

**KENTUCKY HOUSING CORPORATION**  
**Mainstream Housing Voucher**  
**INFORMATION REQUIRED**

- Mainstream Certification and Preapplication signed by a referring Kentucky Balance of State Continuum of Care participating agency.
- Authorization for Release of Information signed and dated by all adult household members.
- Personal Declaration completed, signed and dated by all adults (*will be returned if incomplete*).
- Drug-Free Certification signed and dated by all adults.
- Debts owed to Public Housing Agencies and Terminations, signed and dated by all adult household members.  
(*Please note this is a mandatory form for each adult household member to sign. This does NOT mean you owe money to another housing authority*)
- Declaration of Section 214 Status or Verification Consent form or Non-Contending Family members. List each household member and have household member sign
- Notice of 214 Requirements is enclosed for you to read and keep.
- Supplement to Application for Federally Assisted Housing (92006 form) (optional).
- Notice of Occupancy Rights under the Violence Against Women Act (VAWA) (optional)

**The items below are not in your packet but are required for each household member.**

- Verifications of birth dates for all household members. KHC may accept any of the following items.  
**PLEASE PROVIDE ONE FOR EACH HOUSEHOLD MEMBER:**  
**Birth Certificate, or Hospital Letter, or Valid Driver's License, or School Records, or other Official Documents, we can no longer accept medical card.**
- Social Security cards for all household members, print out from Social Security Administration or a document from a local, state or federal agency.

**Please see the reverse side for ADDITIONAL REQUIRED DOCUMENTATION**

**In order to assist us in determining your annual income more accurately, please provide the information on the back page for all household members as it applies. When returning packet, documents provided must be legible for any family member in your household**

**Information to return with packet  
referral submission:**

- ✓ **Wages** – copies of two most recent consecutive paycheck stubs or provide a statement from your employer on company letterhead. The letterhead must contain start date and average number of hours worked per week and hourly rate of pay.
- ✓ **Alimony** – copy of court order stating amount of alimony awarded to household member.
- ✓ **Social Security/SSI/SSDI** - Current award letter or printout from Social Security office showing amount receiving. To access the site requesting benefit Verification letters, go to Social Security Online front page, select *What You Can Do Online* and follow the instructions for “Requesting a Proof of Income Letter”. Once you have received the proof of income letter, please submit to KHC.
- ✓ **Unemployment benefits** - provide a copy of a current printout from the unemployment office.
- ✓ **Worker’s Compensation** - provide a copy of a current printout from the worker’s compensation division of your company or office.
- ✓ **Pension/Retirement/Annuity Income/Veterans Benefits/401K** - provide most current copy of a benefit notice printout from the provider.
- ✓ **Child support** - Current print out from Child Support office showing the amount received for the past 12 months (dated within last 60 days). You can access the Kentucky Child Support Interactive Website (KCSI) at <http://csws.chfs.ky.gov/csws/> to get the requested documentation.
- ✓ **K – Tap/Kin Ship/WIN/FAD** - copy of a printout from the DCBS office.
- ✓ **Self-Employment** - Attach most recent federal tax return.
- ✓ **Student Eligibility Status** - Statement from your school for current school year providing enrollment (including part time or full time status), type of degree, number of credit hours, housing type (on campus, off campus, or residing with parents), your current mailing address where you live.
- ✓ **Student Tuition/Financial Information**- Due to a new regulation your secondary education institution can no longer provide financial information to anyone other than you, the student. As a Housing Choice Voucher (HCV) applicant/participant, we are required to gather information regarding any scholarships, financial aid, Pell grants, student loans, work study, KEEs money, or other types of funding that you may receive as student financial aid, grants or loans. To obtain the information, you must log into your student account from the college or secondary education school you attend or have attended and print the information. If you do not have a student log in, please contact your college or secondary education institution to obtain the necessary information.
- ✓ **Banking Statements** – copy of most recent banking statements listing current account balance for checking and savings accounts.
- ✓ **Medical Expenses/Health Insurance** – If head of household or spouse is 62 or disabled, please provide documentation of any out of pocket Doctor, Pharmacy or health insurance expenses you have paid in the last 12 months.
- ✓ **Life Insurance/Burial Policies** - provide a copy of any life insurance and/or burial policies, documentation must include face value and/or cash value.
- ✓ **Child Care Expense** – If head of household or spouse is working, seeking work or attending an institution of higher learning, please provide documentation of any out of pocket childcare expenses you have paid in the last 12 months.
- ✓ **Informal Support** – Provide contact information on personal declaration. Please provide name, current mailing address and phone numbers for any person that gives you money or pays any household expenses for you (car payment/insurance, utility bills, groceries, diapers, etc.)

**KENTUCKY HOUSING CORPORATION  
MAINSTREAM CERTIFICATION**

I certify the following:

\_\_\_\_\_ meets the following criteria for the Mainstream Program:

Mainstream Eligibility:

- Transitioning out of institutional and other segregated settings serving persons with disabilities;
- At serious risk of institutionalization;
- Currently experiencing homelessness;
- Previously experienced homelessness and is a resident of permanent supportive housing, rapid rehousing program, or other temporary tenant-based rental assistance program.
- At risk of homelessness

\_\_\_\_\_

Referral Agency Name (CoC Agency)	Date
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\_\_\_\_\_

Staff Name and Title	Signature
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\_\_\_\_\_

Agency Mailing Address

\_\_\_\_\_

Agency Phone Number	Agency Email
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**Please return completed Application/Certification form to:**

**Kentucky Housing Corporation HCV Mainstream**

**Attn: HCV Mainstream**

**1231 Louisville Road, Frankfort, Kentucky 40601;**

**email [hcvmainstream@kyhousing.org](mailto:hcvmainstream@kyhousing.org) call 502-564-9946 or fax  
502-564-9964**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:										
<input type="checkbox"/> Late payment of rent											
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from: fraudulent actions.

**KENTUCKY HOUSING CORPORATION (KHC)  
TENANT ASSISTANCE PROGRAMS PREAPPLICATION**

Return to: Kentucky Housing Corporation  
Waiting List/MS  
1231 Louisville Road  
Frankfort, Kentucky 40601  
Toll-free phone number (Kentucky only) (877) 552-7368; (502) 564-7630;  
Fax (502) 564 9964  
Email – hcvmainstream@kyhousing.org

For Office Use Only

Date Received: [ ] Time Received: [ ]  
Gross Income\$ [ ]  
Bedroom Size [ ]  
Number in Household [ ]  
Staff Initials [ ]

**1. Head of Household Information**

FirstName: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security Number(SSN): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_  
County you want to live in: \_\_\_\_\_ (only one county) Email Address: \_\_\_\_\_  
Are you currently homeless?  Yes  No

**2. How many adults will live in the unit? Please include yourself.**

**Adults:**  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Female Adults:**  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How many children will live in the unit?**

Male(s) child under six years old: \_\_\_\_\_ Female(s) child under six years old: \_\_\_\_\_  
Male(s) child six years old or older: \_\_\_\_\_ Female(s) child six years old or older: \_\_\_\_\_

**3. For HUD statistical purposes only: Check One:**  Not Hispanic or Latino  Hispanic or Latino

**4. You are not required to answer the following question. This is voluntary information for HUD statistical purposes only.**

Do any ~~adults~~ who reside in the unit have a disability?  Yes  No Name(s) \_\_\_\_\_  
Do any adult persons in the unit receive SS/SSI?  Yes  No Name(s) \_\_\_\_\_

**5. Please identify your race by checking one box:**

White  Asian  Black/African American  American Indian/Alaska Native  Native Hawaiian/other Pacific Islander

**6. Sources of monthly income. Check all that apply and list the monthly amount. If an amount is not listed, it will be assumed that you have zero income in that category.**

o Wages: \$ \_\_\_\_\_ o KTAP: \$ \_\_\_\_\_ o SSI/SS: \$ \_\_\_\_\_  
o Child Support: \$ \_\_\_\_\_ o Other: (Describe) \$ \_\_\_\_\_

**Always keep your application information up to date with KHC.**

*Information on this application is confidential and will not be shared with anyone without your written or verbal consent.*

Kentucky Housing Corporation does not discriminate based on race, color, age, national origin, sex, disability, religion or familial status in its programs or services.



## Verification of Disability Mainstream Program

I authorize (agency) \_\_\_\_\_ to obtain necessary information regarding my disability status or that of a member of my household:

(Print) Disabled Household Member	Relationship to Head/Applicant	SSN
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I understand that this information is to help me qualify for appropriate housing and supportive services. By signing below, I authorize the release of this information.

Applicant Signature	Date
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The above-named person has applied for housing under a U.S. Department of Housing and Urban Development (HUD) program that requires verification of a disability under the applicable HUD definition. Please indicate which condition(s) you have diagnosed this person to have.

- 1. A condition that:**
- Is expected to be long-continuing or of indefinite duration; **AND**
  - Substantially impeded the person's ability to live independently; **AND**
  - Could be improved by the provision of more suitable housing conditions; **AND**
  - Is a physical, mental, or emotional impairment, including an impairment caused by post-traumatic stress disorder, or brain injury.
- 2. A developmental disability (as defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000 (42 USC 15002)). Which means a severe, chronic disability of an individual that:**
- Is attributable to a mental or physical impairment or combination of mental and physical impairments; **AND**
  - Is manifested before the individual attains age 22; **AND**
  - Is likely to continue indefinitely; **AND**
  - Results in substantial functional limitations in three or more areas of major life activity; (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; **AND**
  - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, or individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. **OR**
  - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports has a high probability of meeting those criteria later in life.
- 3. The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologial agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).**
- Is not considered disabled according to the above definitions.**

**Please Print: THIS SECTION MUST BE COMPLETE TO BE VALID**

Name of Certifying Official (print clearly)	
Office Address	
Telephone and Fax	

Your signature below certifies that the above-named individual meets the disability definition indicated above **AND** you are professionally licensed by the state in which you practice diagnosing and treat the indicated disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.**

KHC 8-2020







**PERSONAL DECLARATION**

The head of household and all household members 18 years of age or older and live-in aides must sign the last page. Names of household members must match the name that appears on their social security card.

Please print clearly using black ink or complete forms using Adobe Acrobat. Failure to complete this form completely or omit information may cause your rental assistance to end or be denied.

Name of Head of Household: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

E-Mail Address: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

**1. HOUSEHOLD INFORMATION:** Please List Family Members that will be living in the unit beginning with Head of household.

<u>NAME</u> <u>List each Name as it appears on Social Security Card</u>	<u>Relation to Head of Household</u>	<u>Sex (M/F)</u>	<u>Date of Birth</u>	<u>*Race</u>	<u>*Ethnicity Hispanic or Non-Hispanic</u>	<u>**Disabled Yes or No</u>	<u>Social Security Number</u>
<u>1.)</u>	<u>HEAD</u>						
<u>2.)</u>							
<u>3.)</u>							
<u>4.)</u>							
<u>5.)</u>							
<u>6.)</u>							

*\*(This information is for HUD statistical information only) \*\*\*(Disabled information is voluntary to complete)*

**2. Do you have custody or legal guardianship of all Minor Household members?**  Yes  No If no, please list the names of the minors that you do not have custody/legal guardianship of:

\_\_\_\_\_  
\_\_\_\_\_

(Documentation may be requested)

**3. Is anyone in the household expecting a baby?**  Yes  No If yes, please provide a statement from the doctor on letterhead providing expected delivery date. Expected Delivery Date: \_\_\_\_\_

**4. Is anyone in the household 18 years of age and over a full-time  or part-time student  N/A**

Household Member Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_  
Street City State Zip Code

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_



5. **INCOME:** Please list all income each household member earns or receives. If KHC finds that income has not been reported, the participant will be offered a monthly repayment contract.

Each box **MUST** be marked yes or no

Type of Income	Yes	No	If yes, Enter name of family Member	Amount	Frequency of payment
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>			
KTAP	<input type="checkbox"/>	<input type="checkbox"/>			
Self Employment	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security *	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security*	<input type="checkbox"/>	<input type="checkbox"/>			
SSI *	<input type="checkbox"/>	<input type="checkbox"/>			
SSI *	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>			
Community Integration Supplement (CIS)	<input type="checkbox"/>	<input type="checkbox"/>			
WIN	<input type="checkbox"/>	<input type="checkbox"/>			
PASS	<input type="checkbox"/>	<input type="checkbox"/>			
FAD	<input type="checkbox"/>	<input type="checkbox"/>			
Foster Payments or Kinship Care	<input type="checkbox"/>	<input type="checkbox"/>			
Title V Employment	<input type="checkbox"/>	<input type="checkbox"/>			

6. Is anyone in your household currently employed?  Yes  No If yes, please provide the information below:

Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employer Fax Number: \_\_\_\_\_

Date employment began: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Hours worked Per Week: \_\_\_\_\_ Weeks worked per year \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employer Fax Number: \_\_\_\_\_

Date employment began: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Hours worked Per Week: \_\_\_\_\_ Weeks worked per year \_\_\_\_\_

7. Does anyone give you money or assist you with any bills or purchase household items for your household such as paper towels, toilet paper, clothes, laundry detergent, cigarettes, etc.?  Yes  No If yes please provide the information below:

Amount: \_\_\_\_\_ Frequency of Payments: \_\_\_\_\_ Date assistance began: \_\_\_\_\_

Name of person paying Informal Support: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Their Address: \_\_\_\_\_

Street

City

State

Zip Code

**MINOR INCOME (any household member under 18 years of age)**

Name of Minor who is employed	Place of Employment	Monthly Income
		\$
		\$

8. Is anyone in your household currently receiving Workers Compensation, Pension, Veterans Benefits, Alimony, or any other income source we did not ask about?  Yes  No If yes, please provide the information below:

Household Member Name	Mailing address of company/provider	Phone Number	Monthly Payment amount

9. Is anyone in your Household currently receiving Child Support?  Yes  No If yes, please provide in the information below:

List Childs Name	Amount	Frequency of Payment	Is Child Support Court Ordered?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. If you are receiving child support that is not Court Ordered, please provide information below:

Child's Name for which Child Support is being paid: \_\_\_\_\_

Name of Person providing the Child Support: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip Code

Phone Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency of Payments: \_\_\_\_\_

11. Do you pay childcare?  Yes  No If yes, please provide the following information

Name and address of childcare provider: \_\_\_\_\_

*If yes, please provide us with a printout from your childcare provider showing the amounts you have paid out of pocket in the past 12 months. Failure to provide documents from childcare provider could result in not receiving the allowance you may be entitled to and could increase your rent.*

12. **Assets:** By completing the form below, I am certifying that all information being reported is accurate. Failure to disclose assets and income may result in a repayment contract. YOU MUST PROVIDE KHC WITH PRINT OUTS

Please mark all that apply:

Asset	Yes	No	Company Name/Address	Average Balance	Interest Income*
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
CD or Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$
401K	<input type="checkbox"/>	<input type="checkbox"/>		\$	\$

\*Interest Income is the amount your asset earns per year. Required if applicable

**LIFE INSURANCE POLICIES (contact your insurance agent to obtain cash value)**

Company/Address	Type of Insurance	Face Value	Cash Value
	Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Burial <input type="checkbox"/>	\$	\$
	Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Burial <input type="checkbox"/>	\$	\$
	Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Burial <input type="checkbox"/>	\$	\$

13. Does anyone in your household own property?  Yes  No If yes, please provide a PVA print out from your local property valuation assessment office. Has anyone in your household sold property in the past 2 years?  Yes  No

14. **PROGRAM INTERGRITY:** Has ANY person that will be or is residing in your unit, including live-in aide, been arrested, charged and/or convicted of any violent criminal activity, drug related activity, misdemeanor, or felony within the last 3 years?  YES  NO If yes, please provide information below:

Name of Household Member	Criminal Charge	Date of Arrest	City and State where arrest took place

15. Is or has anyone that will be living in your household, including live-in aide, been arrested or convicted of manufacturing methamphetamine?  Yes  No If yes, please provide information below

If yes, Date of arrest: \_\_\_\_\_

Address of unit where manufacturing took place: \_\_\_\_\_

Were you receiving any City, State, or Federal help with rent at this address?  YES  NO

Is the head of household or spouse at least:

Disabled  Yes  No

16. Do you or anyone in the Household need a Reasonable Accommodation to reside in your unit?  Yes  No

(examples of a Reasonable Accommodation include the need for Live-in Aide, waiver of relative restriction rule, extra bedroom for medical equipment.)

Live-In-Aide Name: \_\_\_\_\_

Live-In Aide Residence: \_\_\_\_\_

Does the Live-In Aide owe money to any Housing Authorities?  Yes  No

If yes, list all Housing Authorities which they owe money: \_\_\_\_\_

**17. Do you currently pay money out of pocket for Health Insurance?**  Yes  No

Amount: \_\_\_\_\_ Frequency of Payments: \_\_\_\_\_ Policy Number \_\_\_\_\_

Household Member Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Company Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**18. Do you pay out of pocket medical expenses to a Doctor office or to Pharmacy?**  Yes  No

*If yes, please provide a printout from the pharmacy or doctor's office showing the amounts you have paid out of pocket in the past 12 months. Failure to provide documents from Doctor or pharmacy could result in a loss of allowance you may be entitled to and could increase your rent.*

**19. Are you reporting zero income?**  Yes  No

**If Yes: I do hereby certify there is no income/money received in my household from any source including, but not limited to, income from wages, public assistance, Social Security, pensions, benefits, child support, alimony, self-employment or regular gifts that I have not reported on this form.**

*I certify that all the information submitted on this Personal Declaration is true and complete to the best of my knowledge. I understand that providing false information or failing to provide information necessary to determine my rental subsidy is grounds for termination or denial of assistance and/or could lead to a debt with Kentucky Housing Corporation (KHC).*

*I understand that I must report, in writing, to KHC's rental assistance office within ten (10) days, a change in household composition, change in income, or change in assets. I also understand that I must give written notice to my landlord and KHC before I move out of my unit and must have written approval from my landlord and KHC before additional person(s) move into my unit.*

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT (18 years or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT (18 years or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF LIVE-IN AIDE

\_\_\_\_\_  
DATE

Please return this **completed** form to KHC at the address listed below:

Kentucky Housing Corporation  
Attn: Mainstream  
Tenant Assistance Programs  
1231 Louisville Rd.  
Frankfort, KY 40601  
Phone Number: 502-564-9946  
Fax Number: 502-564-9964  
Email: hcvmainstream@kyhousing.org

**WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements on any documents or to any agency of the United States. Kentucky revised Statute 514.040. Theft by deception, it is a crime to knowingly give false information to get into housing, to get a lower rent, or to receive and/or benefit under any state or federally funded assistance program.**

**KENTUCKY HOUSING CORPORATION  
SECTION 8 PARTICIPANT/APPLICANT DRUG-FREE  
CERTIFICATION**

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

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

The use or possession must have occurred within three years before the date of this certification. This certification also provides notice to participants or an applicant that the PHA may deny admission or terminate assistance if a preponderance of the evidence indicates a family member has engaged in such activity.

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

We further understand if we are denied assistance, we have the right to an informal review or hearing. Rules governing the hearing process as well as the authority for this policy are contained in KHC's Section 8 Administrative Plan and based on the following Federal Regulations:

- 24 CFR 982.551 - Obligations of the Participant.
- 24 CFR 982.552 - PHA denial or termination of assistance for family.
- 24 CFR 982.553 - Crime by family members.
- 24 CFR 982.554 - Information review for applicant.
- 24 CFR 982.555 - Informal hearing for participant.

Copies of the Section 8 Administrative Plan and any or all of the above regulations are available from the PHA upon request.

**Signature(s) of all Section 8 Participants Age 18 and older:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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

**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 expires 15 months after signed.

Signatures:

_____	_____	_____	_____
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 Act Notice.** 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Authorization for the Release of Information/  
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

PHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)	HA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)  <b>Kentucky Housing Corporation</b> <b>1231 Louisville Road</b> <b>Frankfort, Kentucky 40601</b>
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**Authority:** 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. This law found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this 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. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent members joining the household or whenever members of the household become 18 years of age.

form. Additional signatures must be obtained from new adult Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

PRINT NAMES OF ALL FAMILY MEMBERS AGE 18 OR OLDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SIGNATURE	DATE

**KENTUCKY HOUSING CORPORATION**  
**SECTION 214 INSTRUCTIONS**

Federal regulations now require rental assistance participants to declare Section 214 status. Please follow the instructions below:

1. Notice of Section 214 Requirements. Please read and keep the enclosed notice.
2. Declaration of Section 214 Requirements. There is one blank form enclosed for each family member. Each adult (18 and over) must complete the form and sign/date it. For each minor (under 18) in the household the parent/guardian must complete this form on the child's behalf and check the box at the bottom. You must return one form for each household member within ten days.

**Box 1** If all household members declare their status in box one, simply return the completed forms. No further action is required.

**Box 2** If a household member declares his/her status in box one, simply enclose proof of age with the form. No further action is required.

**Box 3** If a household member declares his/her status in box three, simply do the following:

- Return completed form
- Provide original INS document (we will copy and return)
- Complete and return the verification consent form

Finally, if you or any household member do not wish to declare your status, you can complete the "Listing of Non-Contending Family Members" form. It is important that you read the Notice of Section 214 Requirements before completing any of the forms.

Thank you for your cooperation.

**KENTUCKY HOUSING CORPORATION  
NOTICE OF SECTION 214 REQUIREMENTS**

**NOTICE TO APPLICANTS APPLYING FOR  
AND TENANTS CURRENTLY RECEIVING  
SECTION 214 HOUSING ASSISTANCE**

**The Law.** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available persons who are either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Noncitizens Rule" entitled, Restrictions on Assistance to Noncitizens, which was published the *Federal Register*, on Monday, March 20, 1995 (60 FR 14816-4861).

**When The Law Became Effective.** The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

**What The Law Means To You.** The receipt of financial housing assistance is contingent upon you and your family submitted evidence either of 1) citizenship, or 2) eligible immigration status.

**Type of Programs This Law Applies To.** The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Housing Choice Voucher Program
- 2) Section 8 Moderate Rehabilitation Program
- 3) Public and Indian Housing Programs

**What Persons Are Covered By This Law.** Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance and tenants who are already receiving housing assistance under a covered program.

**What Evidence Will Be Required?** Each family member, regardless of age, is required to submit the following evidence.

**For Citizens or nationals:** A signed declaration of U.S. citizenship (whether by birth or naturalization).

**For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995:** A signed declaration of eligible immigration status and proof of age.

**For All Other Noncitizens:** The evidence consists of 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below; and 3) A signed verification consent form.

**For All Other Noncitizens, What Immigration Status is Eligible?** Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

**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 INA (8 U.S.C. 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 11671) [*special agricultural worker status*], who has been granted lawful temporary resident status.

**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*].

**Refugee, Asylum, or Conditional Entry Status Under §§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*].

**Parole Status Under §212 (d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182 (d)(5) [*parole status*].

**Threat to Life or Freedom Under §243(h) of INA.** A non-citizen 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*].

**Amnesty Under §245A of the INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**What INS Documents Are Acceptable?** The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

- 1) Form I-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) or the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum office granting withholding of deportation (if application filed on or after October 1, 1990).
- 5) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 264a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HAs must immediately make copies from the original document(s) and return the original documents to the family members.

**When Must Evidence of Eligible Immigration Status Be Submitted?** Evidence of eligible immigration status must be submitted at the times specified below, subject to any extensions granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

**Applicants.** For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date the HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

**Families already receiving assistance on June 19, 1995.** For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

**New occupants of assisted units.** For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

**Changing participation in a HUD program.** Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family already has submitted the evidence to the HA for a covered program.

**One-time evidence requirement for continuous occupancy.** For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

**What Happens If One Or More Family Members Does Not Qualify?** Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigration status of a family member if:

- 1) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;
- 2) The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;
- 3) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;
- 4) The INS appeals process has not been concluded;
- 5) For a tenant, the HA informal hearing process has not been concluded;
- 6) Assistance is prorated;
- 7) Assistance for a mixed family is continued; or
- 8) Deferral of termination of assistance is granted.
- 9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events:

- 1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or
- 2) Evidence of citizenship and eligible immigration status is submitted timely; but INS primary and secondary verification does not verify eligible immigration status of a family member; and
  - a) The family does not pursue INS appeal or HA informal hearing rights; or
  - b) INS appeal and HA informal hearing are pursued, but the final appeal or hearing decisions are decided against the family member.

**What Rights of Appeal Are Available?** Three distinct forms of appeal process are available to both applicants and tenants:

- 1) Appeal to INS. The following instructions apply to the right of appeal to the INS:
  - a) Submission of request for appeal. When the HA receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verification. The family shall have 30 days from the date of the HA's notification to request an appeal of the INS result.

The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.

- b) Documentation to be submitted as part of the appeal to INS. The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top center in bold print: **HUD APPEAL**. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.
- c) Results in INS Appeal.

- (i) The INS will issue the results of the appeal to the family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1, 2, 5, 6, 8, 11, 12, 15, or 18.

- (ii) When the HA received a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.
- d) No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.

2) Informal hearing with HA.

- a) When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the HA provide an informal hearing. This request must be made either within 14 days of the date the HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).
- b) Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.
- c) Informal hearing procedures.
  - (i) For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.
  - (ii) For applicants, the procedures for the informal hearing before the HA are as follows:
    - (A) Hearing before an impartial individual. The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA), other than a person who is a subordinate of the person who made or approved the decision;
    - (B) Examination of evidence. The applicant shall be provided the opportunity to examine and copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;
    - (C) Presentation of evidence and arguments in support of eligible immigration status. The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules evidence applicable to judicial proceedings;

- (D) Controverting evidence of the project owner. The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;
  - (E) Representation. The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such persons make statements on the applicant's behalf;
  - (F) Interpretive services. The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;
  - (G) Hearing to be recorded. The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and
  - (H) Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.
- 3) Judicial relief. A decision against a family member under the INS appeal process or the HA's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

# Kentucky Housing Corporation

## 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. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1.  I am a citizen by birth, a naturalized citizen or a national of the United States; or
2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3.  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
  - a.  Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b.  Permanent residence under §249 of INA, see instruction #3; or
  - c.  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d.  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e.  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f.  Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)**

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

**Return completed form to:**

Kentucky Housing Corporation  
Mainstream Housing Voucher  
1231 Louisville Rd.  
Frankfort, KY 40601

<b>FOR KHC USE ONLY</b>
Enter USCIS/SAVE Primary Verification #: _____
Date: _____

(see page 2 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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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

- 2** Eligible immigration status and 62 years of age or older. For non-citizens 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 <sup>11</sup>101(a)(15 or 101(a)(20) or INA. A non-citizen lawfully admitted for permanent residence, as defined by <sup>11</sup>101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by <sup>11</sup>101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under <sup>11</sup>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 <sup>11</sup>249 of INA. A non-citizen 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 <sup>11</sup>249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5** Refugee, asylum, or conditional entry status under <sup>11</sup>207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under <sup>11</sup>207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been "terminated" under <sup>11</sup>208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under <sup>11</sup>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 <sup>11</sup>212(d)(5) of INA. A non-citizen 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 <sup>11</sup>212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7** Threat to life or freedom under <sup>11</sup>243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under <sup>11</sup>243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8** Amnesty under <sup>11</sup>245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under <sup>11</sup>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 non-citizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA 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.

**KENTUCKY HOUSING CORPORATION  
VERIFICATION CONSENT FORM**

**CONSENT:**

I consent to allow Kentucky Housing Corporation (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

**Signatures:**

**ADULT: (Age 18 or Older)**

_____	<u>A-</u> _____	_____	_____	<u>A-</u> _____	_____
Head of Household	Alien Number	Date	Family Member Age 18 or Older	Alien Number	Date
_____	<u>A-</u> _____	_____	_____	<u>A-</u> _____	_____
Spouse	Alien Number	Date	Family Member Age 18 or Older	Alien Number	Date
_____	<u>A-</u> _____	_____	_____	<u>A-</u> _____	_____
Family Member Age 18 or Older	Alien Number	Date	Family Member Age 18 or Older	Alien Number	Date
_____	<u>A-</u> _____	_____	_____	<u>A-</u> _____	_____
Family Member Age 18 or Older	Alien Number	Date	Family Member Age 18 or Older	Alien Number	Date

**CHILD:**

_____	<u>A-</u> _____	_____	<u>A-</u> _____	_____
Family Member Under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for Child	Alien Number 1/	Date
_____	<u>A-</u> _____	_____	<u>A-</u> _____	_____
Family Member Under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for Child	Alien Number 1/	Date
_____	<u>A-</u> _____	_____	<u>A-</u> _____	_____
Family Member Under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for Child	Alien Number 1/	Date
_____	<u>A-</u> _____	_____	<u>A-</u> _____	_____
Family Member Under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for Child	Alien Number 1/	Date

1/If citizenship declared by adult, leave blank.

**Who Must Sign:** In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to Kentucky Housing Corporation. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**Privacy Act Statement:**  
The information on this form is being collected by Kentucky Housing Corporation to determine the applicant's or tenant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

**Penalties for Misusing this Consent :**  
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

**KENTUCKY HOUSING CORPORATION  
LISTING OF NON-CONTENDING FAMILY MEMBERS**

I, \_\_\_\_\_ certify, under penalty of perjury 1/, that the  
(Please Print Name)  
persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(Signature of Head of Household or Spouse)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Social Security Number or Alien Registration Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone Number)

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.

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigration status and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## **SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

### **INSTRUCTION SHEET**

The Department for Housing and Urban Development (HUD) recently created a form for people applying for, or receiving federal assistance, to complete and return to the housing agency. This form will give you the option to provide "emergency contact" information if you would like help with different issues that may arise while applying for assistance or during your participation on the program.

Please complete the contact box, list an emergency contact of your choice and for any reason(s) that you may feel you need help and sign the enclosed form and return with your paperwork .

You also have the option to waive providing this information. If you choose this option, please check the appropriate box and return with your paperwork.

Kentucky Housing Corporation is committed to the Fair Housing Act. Kentucky Housing Corporation will make reasonable accommodation without discrimination in rules, policies, practices and services. For more information please contact your caseworker.

# NOTICE

In order to prevent abuse within the Housing Choice Voucher Program, Kentucky Housing Corporation (KHC) works with local and state officials to monitor for drug and violent criminal activity or program fraud. Verification of these activities could result in repayment contracts and/or termination from the program.

KHC accesses the U.S. Department of Housing and Urban Development's Enterprise Income Verification System (EIV) to verify tenant income. The EIV system allows us to confirm wages, Social Security and other sources of income.

Reported income and expenses for all household members will be independently verified by KHC via the EIV system and/or direct contact with third-party sources. If KHC finds that income has not been reported, the participant will be offered a monthly repayment plan.

In order to avoid a repayment contract and/or possible termination of assistance, please remember to report all changes in household composition and all changes in income for all household members within 10 days.

**Kentucky Housing Corporation**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Kentucky Housing Corporation (KHC)** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence; dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under the **Housing Choice Voucher program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **Housing Choice Voucher program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **Housing Choice Voucher program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control; or any individual, tenant, or lawful occupant living in your household.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

## Removing the Abuser or Perpetrator from the Household

KHC may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If KHC chooses to remove the abuser or perpetrator, KHC may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, KHC must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, KHC must follow Federal, State, and local eviction procedures. In order to divide a lease, KHC may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

## Moving to Another Unit

Upon your request, KHC may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, KHC may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If KHC does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, KHC may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** KHC may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

KHC will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families. KHC's emergency transfer plan provides further information on emergency transfers, and KHC must make a copy of its emergency transfer plan available to you if you ask to see it.



## **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

KHC can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from KHC must be in writing, and KHC must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. KHC may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to KHC as documentation. It is your choice which of the following to submit if KHC asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by KHC with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that KHC has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, KHC does not have to provide you with the protections contained in this notice.

If KHC receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), KHC has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, KHC does not have to provide you with the protections contained in this notice.

## Confidentiality

KHC must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

KHC must not allow any individual administering assistance or other services on behalf of KHC (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

KHC must not enter your information into any shared database or disclose your information to any other entity or individual. KHC, however, may disclose the information provided if:

- You give written permission for KHC to release the information on a time-limited basis.
- KHC needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires KHC or your landlord to release the information.

VAWA does not limit KHC's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

## Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, KHC cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if KHC can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If KHC can demonstrate the above, KHC should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

## Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

## **Non-Compliance with the Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with U.S. Department of Housing and Urban Development Public and Indian Housing Information Resource Center at 800-955-2232 or [HUD-PIHRC@tngusa.net](mailto:HUD-PIHRC@tngusa.net) or TTY – <http://www.federalrelay.us/tty>

## **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, KHC must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact **Kentucky Housing Corporation 1-800-633-8896, extension 711 or email – [rentalcustomerservice@kyhousing.org](mailto:rentalcustomerservice@kyhousing.org)**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Kentucky Domestic Violence Association at [info@kcadv.org](mailto:info@kcadv.org) or call 502-209-5382.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Kentucky Domestic Violence Association at [info@kcadv.org](mailto:info@kcadv.org) or call 502-209-5382.**

Victims of stalking seeking help may contact **Kentucky Domestic Violence Association at [info@kcadv.org](mailto:info@kcadv.org) or call 502-209-5382.**

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.