

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
		Applicant			

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 & 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 offense? _____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.	Monthly Rent Amount: \$ _____
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.	Monthly Rent Amount: \$ _____
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.	Monthly Rent Amount: \$ _____

VII. 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? _____

VIII. Potential Deductions:

Does your household have un-reimbursed childcare, medical, or disability expenses? Yes _____ No _____ If yes, please give details:

IX. Conflict of Interest:

Are you an employee, board member or related to an employee or board member of this agency? Yes _____ No _____ If yes, please give details: _____

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:

_____	(Print Name)	_____	Date
Head of Household			
_____	(Print Name)	_____	Date
Spouse			
_____	(Print Name)	_____	Date
Adult Members			

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

ACKNOWLEDGMENTS

1. 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.
2. I/We have been given the opportunity to review People's Self-Help Housing's Tenant Selection Plan. I/We understand that we will be given a copy of the Plan upon request.
3. I/We acknowledge People's Self-Help Housing's Notice of Occupancy Rights under the Violence Against Women Act (VAWA) has been provided to me/us.

Applicant Name

Date

Co-Applicant Name

Date



People's Self-Help Housing, Inc.

307 KY 59, Vanceburg, KY 41179-7648

Providing Affordable Housing Opportunities
in Lewis County since 1982

GRIEVANCE PROCEDURE FOR COMPLAINTS RELATING TO SUSPECTED OR ALLEGED DISCRIMINATION

Any employee, applicant, or program participant of People's Self-Help Housing, Inc. (PSHH), hereinafter called person, who believes that he/she has been subjected to discrimination as prohibited by the Federal Revenue Sharing program regulations, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act, and/or the Fair Housing Act may personally or by a representative, file a complaint with the Executive Director of PSHH at the PSHH office, at 307 KY 59, Vanceburg, KY 41179-7648. A person who has not personally been subjected to discrimination may also file a complaint.

Any person who believes that he/she has been adversely effected by an act or decision by PSHH staff shall have the right to process a complaint or grievance in accordance with the following procedure.

Step 1: Within thirty (30) days of the alleged incident, an aggrieved person must submit a written statement to the Executive Director of PSHH setting forth the nature of the discrimination alleged and facts upon which the allegation is based.

Step 2: The PSHH Executive Director shall contact the complainant no later than fifteen (15) days after receiving the written statement to establish an informal meeting with the objective of resolving the matter informally. However, in no case shall the informal meeting be conducted sooner than five (5) days nor more than forty-five (45) days after receiving the written statement.

There shall be prepared a written documentary of the discussions at the informal meeting, which shall be preserved with the minutes of PSHH Board meetings.

Step 3: Within fifteen (15) days of the informal meeting, if no decision has been made by the PSHH Executive Director or the decision of the PSHH Executive Director does not satisfy the complainant, he/she may request a hearing with the full PSHH Board of Directors. The PSHH Board of Directors shall issue a written decision on the matter within fifteen (15) days, and the decision shall be the final procedure for the complainant at the local level.

There shall be prepared a written documentary of the discussion at the hearing, which shall be preserved with the minutes of the PSHH Board meeting.

By my signature, I confirm that I have read and received a copy of this procedure.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

PHONE (606) 796-0811 FAX (606) 796-0282

TDD for the Hearing-Impaired 1-800-648-6057



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 just 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 clients 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 to comply with any court order, applicable law or regulation;
 - 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 client's account without our clients' express consent and PSHH will not sell member information to telemarketing firms.