

ORIGINAL BEECHER TERRACE RESIDENTS – REOCCUPANCY WAITING LIST PRE-APPLICATION

**PRE-APPLICATIONS MUST BE POSTMARKED BY _____ TO BE ENTERED IN THE LOTTERY.
PRE-APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL AT THE ADDRESS LISTED BELOW:**

**LOUISVILLE METRO HOUSING AUTHORITY
600 S. 7th STREET
LOUISVILLE, KY 40203**

*****PRE-APPLICATIONS RECEIVED AFTER _____ WILL BE ADDED TO THE WAITING LIST BY THE DATE RECEIVED*****

*****FAILURE TO COMPLETE ALL SECTIONS MAY DELAY YOUR PRE-APPLICATION FROM BEING PROCESSED.*****

***** PLEASE PRINT CLEARLY AND FILL FORM OUT COMPLETELY OR YOUR NAME MAY NOT BE ENTERED IN THE LOTTERY. *****

PERSONAL INFORMATION

NAME _____

(Last)

(First)

(Middle Initial)

ADDRESS _____

(Street)

(Apt #)

(City)

(State)

(Zip Code)

(Home Phone #)

(Work Phone #)

*****FOR STATISTICAL PURPOSES ONLY*****

RACE: _____ White

ETHNICITY (check one) _____ Hispanic

Are you a Veteran? _____

_____ Black

_____ Non-Hispanic

_____ American Indian / Native Alaskan

_____ Asian / Pacific Islander

WHEN APPROVED FOR ASSISTED HOUSING, LIST ALL PERSONS INCLUDING YOURSELF, WHO WILL LIVE WITH YOU IN THE UNIT

*****At least one member of the household listed below must have legal residency status for the family to be eligible for housing assistance*****

(Full Legal Name)	(Relationship)	(Date of Birth)	(Age)	(Sex)	(Social Security #)	Disabled Check if yes
_____	_____ Head _____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____
_____	_____	____/____/____	_____	_____	_____	_____

(List Additional Members on a separate paper. Make sure you list Name, Relationship, DOB, Age, Sex and Social Security #)

If the Head of Household listed above is **under** 18 years of age, are you legally emancipated? _____

SOURCES OF INCOME: List all income you and everyone in your household receive **NOW**.

HOUSEHOLD MEMBER(S)	SOURCE OF INCOME	AMOUNT PER MONTH
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Are you currently employed? Yes _____ No _____

Have you had continuous employment for the past 12 months? Yes _____ No _____

Do you pay child care for a minor in your household that is under age 13? Yes _____ No _____. If Yes, \$ _____

ASSETS:

Do you have assets valued over \$50,000.00? Yes ____ No ____

If yes, please list assets _____

CURRENT LANDLORD INFO:

Name: _____

Address: _____

Phone Number: _____

PAST PARTICIPATION:

Were you a resident at Beecher Terrace on or after June 28, 2016? Yes ____ No ____

If yes, check all Beecher replacement units you are interested in:

On-site Senior Bldg (Age 55+) ____ Other On-site Units ____ Off-site Units ____ All Units ____

Do you require an accessible unit? Yes ____ No ____

Have you ever applied for or participated in the Section 8 Rental Assistance Program or Public Housing? Yes ____ No ____

If yes, when and where? _____.

Do you have an outstanding debt owed to the Housing Authority? Yes ____ No ____ If yes, amount if known. \$ _____

Have you or a family member been convicted of methamphetamine production on the premises of Federal assisted housing?

Yes ____ No ____ If yes, date of conviction. _____

Have you or a family member been evicted from Federal assisted housing in the last three years because of drug related criminal activities? Yes ____ No ____ If yes, date of eviction. _____

REASONABLE ACCOMMODATION:

Do you require a reasonable accommodation in order to take full advantage of the Louisville Metro Housing Authority housing programs and related services? Yes ____ No ____

If yes, type of accommodation needed. _____

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. If information is reported in error or omitted from this form, the family will be determined to be ineligible at the time of application.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

Housing Choice Voucher Program Office: 600 S. 7th St., Louisville, KY 40203 | Main: (502) 569-6060 | TDD: (502) 587-0831 | Fax: (502) 587-1027



Notice of Right of Reasonable Accommodation: If you or someone else in your household has a disability – and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in the Housing Choice Voucher Program – please contact the Customer Service Ombudsman to discuss accommodation options. The Customer Service Ombudsman of the Housing Choice Voucher program can be reached directly at (502) 569-6942, or TDD 502-587-0831.

