

DUE TO COVID THERE WILL BE NO IN-PERSON MEETINGS. PLEASE DROP OFF YOUR APPLICATION PACKET AT THE OFFICE.



Housing Authority of Murray  
716 Nash Drive  
Murray, Kentucky 42071  
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**APPLICATION for PUBLIC HOUSING**

**THIS IS NOT A Section 8 application and cannot be used for the Housing Voucher program.**

**All questions asked apply only to those persons listed on this application.**

**Instructions: Please read carefully. Incomplete applications will not be processed.**

**\* Head of household must be 19 years of age or older.**

This application is valid for all public housing properties operated by the Housing Authority of Murray.

1. All forms **must** be signed by **all Adults** listed on this application. (**Adult: Anyone 18 or older**)
2. Fill out all forms as **neatly** and **legibly** as possible.
3. Photo ID **must** be presented for **all Adults** at time of application.
4. Birth Certificates **must** be presented for **all persons 18 and under**.
5. Social Security Cards **must** be presented for **all persons** listed on the application.
6. Verification of **all** income **must** be presented at the time the application is turned in, such as:
  - (a) At least six weeks of payroll check stubs.
  - (b) SS/SSI award letter from the Social Security Administration.
  - (c) Any state or local assistance such as K-Tap/TANF (food stamps are not included).
  - (d) Child Support Verification.
  - (e) Pension letter or check stubs.
  - (f) DD.214 or a U.S. Uniform Services I.D to verify if you are a Veteran of the Armed Forces.
7. Pay any money owed to HAM or any other HUD Housing agencies, or show proof of payment.
8. Current checking or savings account statement.
9. Verification of any child care expenses.
10. If elderly or a person with a disability, provide verification of medical expenses such as prescriptions or *unpaid* doctor bills.
11. Verification of Continuing Education such as a **class schedule** or a **letter from the school**.

**IMPORTANT:** Only those listed on this application will be allowed to live in the unit. If you allow anyone to move into your unit who does not get approval through the application process, **your tenancy will be terminated**. If you have someone you want to live with you, put them on the application **NOW** so we can determine eligibility. **We monitor our sites!**

**HAM use Only:**

**Date of application:** \_\_\_\_\_ **Time of application:** \_\_\_\_\_ **Taken by:** \_\_\_\_\_

1. Full Name of **Head** of household: \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_

2. Full Name of adult **Co-Head** of household: \_\_\_\_\_

3. Current address, **Street**: \_\_\_\_\_

Current **City, State, and Zip Code**: \_\_\_\_\_

Current **Phone #**'s including area code **Home** ( ) \_\_\_\_\_ **Cell** ( ) \_\_\_\_\_

**Work** ( ) \_\_\_\_\_ **Message** ( ) \_\_\_\_\_

• **Head of household** email address: \_\_\_\_\_

**For Statistical Purposes Only**

4. Race of **Head**:  Caucasian/White  African American/Black  Asian or Pacific Islander  
 Native American/Alaskan Native

5. Ethnicity of **Head**:  Hispanic/Latino  Non-Hispanic/Non-Latino

**FAMILY INFORMATION**

Beginning with yourself, list all persons who will live in the PHA unit, including foster children. Each box **Must** be completed for each family member. **No one except those listed on this form may live in the unit.**

	First & Last Name	Date of Birth	Sex	Social Security Number	Relation To Head	Place of Birth	Student Yes Or No
H					Head		
2	Race: Hispanic: Y N						
3	Race: Hispanic: Y N						
4	Race: Hispanic: Y N						
5	Race: Hispanic: Y N						
6	Race: Hispanic: Y N						
7	Race: Hispanic: Y N						
8	Race: Hispanic: Y N						

6. Do you anticipate a change in household composition in the next 12 months?  Yes  No \_\_\_\_\_

7. If anyone in the applicant's family is a person with a disability, do you require a unit with accessible features?  
 Yes  No

Does the person with a disability require reasonable accommodations during the application process and/or after occupancy?  Yes  No Hearing Impaired  Visually Impaired  Physically Impaired

\_\_\_\_\_

\_\_\_\_\_

8. If anyone is a **student**, provide full name, address, city, state & zip of school: \_\_\_\_\_

9. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSDI, Employment, Unemployment, Worker’s Compensation, Child Support, etc. Example: Wages \$150/week, SSI \$421/month.

Family Members Name	Income Source	Amount	Frequency of Pay
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other

10. Do you have a checking or savings account or own any Certificates of Deposit, Stocks, Bonds, Life Insurance with a Cash value, IRA’s, KEOGH, Retirement Account, Money Market Funds, Other Investments, etc.?  Yes  No If yes, Describe the type of asset(s): \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

11. Do you own any real estate?  Yes  No If yes, what is the address? \_\_\_\_\_

12. Have you sold any real estate in the past two years for less than fair market value?  Yes  No If yes, what was The address? \_\_\_\_\_

**List all places you have lived for the past two years, starting with the most current. PHA will be contacting all former landlords for the period of two years from the date of application.**

Current/Former address	Landlords Name and Address	Landlords City, State & Zip	Landlords Phone #	Date lived From	Date Lived To

**Screening Questions: A "yes" answer will not necessarily disqualify you for admission.**

13. Have you ever been evicted?  Yes  No If yes, Where and Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Has any applicant family member ever lived in Public or Section 8 Housing as an adult (18 years or older) where rent was based on your income?  Yes  No If yes, Where? \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_ Name of Lessee: \_\_\_\_\_  
Do you owe any money to any HUD Housing Agencies?  Yes  No Who? \_\_\_\_\_

15. Has any family member (18 yrs or older) ever been convicted of a crime?  
 Yes  No If yes, please explain the nature of the problem and date of violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Is anyone currently on parole or probation?  Yes  No If yes, give name and explain: \_\_\_\_\_  
\_\_\_\_\_

17. List each person over 18 in the household and all states in which they have lived since turning 18 years old.  
\_\_\_\_\_  
\_\_\_\_\_

18. Do you have any animals?  Yes  No If yes, list details such as type, breed, and weight below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualifying for Deductions in Calculating Rent:**

Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No

If yes, list the name, address and phone # of your child care provider:

\_\_\_\_\_

Monthly **Out of pocket** child care expense: \$ \_\_\_\_\_

If you are elderly or a person with a disability do you pay **Out of Pocket** medical expenses?  Yes  No

If yes, amount per year: \$ \_\_\_\_\_.

I/we certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/we understand that withholding information from this Housing Authority or providing false information to the Housing Authority is considered **FRAUD**. Under Federal Law, **FRAUD** is punishable by fines up to \$10,000 AND imprisonment for up to five (5) years. If a resident of this Housing Authority submits fraudulent information OR withholds relevant information, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. By signing below, I confirm that I have read the penalties for fraud, that I understand what fraud is, and that I understand the penalties for committing fraud.

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Applicant Signature Date

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Co-Applicant Signature Date

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Other Adult Signature Date

## Applications are Accepted by Appointment Only

My appointment date: _____ My appointment time: _____
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### Requirements for your Application Appointment

<input type="checkbox"/>	<b>All Adults (18 yrs. and older)</b>	Need to be present at the application appointment.
<input type="checkbox"/>	<b>Completed Application</b>	Current and Past Landlords will be contacted and verified for rental history. Complete and accurate names and mailing addresses are critical to ensure that your application is approved as quickly as possible.
<input type="checkbox"/>	<b>Picture I.D.(s)</b>	For everyone 18 yrs. and older listed on the application.
<input type="checkbox"/>	<b>Social Security Card(s)</b>	For everyone listed on the application.
<input type="checkbox"/>	<b>Birth Certificate(s)</b>	For everyone 18 and under listed on the application.

### Required ONLY if it applies to you or a household member

<input type="checkbox"/>	<b>Pay stubs</b>	At least 3 current stubs.
<input type="checkbox"/>	<b>Other Income</b>	SS/SSI Award Letters, Pension, KTAP, VA, Disability, Unemployment, Workers Compensation, Tax Returns with Schedule C to verify Self-Employed, etc.
<input type="checkbox"/>	<b>Bank Statement(s)</b>	Current statement of Checking and/or Savings account(s).
<input type="checkbox"/>	<b>Support Income</b>	Child Support and/or Alimony.
<input type="checkbox"/>	<b>Other documentation that may apply to your individual circumstances</b>	Divorce Decree, Marriage License, Custody Papers, Certification of Pregnancy, Class Schedule, and proof of drug/alcohol rehabilitation.

**Your application will not be processed if you are missing  
I.D.'s, Social Security Cards, and/or Birth Certificates.  
No Exceptions.**