

Application valid for one year from the date signed. To remain on the waiting list, you must reapply before the year is over.



**PEOPLE'S SELF-HELP HOUSING RENTAL OFFICE**  
**307 KY 59**  
**VANCEBURG, KY 41179-7648**  
**PHONE: (606) 796-0811 FAX: (606) 796-0282**  
**TDD: 1-800-648-6057**

**PRELIMINARY RENTAL & TBRA APPLICATION**

Please fill out all sections accurately and completely IN INK ONLY. A PSHH staff person will gladly assist you upon request.

**I. Applicant Information**

Applicant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_ Race: \_\_\_\_\_

**II. Household Member Information: List all persons who will live in the unit beginning with the applicant.**

Full Name	Sex	Relationship to Applicant	Date of Birth	Social Security Number	Race
		<b>Applicant</b>			

**REFERRAL SOURCE:** \_\_\_\_\_ **U.S. Military Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_

You are not required to answer if someone in your household is disabled. However, if a household member is disabled, you may qualify for additional adjustments in your rent amount. Is anyone in your household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

**III. Household Income: Please provide all income/earnings information below for all household members.**

**Employer (Income Providers) addresses & phone numbers must be given.**

Name of Household Member Receiving Income	Employment or Self-Employ. Gross Weekly Income and Employer Name Employer Address Employer Phone Number	Weekly Unemployment Benefits & Agency Address	Social Security/SSI Monthly Benefits	K-TAP Monthly Income	Child Support Income Name of C.S Provider & Address	Other Income List-Type, Amount & Name & Add. Of Provider

**IV. Criminal**

Has anyone that will be living in your household been arrested or convicted of manufacturing methamphetamine? \_\_\_\_\_yes \_\_\_\_\_no

Has anyone that will be living in your household been arrested or convicted of a sex offence? \_\_\_\_\_yes \_\_\_\_\_no

Has anyone that will be living in your household been arrested, charged and/or convicted of any violent criminal activity, drug related activity, misdemeanor or felony within the last 5 years? \_\_\_\_\_ yes \_\_\_\_\_ no

**V. Housing Assets**

Do you have a checking or savings account? \_\_\_\_\_yes \_\_\_\_\_no Balance \_\_\_\_\_ Bank \_\_\_\_\_

Do you own any real estate/property? \_\_\_\_\_yes \_\_\_\_\_no Type \_\_\_\_\_ Value \_\_\_\_\_ Address \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value during the two preceding years? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please list: \_\_\_\_\_

CONTINUE ON BACK

**VI. Present & Previous Residence Information for the past three (3) years.**

Current Residence: (Street Address): _____ City _____ State: _____ Zip: _____ Landlord Name: _____ Landlord Address: _____ City: _____ State: _____ Zip: _____ Landlord Phone: _____ Move-In Date: _____ Move-Out Date: _____ Do you currently owe any money for unpaid rent and/or damages? Please explain.	<b>Monthly Rent Amount: \$</b> _____
Current Residence: (Street Address): _____ City _____ State: _____ Zip: _____ Landlord Name: _____ Landlord Address: _____ City: _____ State: _____ Zip: _____ Landlord Phone: _____ Move-In Date: _____ Move-Out Date: _____ Do you currently owe any money for unpaid rent and/or damages? Please explain.	<b>Monthly Rent Amount: \$</b> _____
Current Residence: (Street Address): _____ City _____ State: _____ Zip: _____ Landlord Name: _____ Landlord Address: _____ City: _____ State: _____ Zip: _____ Landlord Phone: _____ Move-In Date: _____ Move-Out Date: _____ Do you currently owe any money for unpaid rent and/or damages? Please explain.	<b>Monthly Rent Amount: \$</b> _____

**VII. Personal References:**

Please provide the names, addresses & phone numbers of 1-2 persons in a position of authority and good standing in the community who could vouch for your personal character. These persons cannot be a family member or close personal friend.

Name: _____ Phone #: _____ Address: _____ City : _____ State: _____ Zip: _____	Name: _____ Phone #: _____ Address: _____ City : _____ State _____ Zip _____
--	--

**VIII. Housing Preferences: Please check all of the following that apply to your situation.**

- \_\_\_\_\_  Paying more than fifty (50%) percent of family gross income for rent and utilities
- \_\_\_\_\_  Vacated or occupy a unit where physical violence is present: Name offender? \_\_\_\_\_
- \_\_\_\_\_  Homeless, including substandard housing, overcrowded housing, streets or shelter. (Please check below):
  - \_\_\_\_\_  Substandard Housing (Ex: no indoor plumbing, unsafe electric, no bathtub or toilet, holes in wall, etc.
  - \_\_\_\_\_  Overcrowded Housing
  - \_\_\_\_\_  Living in Shelter or on the streets, in a car, etc.
  - \_\_\_\_\_  NONE

1. Are you or anyone who will be living in your household a victim of domestic violence, dating violence, sexual assault or stalking? yes \_\_\_\_\_ no \_\_\_\_\_
2. Are you or anyone who will be living in your household ever been evicted from a rental property? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you or anyone who will be living in your household currently delinquent on a federal loan? Yes \_\_\_\_\_ No \_\_\_\_\_
4. What other states have you lived in? \_\_\_\_\_

People's Self-Help Housing, Inc. does not discriminate against any person in the provision of services or in any other manner on the grounds of race, color, religion, sex, national origin, sexual orientation, gender identity, marital status, familiar status, ancestry, age, disability or veteran status.

**By signing below I (we) hereby state that all of the information on this application is true, correct and complete to the best of our knowledge. I (we) also give PSHH the right to check our personal, rental & credit histories. I (we) further agree and understand that reporting any inaccurate or incomplete information that is relevant to my request for rental housing will render this application null and void.**

NOTE: Please review this application for accuracy and completeness by giving complete addresses, phone numbers, income information, name, etc. Please ask a PSHH staff person for assistance if you do not understand any part of this application.

Applicant Signature: \_\_\_\_\_

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

Signature of Other Adult: \_\_\_\_\_

Time of Day \_\_\_\_\_

## 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, and People's Self-Help Housing, Inc. in administering and enforcing program rules and policies. I also consent for HUD, KHC, PSHH or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, future landlords, and/or other service agencies. This includes records on my payment history, and any violations of my lease or occupancy policies. I also consent for HUD, KHC, or PSHH 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) included 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	Social Security Administration
Medical and Child Care Providers	Support and Alimony Providers
Retirement Systems	Veterans Administration
Utility Companies	Credit Providers and Credit Bureaus
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
Spouse	(Print Name)	Date
Adult Members	(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.

**DISCLOSURE OF POTENTIAL  
CONFLICT OF INTEREST**

Applicant Name (please print): \_\_\_\_\_

The undersigned hereby certifies that he/she or any member of their household is not:  
(Check all that are applicable.)

\_\_\_ An employee of People's Self-Help Housing, Inc. (PSHH)

\_\_\_ A member of the PSHH Board of Directors

\_\_\_ Related to an employee(s) of PSHH\*

\_\_\_ Related to a member of the PSHH Board of Directors\*

\* Related is defined as a spouse, parent, child, brother, sister, grandparent, including steps and in-laws, as well as any immediate family member related by blood, marriage, adoption, but not distant relations such as cousins, aunts and uncles.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----  
If the applicant cannot certify the above please describe the reason or reasons below:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# PEOPLE'S SELF-HELP HOUSING, INC. PRIVACY POLICY

## Statement of Philosophy

People's Self-Help Housing, Inc. (PSHH) is committed to making available financial products and services that will enable families to have decent, safe, affordable and sanitary housing. Protecting personal information and using it in a manner consistent with our client's expectations is a high priority. To ensure that our members can rely upon the quality of products and services we make available, PSHH stands behind the following policy:

1. PSHH will only collect the personal information that is necessary to conduct our business. That means we will only collect what is necessary to provide competitive financial products and services and to safeguard the assets of PSHH.
2. PSHH will protect our clients and former client's personal information. We will maintain strong security controls to ensure that client information in our files and computers is protected. Where appropriate, we will use security-coding techniques to protect against unauthorized access to personal records, ensure accuracy and integrity of communications and transactions, and protect client confidentiality. PSHH shall restrict access to client information to those employees, directors and other volunteers who have need for it to provide services to the clients or to fulfill their legal or fiduciary responsibilities. PSHH employees and volunteers will be informed of their responsibility to protect confidential information and are bound by this Privacy Policy.
3. Clients shall have reasonable access to their information. PSHH has the responsibility to ensure that the records are complete and accurate.
4. PSHH will not disclose nonpublic personal information to non-affiliated third parties except:
  - When the client authorizes the disclosure
  - When the disclosure is authorized by applicable law
  - When such disclosure is required to complete a transaction
  - When necessary to comply with any court order, applicable law or regulation
  - When necessary to verify the existence and condition of an account for a third party as permitted by law
  - When PSHH has a joint marketing agreement with a third party financial institution (such as an insurance company) and the third party financial institution is contractually obligated to keep any disclosed nonpublic personal information confidential and to use the information only for the purpose of the joint marketing agreement
5. Under no circumstances will we authorize any firm to change our clients account without our clients' express consent and PSHH will not sell member information to telemarketing firms.

## **Acknowledgment of Receipt of PSHH's Privacy Policy and Release of Information Authorization Form**

I/We have received a copy of the People's Self-Help Housing, Inc. Privacy Policy and the Release of Information Authorization Form and all of my/our questions have been answered to my/our satisfaction.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Date

## **Acknowledgment or Review of Tenant Selection Plan**

I, \_\_\_\_\_, have had the opportunity to review the Tenant Selection Plan. I understand that a copy can be provided upon request.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name

\_\_\_\_\_  
Date