

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
Phone: (270) 753-5000 • Fax: (270) 753-2073
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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 Pension check stubs.
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 KTAP/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

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.

Applicant Signature Date

Co-Applicant Signature Date

Other Adult Signature Date

Requirements for your Application

<input type="checkbox"/>	All Adults (18 yrs. and older)	Need to be present at the application appointment.
<input type="checkbox"/>	Completed Application	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"/>	Picture I.D.(s)	For everyone 18 yrs. and older listed on the application.
<input type="checkbox"/>	Social Security Card(s)	For everyone listed on the application.
<input type="checkbox"/>	Birth Certificate(s)	For everyone 18 and under listed on the application.

Required ONLY if it applies to you or a household member

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