



## ***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 1<sup>st</sup>, 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



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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 <b>REQUIRED</b>	
( )	( )	( )	( )
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
				<b>SELF</b>

<b>YES</b>	<b>NO</b>	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	
<input type="checkbox"/>	<input type="checkbox"/>	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 _____.



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## 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	



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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 _____



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



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## 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.***



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## 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.



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### 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?

- |                          |                             |                          |                              |
|--------------------------|-----------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Handicapped Accessible Unit | <input type="checkbox"/> | Unit for Hearing-Impaired    |
| <input type="checkbox"/> | One-level unit              | <input type="checkbox"/> | Extra bedroom                |
| <input type="checkbox"/> | Live-In Attendant           | <input type="checkbox"/> | Other modifications to unit: |
| <input type="checkbox"/> | Unit for Vision-Impaired    |                          | _____                        |

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: \_\_\_\_\_



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**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:

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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:

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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:**

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**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.

<p>X _____ Signature: Head of Household                      Date</p>	<p>X _____ Signature: Spouse or other Adult                      Date</p>
<p>X _____ Other Adult Household Member                      Date</p>	<p>X _____ Witness: Housing Specialist                      Date</p>

<b>How did you hear about Housing Authority of Covington?</b>			
<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Friend	<input type="checkbox"/> 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***

<p>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 <b>has been verified</b> 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.</p>	
<p>Signature of Housing Specialist: _____</p>	<p>Date: _____</p>



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**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



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## 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:

<b>CIRCLE ONE IN EACH CATEGORY THAT APPLIES TO YOU</b>	<b>Covington Residents</b>	<b>Kenton County Residents</b>	<b>In State Residents</b>	<b>Out of State Residents</b>
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 <b>one</b> year. <b>MUST</b> 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 <b>consecutive</b> 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. **EXAMPLE: IF YOU LIVE IN COVINGTON, CIRCLE COVINGTON RESIDENT ONLY. IF YOU WORK 35+ HOURS A WEEK, CIRCLE 35+ HOURS A WEEK ONLY. DO NOT CIRCLE COVINGTON RESIDENT AND KENTON COUNTY RESIDENT. DO NOT CIRCLE 35+ HOURS A WEEK AND 20 HOURS A WEEK. YOU WILL NOT BE CREDITED FOR THESE 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



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**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: \_\_\_\_\_



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**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



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Other Adult Household Member

Date

### 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.

\_\_\_\_\_  
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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