



**142 Trivette Drive
P.O. Box 1468 * Pikeville, Kentucky 41502
(606)432-4178 or (606)432-6235
Fax: (606)437-9155**

Board of Directors

Danny Newsome
Gypsy Cantrell
Marvin Hensley
David Adams
Roxanne Blankenship

APPLICATIONS FOR THE HOUSING CHOICE VOUCHER PROGRAM ARE TAKEN MONDAY THRU THURSDAY BETWEEN 7:30 A.M. – 5:30 P.M.. APPLICATIONS ARE AVAILABLE ON OUR WEBSITE @ www.pchaky.com, OR CAN BE PICKED UP AT OUR OFFICE. THE FOLLOWING INFORMATION WILL BE NEEDED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE.

1. INCOME FOR ALL FAMILY MEMBERS SUCH AS SOCIAL SECURITY, SSI, BLACK LUNG, VA PENSION, WAGES, RETIREMENT, K-TAP, FOOD STAMPS, CHILD SUPPORT, ODD JOBS, OR FAMILY INCOME FORM.
2. MARRIAGE LICENSE, 3 NOTARIZED SEPARATION STATEMENTS, OR ANY FINAL DIVORCE DECREE.
3. SOCIAL SECURITY CARDS & BIRTH CERTIFICATES OR SCHOOL RECORDS. (FOR ALL HOUSEHOLD MEMBERS)
4. LAST THREE (3) MONTHS BANK STATEMENTS FOR CHECKING, SAVINGS, CD'S, ETC.
5. CHILDCARE EXPENSES PAID SO THAT AN ADULT CAN WORK.
6. RENT & UTILITY RECEIPTS FOR THE LAST THREE (3) MONTHS. (AEP, GAS, WATER, GARBAGE)
7. LAST (3) THREE YEARS INCOME TAX RETURN (2025, 2024 & 2023)
8. NAMES, ADDRESSES, AND PHONE NUMBERS OF THREE (3) NON-RELATED REFERENCES.
9. ELDERLY & DISABLED ONLY: (OUT OF POCKET MEDICAL RECEIPTS FOR THE LAST 12 MONTHS)
10. COPIES OF ANY INSURANCE POLICIES YOU MAY HAVE. (LIFE, HEALTH OR ACCIDENT)
11. FULL TIME STUDENT STATUS. (COLLEGE ONLY)
12. VALID DRIVE LICENSE OR PHOTO ID.





PIKE COUNTY HOUSING AUTHORITY
P.O. BOX 1468
PIKEVILLE, KY 41502



SECTION 8 RENTAL ASSISTANCE
202

DATE: _____
TIME: _____ A.M./P.M.

NAME OF APPLICANT _____
PHONE #: _____ CELL #: _____ EMAIL: _____
STREET ADDRESS _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
RACE: _____ WHITE _____ BLACK _____ AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER
_____ HISPANIC _____ OTHER _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

PERSONS TO RESIDE IN UNIT INCLUDING HEAD OF HOUSEHOLD	RELATIONSHIP TO HEAD	BIRTHDATE	AGE	SOCIAL SECURITY #	OCCUPATION OR SCHOOL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DO YOU ANTICIPATE ANY CHANGES IN YOUR HOUSEHOLD COMPOSITION? **YES OR NO** (ARE YOU EXPECTING A BABY? **YES OR NO**) WHEN? _____

HAVE YOU EVER BEEN MARRIED? **YES OR NO** HOW MANY TIMES? _____
NAME OF FORMER SPOUSE(S) _____
DATE SEPARATED _____ DATE DIVORCED _____

APPLICANT'S FATHER'S NAME? _____ MOTHER'S NAME _____
CO-APPLICANT'S FATHER'S NAME? _____ MOTHER'S NAME _____

ARE YOU REQUESTING A HANDICAPPED/DISABILITY ADJUSTMENT TO YOUR INCOME? **YES OR NO**
ARE YOU REQUESTING A HANDICAPPED ACCESSIBLE UNIT? **YES OR NO**
IS THERE AN ADULT HOUSEHOLD MEMBER OVER 18 NOT EMPLOYED OR IN SCHOOL? **YES OR NO**
IF YES, WHICH MEMBER? _____

HOW DID YOU HEAR ABOUT OUR AGENCY? _____

LOCAL RESIDENCE INFORMATION

HOW LONG HAVE YOU LIVED IN PIKE COUNTY? _____ HOW LONG HAVE YOU LIVED IN KENTUCKY? _____

HOUSEHOLD INCOME

PLEASE LIST EACH TYPE OF INCOME YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCES AND AMOUNT THAT CAN BE EXPECTED FROM THE SOURCE DURING THE NEXT 12 MONTHS.

	HOUSEHOLD MEMBER	SOURCE/TYPE OF INCOME	MONTHLY AMOUNT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

EMPLOYMENT

NAME OF EMPLOYER: _____ MAILING ADDRESS: _____

HOW LONG HAVE YOU BEEN EMPLOYED AT PRESENT JOB? _____

CHILD CARE EXPENSES?

DO YOU PAY FOR CHILD CARE WHICH ENABLES YOU OR ANOTHER HOUSEHOLD MEMBER TO WORK OR GO TO SCHOOL? **YES OR NO**

IF YES, GIVE NAME AND ADDRESS OF CHILD CARE PROVIDER, WEEKLY COST, AND NAME OF HOUSEHOLD MEMBER ENABLED TO WORK:

_____ TELEPHONE NUMBER _____

ASSETS INFORMATION:

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRA'S, KEOGH ACCOUNTS, AND CERTIFICATES OF DEPOSIT) OF ALL HOUSEHOLD MEMBERS INCLUDING AMOUNTS DISPOSED OF DURING THE PAST (2) YEARS.

	HOUSEHOLD MEMBER	BANK NAME/ ADDRESS	ACCOUNT NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

DO YOU OWN AN AUTOMOBILE? **YES OR NO** IF YES, LIST MAKE, MODEL AND COLOR OF EACH

1.	_____	LICENSE NUMBER _____
2.	_____	LICENSE NUMBER _____
3.	_____	LICENSE NUMBER _____

DO YOU HAVE CAR INSURANCES? **YES OR NO** HOW MUCH IS YOUR PREMIUM? _____

HOW DID YOU PAY FOR IT? _____ WHO DROVE YOU HERE TODAY? _____

EXPENSES FOR THE ELDERLY, DISABLED OR HANDICAPPED:

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR HANDICAPPED MEMBER(S) OF THE HOUSEHOLD NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE HOUSEHOLD TO WORK? **YES OR NO** IF YES, DESCRIBE EXPENSES: _____

DO YOU HAVE MEDICARE? **YES OR NO** IF YES, WHAT IS YOUR MONTHLY PREMIUM? _____

DO YOU HAVE ANY OTHER KIND OF MEDICAL INSURANCE? **YES OR NO** IF YES, GIVE POLICY NUMBER AND AGENT'S NAME _____

DO YOU HAVE OUTSTANDING MEDICAL BILLS WHICH YOU ARE PAYING ON? **YES OR NO**

NAME AND ADDRESS OF DOCTOR: _____

NAME AND ADDRESS OF PHARMACY: _____

DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT (12) MONTHS? **YES OR NO**

IF YES, PLEASE EXPLAIN _____

CREDIT INFORMATION

AUTO LOAN BALANCE: _____ MONTHLY AMOUNT: _____ LENDER: _____ BALANCE: _____

CREDIT CARDS: _____ MONTHLY AMOUNT: _____ BALANCE: _____

PERSONAL LOANS: _____ MONTHLY AMOUNT: _____ BALANCE: _____

CRIMINAL REPORT:**FEDERAL REGULATIONS DATE 07/11/1991 REQUIRE AGENCIES TO QUESTION APPLICANT AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.**HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY CRIME OTHER THAN TRAFFIC VIOLATIONS? **YES OR NO** IF YES, LIST NAME AND OFFENSE: _____

LIST NAME OF REHABILITATION CENTER HOUSEHOLD MEMBER IS RECEIVING SERVICES FROM IF APPLICABLE: _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? **YES OR NO** IF YES, LIST NAME: _____**ABSENT PARENT INFORMATION**

LIST THE NAMES OF ABSENT PARENTS FOR EACH CHILD:

	HOUSEHOLD MEMBER	PARENTS NAME	ADDRESS	LAST CONTACT DATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

RENTAL HISTORY ASSISTANCE

PRESENT LANDLORD: _____ TELEPHONE NUMBER _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

RENT AMOUNT: \$ _____ UTILITIES: \$ _____ NUMBER OF BEDROOMS : _____

TYPE OF UNIT: _____

DOES THE RENT INCLUDE UTILITIES? **YES OR NO**

IF NOT, WHAT UTILITIES DO YOU PAY AND WHAT IS THE MONTHLY AVERAGE COST (ESTIMATE)

ELECTRIC _____ GAS _____ WATER _____

SEWAGE _____ GARBAGE _____

REASON FOR MOVING: _____

NAME OF PAST LANDLORD: _____ TELEPHONE NUMBER _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOW MANY PEOPLE LIVE IN YOUR UNIT NOW? _____ DO YOU WISH TO MOVE FROM YOUR PRESENT UNIT? **YES OR NO** IF YES, WHY? _____HAVE YOU EVER BEEN EVICTED ? **YES OR NO** IF YES, WHY? _____HAVE YOU EVER BEEN DISPLACED? **YES OR NO** IF YES, WHY? _____ARE YOU LIVING IN AN ASSISTED HOUSING UNIT? **YES OR NO** HAVE YOU EVER? **YES OR NO**

IF SO, WHERE? _____ HOW LONG? _____ WHEN? _____

DO YOU CURRENTLY LIVE IN SUBSTANDARD HOUSING? **YES OR NO** IF YES, EXPLAIN: _____DO YOU OWE AN OUTSTANDING DEBT TO A PUBLIC HOUSING AGENCY? **YES OR NO**

NAME OF AGENCY? _____

IF APPLYING FOR RENTAL ASSISTANCE ONLY

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED FULL-TIME, PART-TIME, OR SEASONALLY? **YES OR NO**
2. DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO WORK FOR ANY PERIOD DURING THE NEXT TWELVE (12) MONTHS? **YES OR NO**
3. DOES ANY MEMBER OF YOUR HOUSEHOLD WORK FOR SOMEONE WHO PAYS THEM IN CASH? **YES OR NO**
4. IS ANY MEMBER OF YOUR HOUSEHOLD ON LEAVE OF ABSENCE FROM WORK DUE TO LAY OFF, MEDICAL, MATERNITY LEAVE? **YES OR NO**
5. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT? **YES OR NO**
6. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE OR EXPECT TO RECEIVE UNEMPLOYMENT BENEFITS? **YES OR NO**
7. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT RECEIVING? **YES OR NO**
8. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE OR EXPECT TO RECEIVE ALIMONY PAYMENTS? **YES OR NO**
9. IS ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY PAYMENTS? **YES OR NO**
10. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE SOCIAL SECURITY BENEFITS? **YES OR NO**
11. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? **YES OR NO**
12. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING? **YES OR NO**
13. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT OR FROM ANY AGENCY OR ORGANIZATIONS? **YES OR NO**
14. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE INCOME FROM ASSETS INCLUDING INTEREST ON CHECKING OR SAVINGS ACCOUNTS, INTEREST AND DIVIDENDS FROM CERTIFICATES OF DEPOSIT, STOCKS OR BONDS, INCOME FROM RENTAL PROPERTY? **YES OR NO**
15. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE AN EARNED INCOME TAX CREDIT? **YES OR NO**

MILITARY SERVICE:

NAME OF HOUSEHOLD MEMBER WHO HAS BEEN OR IS IN THE MILITARY SERVICE: _____
RELATIONSHIP TO HEAD: PERIOD OF SERVICE FROM- TO TYPE AND DATE OF DISCHARGE

MONTHLY EXPENSES

DO YOU HAVE ANY OF THE FOLLOWING INSURANCES? _____ LIFE _____ HEALTH _____ ACCIDENT
IF YES, HOW MUCH IS YOUR MONTHLY POLICY? _____ HOW DID YOU PAY IT? _____
AMOUNT OF LAST MONTH'S ELECTRIC BILL? _____ HOW DID YOU PAY IT? _____
DO YOU HAVE ANY OF THE FOLLOWING? TELEPHONE, CALLER ID, INTERNET, CELLULAR PHONE, IF YES PLEASE LIST:
_____ AMOUNT OF LAST MONTH'S BILL \$ _____
HOW DID YOU PAY FOR IT? _____
DO YOU HAVE TELEVISION? **YES OR NO** ARE YOU ON CABLE OR SATELLITE? _____
HOW MUCH IS YOUR MONTHLY BILL? _____ HOW DID YOU PAY FOR IT? _____
DO YOU OR HOUSEHOLD MEMBER USE TOBACCO PRODUCTS? **YES OR NO** HOW MUCH DO YOU SPEND MONTHLY? _____
HOW DO YOU PAY FOR THEM? _____
ARE YOU CURRENTLY PAYING A RENTAL BILL FOR RENTED ITEMS? (TV, VCR, WASHER/DRYER, ETC.) **YES OR NO**
IF YES, NAME OF RENTAL COMPANY _____ AMOUNT OF RENTAL PAID EACH MONTH _____
HOW DO YOU PURCHASE GROCERIES? _____

HOW DO YOU PURCHASE ITEMS YOU CAN'T BUY WITH FOOD STAMPS, SUCH AS PAPER PRODUCTS, (TOILET PAPER, PAPER PLATES, SCHOOL SUPPLIES, ETC..) _____
COSMETICS: LIPSTICKS, MAKEUP, PERFUME, TAMPONS, SANITARY NAPKINS, ETC.? _____
ALCOHOL PRODUCTS: BEER, WINE, WHISKEY, ETC.? _____
CLEANING AIDS: SOAP POWDERS, BATH SOAP, DISHWASHING LIQUID? _____
VITAMINS/OVER COUNTER DRUGS; ASPIRINS, COUGH SYRUP, ETC.? _____
DISPOSABLE DIAPERS: _____ HOW MANY DO YOU BUY PER MONTH? _____
CLOTHING: _____ SHOES: _____ HOUSEHOLD ITEMS: _____

DO EITHER OF YOU HAVE ANY OTHER SOURCES OF INCOME EXCEPT WHAT YOU HAVE STATED ABOVE? **YES OR NO**
IF YES, WHAT INCOME? _____

I CERTIFY THAT I RECEIVE \$ _____ PER MONTH FROM ANOTHER PERSON NOT LIVING IN MY UNIT TO HELP PAY THE ABOVE BILLS.

REFERENCES:

PLEASE LIST THREE REFERENCES:

1. _____ TELEPHONE NUMBER: _____
2. _____ TELEPHONE NUMBER: _____
3. _____ TELEPHONE NUMBER: _____

HOUSING FRAUD IS A VIOLATION OF STATE AND FEDERAL LAWS ANY PERSON WHO OBTAINS, OR WHO ESTABLISHES ELIGIBILITY FOR, AND ANY PERSON WHO KNOWINGLY/INTENTIONALLY AIDS OR ABETS ANY PERSON IN OBTAINING OR ESTABLISHING ELIGIBILITY FOR ANY PUBLIC HOUSING, OR A REDUCTION IN PUBLIC HOUSING RENTAL CHARGES, OR TO DISCLOSE INFORMATION, IMPERSONATE OR OTHER FRAUDULENT SCHEME OR DEVICE SHALL BE GUILTY OF A FELONY UNDER KENTUCKY AS IN THIS ACT, PUBLIC SHALL MEAN HOUSING WHICH IS CONSTRUCTED, OPERATED, MAINTAINED, CODE OF ADMINISTERED BY THE STATE, A COUNTY, A CORPORATION, A HOUSING AUTHORITY, OR BY ANY OTHER POLITICAL SUBDIVISION OR PUBLIC CORPORATION OF THE STATE OF ITS SUBMISSIONS. WARNING!!! TITLE 18, SECTION 1001 OF UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I/WE FURTHER CERTIFY ALL THE INFORMATION GIVEN TO THE PIKE COUNTY HOUSING AUTHORITY REPRESENTING HOUSEHOLD COMPOSITIONS, INCOME, ASSETS, ALLOWANCE AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE ALSO UNDERSTAND THAT FURNISHING FALSE INFORMATION AND MAKING FALSE STATEMENTS IS GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE/OCCUPANCY, AND I AM RESPONSIBLE TO **REPAY** ANY UNDERPAID RENT OR OVERPAID RENTAL ASSISTANCE. I/WE HAVE NO OBJECTION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN. I/WE UNDERSTAND THAT ANY VERIFICATION REQUIRED BY THE HOUSING AUTHORITY MUST BE RETURNED WITHIN SEVEN (7) CALENDAR DAYS. FAILURE TO DO SO WILL RESULT IN DELAY IN PROCESSING MY APPLICATION, WITHDRAWAL OF THIS APPLICATION OR TERMINATION OF MY TENANCY ASSISTANCE. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONWIDE TOLL- FREE HOT LINE AT 1(800)424-8590.

IT IS THE POLICY OF THE HOUSING AUTHORITY OF PIKE COUNTY NOT TO DISCRIMINATE ON THE BASIS OF HANDICAP STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OF INDIVIDUALS; THEREFORE, A TDD IS AVAILABLE AT OUR OFFICE, A TELEPHONE NUMBER 1(800)247-2510. OUR OFFICE IS ACCESSIBLE TO THE HANDICAPPED/DISABLED PERSON.

I GIVE MY PERMISSION TO PIKE COUNTY HOUSING AUTHORITY TO CHECK ANY AND ALL REFERENCES INCLUDING, BUT NOT LIMITED TO, PREVIOUS LANDLORDS AND/OR PERSONAL REFERENCES LISTED HEREIN.

THE PIKE COUNTY HOUSING AUTHORITY PROVIDES HOUSING ASSISTANCE WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, SEXUAL HARASSMENT, FAMILIAL STATUS, NATIONAL ORIGIN AND DISABILITY.

HEAD OF HOUSEHOLD

SPOUSE

OTHER ADULT

OTHER ADULT

HOUSING REPRESENTATIVE

DATE SIGNED

PROGRAM INFORMATION (TO BE FILLED OUT BY HOUSING AUTHORITY OF PIKE COUNTY PERSONNEL).

DATE: _____

BEDROOM SIZE _____

ELDERLY _____ DISABLED _____ HANDICAPPED _____ FAMILY _____

STATUS _____ ELIGIBLE _____ NOT ELIGIBLE _____

INCOME LEVEL _____ GROSS ANNUAL INCOME _____

DOES/DOES NOT QUALIFY FOR FEDERAL PREFERENCE? _____

FEDERAL PREFERENCE QUALIFIED FOR? _____