

APPLICATION FOR HOUSING ASSISTANCE

Home Buyer Program

Homeowner Rehabilitation Program

Section I—Applicant Information

Applicant Name :

Co-applicant Name:

Mailing Address:

Mailing Address:

Physical Address (if different than mailing):

Physical Address (if different than mailing):

Telephone #: _____

Telephone #: _____

2nd Phone #: _____

2nd Phone #: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Section II—Income, Assets and Debt

List all People in Household and Sources of Income:

Name	Age	Marital Status/ Relationship to Applicant(s) (Married, Single, Widowed, Child, Friend, etc.)	Monthly Income	Source (Wages, K-Tap, SS, SSI, Food Stamps, Child Support, alimony, etc.)

Date: _____

List all long term debts (debts which will not be paid off within the next 6 months):

Creditor's Name	Address	Current Balance	Monthly Minimum Payment

Asset information:

Do you or any other household member have any of the following assets?

Type of Asset	Yes or No	Institution or Bank Name	Balance	Disposed of in last two years for less than the face value?
Checking Account				
Savings Account				
Christmas Club Account				
Certificate of Deposit				
Money Market				
Trusts				
Stocks				
IRA Account				
Bonds				
Life Insurance Policy				
Whole Life Policy				
Term Life Policy				
Retirement/Pension Fund				
Collectible/Antiques				
Other:				

Date: _____

Section III--Current Housing:

Do you currently: _____ Rent Monthly Rent: \$ _____ Average Utilities: \$ _____
 _____ Own Home Monthly Mortgage\$ _____ Average Utilities: \$ _____
 _____ Other Explain: _____

If you are a homeowner, how old is home? _____

Do you owe delinquent property taxes? Yes No If "Yes", how much do you owe? _____

Do you own land? Yes No If "Yes", how many acres? _____

Have you ever filed bankruptcy? Yes No If "Yes", when?: _____

Have you ever been a party in a foreclosure Yes No If "Yes", when? _____

I/We, the Applicant(s), understand that willful false statements or misrepresentation concerning income or asset information relating to financial condition is sole reason for exclusion from this program. I/We further understand that any willful misstatement of information will be grounds for either termination of the application process or, if awarded funding assistance, the total amount of the funding assistance received shall become immediately due and payable by the Applicant(s). I/We certify that the application information provided in this application is true and complete as of the date set forth beside my/our signature on this application. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

Non-Discrimination Policy Statement

It is the policy of this agency to provide services to all persons without regard to race, color, national origin, religion, sex, age or disability. No person shall be excluded from participation in, or be denied the benefit of, any service; or be subjected to discrimination because of race, color, national origin, religion, sex, age, or disability. **Complaint of Discrimination Policy & Procedure:** This policy statement complies with the Civil Rights Act, Title VI (45 CFR part 80.7(b) and section 504 of the Rehabilitation Act of 1973 (45 CFR part 84.7 (b)). If you choose to file your complaint in writing, you must include your name, address, telephone number, and a brief description of what occurred which lead you to believe you were discriminated against.

You may also file a complaint of discrimination by calling or writing either of the external agencies listed below.

U.S. Department of Housing and Urban Development (HUD) Kentucky Housing Corporation

Atlanta Regional Office of FHED 1231 Louisville Road
U.S. Department of Housing and Urban Development Frankfort, KY 40601-6191
Five Points Plaza (502) 564-7630
40 Marietta Street, 16th Floor 1-(800) 633-8896 (toll free in KY)
Atlanta, Georgia 30303-2806 TTY 711
(404) 331-5140800-440-8091
TTY (404) 730-2654

You will not be harassed, intimidated, threatened, or suffer any penalty because you filed a complaint. Any penalty or reprisal against you or any other involved persons is prohibited by law.

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any federal, State, local agency, organization, business or individual to release to and verify my application for participation, and or to maintain my continued assistance under the Section 8 Rental Rehabilitation, HOME program, Supportive Housing, Affordable Housing Trust Fund, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing & Urban Development, KHC, Beattville Rental Assistance Team, and/or Beattville Housing & Development Corporation, Inc. in administering and enforcing program rules and policies. I also consent for HUD, KHC, BRAT, or BHDC to release information from my file to any Federal, State or local government agency.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | |
|----------------------------------|-------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|---|------------------------------------|
| Previous Landlords (including public housing agencies) | Past and Present Employers |
| Courts and post Offices | Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Support and Alimony Providers |
| Medical and Child Care Providers | Veterans Administration |
| Retirement Systems | Social Security Administration |
| Utility companies | Credit Providers and Credit Bureau |
| Banks and other financial Institutions | |

CONDITIONS

I agree a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information I can prove is incorrect.

SIGNATURES:

Head of Household	_____	(Print Name)	_____	Date	_____
Adult Member	_____	(Print Name)	_____	Date	_____
Adult Member	_____	(Print Name)	_____	Date	_____
Adult Member	_____	(Print Name)	_____	Date	_____

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.