62 or older)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse working over 20 hours per week? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you homeless? (Must provide documentation) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a victim of domestic violence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran of the armed forces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you being involuntarily displaced from your home by a government agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a victim of reprisal or hate crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you pay for medical insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you pay expenses relating to a handicap or disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical expenses out of my own pocket: \$ _____ per _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay childcare expenses out of my own pocket: \$ _____ per _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay attendant care expenses out of my own pocket: \$ _____ per _____. |



BETTER FUTURES





ANNUAL INCOME CHECKLIST

- 1) Will any household member be receiving any type of income from employment? Yes No
 If yes, list name, company name, and company address of such family member(s) who will receive employment income.

| Family Member Name(s) | Employer's Name and Address | Dates Worked | Pay Rate | Hours per Pay Period Frequency of Pay weekly/bi-weekly/monthly |
|-----------------------|-----------------------------|--------------|----------|--|
| | | From: | | |
| | | To: | | |
| | | From: | | |
| | | To: | | |
| | | From: | | |
| | | To: | | |

- 2) Will any household member be receiving income from a family-operated business Yes No
 or be otherwise self-employed (Door Dash, Spark, Instacart, etc.) and will have to file a 1099?
 If yes, list names of such family members who will receive income from self-employment.

| Family Member Name(s) | Dates Worked | Income Amount | Frequency weekly/bi-weekly/monthly |
|-----------------------|--------------|---------------|---------------------------------------|
| | From: | | |
| | To: | | |
| | From: | | |
| | To: | | |

- 3) Will any household member be receiving Social Security or SSI benefits? Yes No
 If yes, list names of such recipients.

| | | | |
|--|----|-----|--|
| | \$ | Per | |
| | \$ | Per | |
| | \$ | Per | |

- 4) Will any household member be receiving periodic payments from annuities, insurance policies, retirement funds, pensions, disability, or death benefits, or other similar amounts? Yes No
 If yes, list names of such recipients.

| | | | |
|--|----|-----|--|
| | \$ | Per | |
| | \$ | Per | |
| | \$ | Per | |



BETTER FUTURES





5) Will any household member receive unemployment compensation, disability compensation, worker's compensation or severance pay? **Yes** **No**

If yes, list family members who are recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |

6) Will any household member be receiving public assistance benefits (cash/food stamps)? **Yes** **No**

If yes, list recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |

7) Will any household member be receiving alimony or child support payments? **Yes** **No**

If yes, list first names of such family members who are recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |

8) Will any household member be receiving pay as a member of the Armed Services? **Yes** **No**

If yes, list family members who are recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |

9) Will any household member be receiving lottery winnings, paid periodically? **Yes** **No**

If yes, list family members who are recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |

10) Will any household member be receiving reoccurring monetary contributions or other gifts or payments from a non-household member? **Yes** **No**

If yes, list first names of recipients.

| | | |
|-------|----------|-----------|
| _____ | \$ _____ | Per _____ |
| _____ | \$ _____ | Per _____ |



BETTER FUTURES





Page left intentionally blank for any other sources of income not listed on application.



BETTER FUTURES





ASSET CHECKLIST

| | | Yes | No | Value of Asset | Name of Financial Institution/Provider |
|----|--|---|----|----------------|--|
| 1) | Do any household members have the following: | | | \$ | |
| a. | A savings account? | | | \$ | |
| b. | A checking account? | | | \$ | |
| c. | A safety deposit box? | | | \$ | |
| d. | Cash home? | | | \$ | |
| e. | Cash anywhere else? | | | \$ | |
| 2) | Do you have trust funds available to your household? | | | \$ | |
| 3) | Do you have equity in rental property or other capital investments? | | | \$ | |
| 4) | Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds? | | | \$ | |
| 5) | Do you have any retirement/pension funds? | | | \$ | |
| 6) | Will you receive any lump sum receipts? | | | \$ | |
| 7) | Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)? | | | \$ | |
| 8) | Do you have a "Whole Life" insurance policy? | | | \$ | |
| 9) | Have you disposed of any assets for less than Fair Market Value in the past two years? | | | \$ | |
| | | If yes, please complete the Asset Divestiture Certification Form. | | | |

OPTIONAL DECLARATION

There are certain housing program benefits that are available to applicant families who have a family member who is a person with a disability. If you or any family member qualifies and you would like to be considered for these benefits, please indicate below:

Yes

Disabled? Family Member: _____
 Doctor's Name: _____
 Doctor's Address: _____
 Doctor's Phone No: _____

Will you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?
 Will you or anyone in your household require a live-in care attendant?
 Name of live-in attendant: _____
 Relationship, if any: _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize HAC programs and services please inform us.



BETTER FUTURES





NOTICE TO ALL APPLICANTS

Reasonable Accommodations for Applicants with Disabilities

Housing Authority of Covington is a public agency that provides subsidized housing to eligible families, elderly families, and single people. HAC is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, age, disability, or familial status. In addition, HAC has a legal obligation to provide “reasonable accommodations” to applicants if they, or any family members have a disability. A reasonable accommodation is some modification or change HAC can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of HAC’s programs. Examples of reasonable accommodations would include:

- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a HAC family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes, or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with HAC staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the HAC applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to HAC, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with HAC, that is your right.

It is the policy of Housing Authority of Covington (HAC) to ensure that communications with applicants, residents, program participants, and members of the public with disabilities are as effective as communications with others.



BETTER FUTURES





Request for Reasonable Accommodation

This questionnaire is to be administered to every applicant. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified to assure the limited number of units with special features go to families that actually need the features.

Applicant Name: _____

Date: _____

1. Will you, or any member of your family require any of the following?

- Handicapped Accessible Unit
- One-level unit
- Live-In Attendant
- Unit for Vision-Impaired

- Unit for Hearing-Impaired
- Extra bedroom
- Other modifications to unit:

2. Can you and all family members use the stairs unassisted? **Yes** **No**

If NO, please indicate how HAC should accommodate your family:

3. Will you or any of your family members need a live-in aide to assist you? **Yes** **No**

If YES, please explain:

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

5. What is the name of the family member needing the features identified above?

6. I am not requesting a Reasonable Accommodation at this time. Initials: _____

Applicant Signature: _____

Date: _____



BETTER FUTURES





PREVIOUS LANDLORD INFORMATION

1. Have you ever been a resident with Housing Authority of Covington before? **Yes** **No**
If yes, where did you live and when:

2. Have you ever lived or are you currently living in public housing or subsidized housing? **Yes** **No**
If yes, where did you live and when:

3. Please list your current and previous addresses and landlord information for the last three (3) years. Attach a sheet of paper to the application if more space is needed.

Present Address: _____
Landlord Name: _____
Landlord Address: _____
Dates of Residency: _____

Present Address: _____
Landlord Name: _____
Landlord Address: _____
Dates of Residency: _____

Present Address: _____
Landlord Name: _____
Landlord Address: _____
Dates of Residency: _____

Were you referred to our Agency by a current HAC resident? Yes No

RELEASE OF INFORMATION

Housing Authority of Covington has my authorization to correspond with the following agencies and/or persons on my behalf:



BETTER FUTURES





APPLICANT CERTIFICATION

I/We certify, swear, or affirm that the information given to Housing Authority of Covington regarding the household composition, income, assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of any information are punishable under Federal Law and the laws of the State of Kentucky. I/We also understand that this information may be released to the appropriate Federal, State, or local agencies or when relevant to civil, criminal, or regulatory investigators or prosecutors. I/We further understand that false statements or false information are grounds for the termination of housing assistance and tenancy.

I/We understand that all changes to this application must be reported to HAC in writing.

I/We understand that additional information may be requested in order to complete the application. Failure to supply such information when requested may disqualify me from consideration for admission. I also understand that a national criminal background check will be made.

I/We understand that if I/We am/are offered housing that rent is due and payable in advance on the first day of each month and shall be considered delinquent after the fifth calendar day of the month. Failure to make timely rental payments may result in the following: additional late fees, the loss of housing and negative landlord and credit reports.

X

Signature: Head of Household Date

X

Signature: Spouse or other Adult Date

X

Other Adult Household Member Date

X

Witness: Housing Specialist Date

How did you hear about Housing Authority of Covington?
 Website Social Media Friend Other

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.



OFFICE USE ONLY

HAC CERTIFICATION

I certify that: (1) the information given to Housing Authority of Covington by the household of _____ on household composition, income net family assets, and allowances and deductions **has been verified** as required by federal law; (2) the family was eligible at admission; and (3) the family has certified that it has given our Agency accurate and complete information.

Signature of Housing Specialist: _____ Date: _____



BETTER FUTURES





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 for is valid for 13 months from date of signature.

Signature of Applicant

Date

Housing Authority of Covington Representative

Date



BETTER FUTURES





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 THAT APPLIES TO YOU | 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 and has been doing so for at least one year. MUST provide 1099 and/or W2. | 10 | 7 | 6 | 3 |
| Applicants with an adult family member who is currently working at least 20 hours a week and has been doing so for 6 consecutive months. | 5 | 4 | 3 | 2 |
| Applicants who are 62+ and are receiving SS, SSI,SSDI | 10 | 7 | 6 | 3 |
| Applicants who are homeless veterans | 10 | 7 | 6 | 3 |
| Applicants who are 50-61 with a disability | 5 | 3 | 2 | 1 |
| Victims of domestic violence. | 5 | 3 | 2 | 1 |
| Victims of reprisals or hate crimes. | 5 | 3 | 2 | 1 |
| 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 |

Applicants are placed on the waiting list by bedroom size based on the number of points received from the above preferences.

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.

Please notify in writing if you need to request Reasonable Accommodations

Signature of Applicant

Date



BETTER FUTURES





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. **A separate form must be filled out for each household member.**

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 of Family Member)

(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: _____



BETTER FUTURES





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(I)(1) or 1614 of the Social Security Act (42 U.S.C. 416(I)(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;
- 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.

If you do not fall into any of the categories listed above, your community service obligation will begin in the month following your initial move in month. Non-Compliance with this requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination. 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



BETTER FUTURES





**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



BETTER FUTURES

