

513 West Broadway
Bardstown, KY 40004
502-348-3525 Voice
502-348-4165 Fax
1-800-648-6056 Hearing Impaired Only

Housing Authority of Bardstown

Housing Choice Voucher Program

APPLICATION

This is an application packet for the
Section 8 /Housing Choice Voucher Program
for the Housing Authority of Bardstown.

You **MUST** fill out the application completely before returning it to the Housing Authority.

If you have any questions, please contact the office and someone will be glad to assist you.

You are **REQUIRED** to bring back **ALL** of the following documents for everyone in the household, along with your completed application:

VALID DRIVER'S LICENSE/PHOTO ID FOR EVERYONE 18+

SOCIAL SECURITY CARDS

BIRTH CERTIFICATES

PROOF OF INCOME*

*proof of income can include, but is not limited to: Wages, Social Security/SSI Benefits, Child Support, K-TAP, V.A. Benefits, Unemployment.

*if you do not have any income, the Housing Authority of Bardstown will provide you with a Zero Income Verification form to fill out.

You must have the Head of Household's Social Security Card, Birth Certificate, and Photo ID in order for your application to be made active. If your application is filled out completely and you turn in ALL required information, you will be placed on the Section 8 Waiting List according to the date and time your application is returned completed to this office. Everyone in the household 18 years old and older must sign all paperwork.

Sincerely,

Myra

Myra Houck

Section 8 Coordinator

.....

Application for Admission

HOUSING AUTHORITY OF BARDSTOWN SECTION 8 PROGRAM
513 WEST BROADWAY
BARDSTOWN, KY 40004
(502) 348-3525

For Office Use Only

I. Applicant Information

Applicant SSN _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____

Work Telephone _____

Message Telephone _____

Household Size _____
Emancipated Minor Yes No

Accessibility features requested?

Vision _____

Hearing _____

Wheelchair _____

Physical _____

Pet Information

Cats _____ Dogs _____ Other _____
Comments _____

Mailing address same as current address?

YES NO

Mailing Address _____

City, State, Zip _____

Current Information

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard housing Displaced Due to Government Action Other (Please specify) _____

Current Landlord

Address _____

City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____ Deposit _____

Electric Company _____ Deposit _____

Water Company _____ Deposit _____

II. Previous Information

Previous Address

City, State, Zip _____

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Previous Landlord

Address _____

City, State, Zip _____ Telephone _____

Previously lived in Public Housing?

YES NO

Previous HA Name _____

Address _____

City, State, Zip _____ Telephone _____

Lived there from _____ to _____

For Office Use Only

Waiting List Applied For Application Number Application Date / Time Beds Applied

Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? YES NO
 If yes: Who? When? For What? _____

2. Does anyone in your household currently use a controlled or illegal drug? YES NO
 If yes, please explain. _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? YES NO
 If yes: Who? When? For What? _____

4. Does anyone outside of your household pay for any of your bills or expenses? YES NO
 If yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race (1-5)					Ethnicity Hispanic?	Eligibility (EC, EN, IN, PV)				Alien Registration	Handicap	Disabled
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Eligibility Codes: EC = Eligible Citizen

EN = Eligible Noncitizen

IN = Ineligible Noncitizen

PV = Eligibility Pending

Race Codes: 1 = White

2 = Black/African American

3 = American Indian/Alaska Native

4 = Asian

5 = Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	
Family Member _____	Source/Company _____
Income Type _____	Position _____
Start Date _____ How Long _____	Address _____
Income Per _____ Hour _____ Week _____ Month _____ Year _____	City, State, Zip _____
_____ Weeks per Year _____ Hours per Week	Telephone _____
Income Amount _____	

Income Type Codes:

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.
Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name	Source
Description of Asset	Contact
Cash Value	Address
Annual Income	City, State, Zip
	Telephone
Family Member Name	Source
Description of Asset	Contact
Cash Value	Address
Annual Income	City, State, Zip
	Telephone
Family Member Name	Source
Description of Asset	Contact
Cash Value	Address
Annual Income	City, State, Zip
	Telephone
Family Member Name	Source
Description of Asset	Contact
Cash Value	Address
Annual Income	City, State, Zip
	Telephone
Family Member Name	Source
Description of Asset	Contact
Cash Value	Address
Annual Income	City, State, Zip
	Telephone

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member	Payee
Type of expense	Contact
Expense per _____ Week _____ Month _____ Year	Address
Expense Cost	City, State, Zip
	Telephone
Family Member	Payee
Type of expense	Contact
Expense per _____ Week _____ Month _____ Year	Address
Expense Cost	City, State, Zip
	Telephone
Family Member	Payee
Type of expense	Contact
Expense per _____ Week _____ Month _____ Year	Address
Expense Cost	City, State, Zip
	Telephone
Family Member	Payee
Type of expense	Contact
Expense per _____ Week _____ Month _____ Year	Address
Expense Cost	City, State, Zip
	Telephone
Family Member	Payee
Type of expense	Contact
Expense per _____ Week _____ Month _____ Year	Address
Expense Cost	City, State, Zip
	Telephone

VIII. References

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Bank 2
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Credit References

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Personal References

Emergency Contact
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

For Office Use Only

Management Code _____ Caseworker _____

Offers/Vouchers

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

X _____		_____	
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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 willfully 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

**Housing Authority of Bardstown
Participant/Applicant Drug Free Certification**

We the undersigned do hereby certify that neither the head of household nor any other members of this family, within the last year, have engaged in any drug related criminal activity. Criminal activity to be described as follows:

The illegal manufacture, sale, or distribution, or use, possession with intent to manufacture, sell, distribute or use a controlled substance.

We further understand that the PHA may deny or terminate assistance based on the preponderance of the evidence of drug related criminal activity regardless of whether the family member has been arrested or convicted.

We also understand that if we are denied assistance or assistance is terminated that we have the right to an informal settlement conference. Rules governing the hearing process as well as the Authority for this policy are contained in our Administrative Plan and the following Federal Regulations:

24 CFR 966.4 – Obligations of the family

24 CFR 960.205 – Grounds for denial or termination of assistance

24 CFR 966.50 et. Seq. – Grievance Procedures

Copies of the Administrative Plan and any or all of the above regulations are available from the PHA upon request.

Signature of all Participants
18 and older:

Date _____

***This document is binding on all family members regardless of whether they have signed this document or not.**

Disclosure Format for Target Housing Rentals and Leases

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet on lead-based poisoning prevention.

Lessor's Disclosure (initial)

_____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

_____ (b) Records and reports available to the lessor (check one below):

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below):

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing

Lessee's Acknowledgment (initial)

_____ (c) Lessee has received copies of all information listed above.

_____ (d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

_____ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4582(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Lessor Date

Lessor Date

Lessee Date

Lessee Date

Agent Date

Agent Date

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identify Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/oh/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

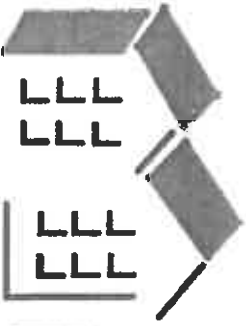
My signature below is confirmation that I have received this Guide.

Signature _____

Date _____



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

DECLARATION OF SECTION 214 STATUS

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 a 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (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)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A 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.

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

[See reverse side for footnotes and instructions]

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*], pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

APPLICANT ACKNOWLEDGEMENT

Applicant Name: _____

Applicant Date: _____

- _____ 1. I understand that I must have the head of household's social security card in order to be placed active on the waiting list. I must furnish social security cards and birth certificates (Birth certificates only apply to Section 8 applicants) within 90 days of my application date. All adult members on the application must sign the appropriate forms in order to be active. Proof of income must be supplied on the application date. If it is not an acceptable form of verification, the Housing Authority will supply the proper forms to the applicant and they must be returned within fourteen (14) days of the application date. If the above requirements are not met, I understand I will be removed from the waiting list.
- _____ 2. I certify that I have never rented from any landlord (Public Housing Applicants Only). I also understand that any misrepresentation is considered fraud and will be treated accordingly.
- _____ 3. I certify that I have never committed any fraud in relation to any federally subsidized housing program.
- _____ 4. I understand that I am not allowed to call to check where I am on the waiting list. I must come in the office in person to find out what number I am on the waiting list. I also understand that no information about my application will be given out unless requested by myself in writing. This request must be made in writing and turned in by me to the Housing Authority office. It will then be retained in my file for verification each time someone other than myself comes in to get information about my case.
- _____ 5. I understand that it is my responsibility to update all changes to the Housing Authority office. This will include, address, phone number, household changes, income changes, etc. I will come to the office and fill out proper written verification that my information has changed. I understand that if the change is not verified in writing, it will not be accepted.
- _____ 6. I understand that if I fail to follow any of the above-mentioned requirements, I will be removed from the waiting list.

I (have read, or had read to me, or chose not to read) this acknowledgement that I have signed as an applicant of the Housing Authority of Bardstown and I understand its contents. I have received a copy of this acknowledgement. I acknowledge that my failure to abide by any of the requirements in this acknowledgement will result in my removal from the waiting list.

Head of Household Signature

Date

Housing Authority Representative
Housing Authority of Bardstown
513 West Broadway
Bardstown, KY 40004
Phone: 502-348-3525

Date