

## Pike County Housing Authority

Board of Directors

Danny Newsome  
Gypsy Cantrell  
Marvin Hensley  
David Adams  
Roxanne Blankenship



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

APPLICATIONS FOR THE HOUSING CHOICE VOUCHER PROGRAM ARE TAKEN EVERY WEDNESDAY BETWEEN 7:30 A.M. – 5:30 P.M.. THE APPLICATION ARE AVAILABLE ON OUR WEBSITE @ [www.pchaky.com](http://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 (2020, 2019 & 2018)
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  
 HOME REPAIR  
 HOME BUYER  
 202

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_ A.M./P.M.

1. NAME OF APPLICANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
2. 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 FAMILY 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 WIVES OR HUSBANDS \_\_\_\_\_  
 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.

FAMILY 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 FAMILY 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 FAMILY 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.

FAMILY 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 FAMILY NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY 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 FAMILY 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:

	FAMILY 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 FAMILY 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 YOUR SPOUSE 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 OUR FAMILY GIVES US \$ \_\_\_\_\_ PER MONTH TO HELP PAY THE ABOVE BILLS.

**IF APPLYING FOR THE HOME REPAIR PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

DOES YOUR HOME USE A PUBLIC WATERLINE? **YES OR NO**

WHAT TYPE OF SEWAGE DISPOSAL DO YOU HAVE? \_\_\_ PUBLIC SEWER SYSTEM \_\_\_ SEPTIC SYSTEM \_\_\_ OUTHOUSE \_\_\_ OTHER

WHAT TYPE OF HEAT DO YOU HAVE? \_\_\_ ELECTRIC \_\_\_ GAS \_\_\_ COAL \_\_\_ OTHER

TYPE OF UNIT: \_\_\_ MOBILE HOME \_\_\_ APARTMENT \_\_\_ HOUSE \_\_\_ OTHER

APPROXIMATE AGE OF UNIT? \_\_\_\_\_ DO YOU OWN OR RENT? \_\_\_\_\_

HOW MUCH ARE YOUR MORTGAGE PAYMENTS PER MONTH? \_\_\_\_\_

AVERAGE MONTHLY BILL: GAS: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_

WATER: \_\_\_\_\_ SEWER: \_\_\_\_\_

OTHER: \_\_\_\_\_

DO YOU OWN THE LAND? **YES OR NO**

YEAR PROPERTY BOUGHT? \_\_\_\_\_ FROM WHOM? \_\_\_\_\_

DEED BOOK: \_\_\_\_\_ PAGE 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, THE PREVIOUS LANDLORDS AND PERSONAL REFERENCES LISTED HEREIN.

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

\_\_\_\_\_  
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? \_\_\_\_\_