



## Ashland Assisted Housing Pre-Application

The Ashland Assisted Housing Authority Housing Choice Voucher program provides rental assistance to low-income families in Ashland, Kentucky. The program was designed to achieve the following goals:

- To provide improved living conditions for low-income families while maintaining their rent payments at an affordable level.
- To provide decent, safe, and sanitary housing for eligible participants.

### Reasonable Accommodation

A Reasonable Accommodation ensures that persons with disabilities have full access to all Ashland Assisted Housing Authority's programs and services. Any applicant or participant may at any time during the application process or tenancy, request a reasonable accommodation to allow a disabled family to meet lease requirements or other requirements of tenancy. Persons with disabilities who need a reasonable accommodation in order to participate in the Housing Choice Voucher program should contact the AAHA at 606-385-3327.

### Equal Housing Opportunity

The Ashland Assisted Housing Authority's does not discriminate on the basis of race, color, religion, sex, handicap, sexual orientation, familial status or national origin in the admission, access to, or treatment in its federally assisted programs.



The following must be submitted at the time of application:

- Application coversheet (submit this form)
- Pre-application (completed in full)
- Supplement to Application (completed in full)
- Picture identification (for Head of Household)
- Social Security card (for Head of Household)
- Birth Certificate (for Head of Household)
- Supporting Documentation for Preference (paychecks, verification of homelessness, disability, etc.)

**Incomplete applications will not be accepted.**

**Please submit all information requested on checklist above.**

**FY2020 Income Limits (effective 4/2020)**

Persons In The Family

1	2	3	4	5	6	7	8
\$20,700	\$23,650	\$26,600	\$29,550	\$31,950	\$34,300	\$36,650	\$39,050

**Payment Standards: Housing Choice Voucher Program effective 1/1/2020**

<b>Efficiency</b>	<b>\$ 537</b>
<b>1 Bedroom</b>	<b>\$ 639</b>
<b>2 Bedroom</b>	<b>\$ 771</b>
<b>3 Bedroom</b>	<b>\$ 1,038</b>
<b>4 Bedroom</b>	<b>\$ 1,228</b>
<b>5 Bedroom</b>	<b>\$ 1,411</b>
<b>6 Bedroom</b>	<b>\$ 1,596</b>

**Gross Rent**

**Harbor Hill effective 8/1/2019**

<b>1 Bedroom</b>	<b>\$ 668</b>
<b>2 Bedroom</b>	<b>\$ 807</b>
<b>3 Bedroom</b>	<b>\$ 1,087</b>

**Gla-Low Apartments (proposed)**

<b>1 Bedroom</b>	<b>\$ 609</b>
<b>2 Bedroom</b>	<b>\$ 734</b>
<b>3 Bedroom</b>	<b>\$ 989</b>

**This payment standard is the maximum rent allowed including utilities.**

**If the utilities are not paid by the landlord, a portion of the maximum rent will be assessed to the tenant as a utility allowance.**

The COA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. The COA's subsidy standards for determining Voucher size shall be applied in a manner consistent with Fair Housing guidelines. All standards in this section relate to the bedroom size on the Voucher, not the family's actual living arrangements.

The Voucher size is determined prior to the briefing by comparing the family composition to COA subsidy standards. If an applicant requires a change in the Voucher bedroom size, the guidelines listed below will apply.

These guidelines will be used by COA to determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	3
2	2	5
3	4	7
4	6	9

Generally, COA assigns one bedroom for the head of household (and spouse or cohabitating adult, if any) and one additional bedroom for every two people in the household, regardless of age or gender, within the following guidelines.

Live-in aides will get a separate bedroom as long as they are in an "arm's length" relationship (example: no additional bedroom would be awarded if the live-in aide is a boyfriend or girlfriend). No additional bedrooms are provided for the attendant's family.

The bedroom size on the Voucher remains the same as long as the family composition remains the same, regardless of the actual unit size rented.

COA may grant exceptions to normal subsidy standards as an accommodation for persons with disabilities. The exceptions must be justified by the disability of family members, or other individual circumstances.

Request for Exceptions to Subsidy Standards

The family may make a request for a larger Voucher than indicated by COA's subsidy standards. Such request must be made within 10 days of the determination of bedroom size. The request must explain the need or justification for a larger bedroom size. Written documentation verifying the need or justification may be required as well. Requests based on health-related reasons must be verified in writing by a professional and will be re-evaluated each year at annual renewal.

COA will not issue a larger voucher due to additions of household members other than by birth, adoption, new marriage, or court-awarded custody unless at recertification.

### **Violence Against Women Authorization Act of 2005**

The Violence Against Women Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicants or has been a victim of domestic violence, dating violence, sexual assault, and stalking. Specifically, Section 606(4) (A) of VAWA adds the provision to Section 8 of the U.S. Housing Act of 1937, which lists provisions and requirements for the housing choice voucher program: That an applicant or participant is or has been a victim of domestic violence, dating violence, sexual assault, and stalking is not an appropriate reason for denial of program assistance or the denial of admission, if the applicant otherwise qualifies for admission to program.

### **Office Information**

Office Address: 1700 Greenup Avenue, Suite 212, Ashland, Kentucky

Mailing Address: PO Box 1839, Ashland, Kentucky 41105

Phone Number: 606-385-3327

Fax Number: 606-327-5457

Email: [sect8@ashlandky.org](mailto:sect8@ashlandky.org)

Website: [www.ashlandky.gov](http://www.ashlandky.gov)

Hours of Operation: Monday-Thursday 8:30am-5pm Closed: 12pm-1pm for lunch.  
Closed on Friday.

Housing Specialists are available to talk to clients during Walk-In hours

Client Walk-In Hours: Monday & Wednesday 9am-11am and 2pm-4pm

Clients may submit paperwork at any time, but housing specialists are only available during Client Walk-In hours

### **Housing Specialists**

Josh Meade  
HOH Last Name  
D-Q and Harbor Hill  
[jmeade@ashlandky.gov](mailto:jmeade@ashlandky.gov)

Melissa Dillon  
HOH Last name  
A-C and R-Z  
[mdillon@ashlandky.gov](mailto:mdillon@ashlandky.gov)



# Preliminary Application

Ashland Assisted Housing  
1700 Greenup Avenue Suite 212  
Ashland, Kentucky 41101  
606-385-3327 fax 606-327-5457  
www.ashlandky.gov

Name of Head of Household \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Legal Address if different than mailing address.

Legal Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

## Part 1: Head of Household Information

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex  Female  Male

Home Telephone \_\_\_\_\_ Other Phone \_\_\_\_\_

Other Phone Type  Cell Phone  Work Phone  Other Specify: \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to receive correspondence via email.

Do you qualify for a reasonable accommodation?  Yes  No

## Part 2: Eligibility

Check each box that applies to your current status.

- \_\_\_ You or any member of your household is a registered lifetime sex offender.
- \_\_\_ You or anyone in your household have been charged or convicted of methamphetamine manufacturing.
- \_\_\_ You or any member of your household have been evicted from Public Housing or the Section 8 Program.
- \_\_\_ You or any member of your household has a felony.
- \_\_\_ You or any member of your household currently owes money to a Housing Agency or a landlord



List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Account	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

### Part 5: US Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing process.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_

### Part 6: Current Status

- \_\_\_\_\_ Currently a Housing Choice Voucher Participant living at Gla-Low.
- \_\_\_\_\_ Currently living at Gla-Low, but not receiving assistance.
- \_\_\_\_\_ Currently a Housing Choice Voucher Participant renting in the free market.
- \_\_\_\_\_ Currently a Project Based Voucher participant renting at Harbor Hill.
- \_\_\_\_\_ New application for housing assistance.

#### Mark the waiting list(s) you are interested in applying for:

- \_\_\_\_\_ Housing Choice Voucher (HCV) Program Waiting List  
Rental assistance in private rental market in Boyd County, Kentucky.
- \_\_\_\_\_ Gla-Low Apartment Project Based Waiting List
- \_\_\_\_\_ Harbor Hill Project Based Waiting List:  
Must have verification of domestic violence preference.

**Number of Members in the Household:**

\_\_\_1\_\_\_ Head of Household  
\_\_\_\_\_ Spouse/Partner/Significant Other  
\_\_\_\_\_ Other Persons in Household                      Total: \_\_\_\_\_

Preferences are given based on criteria as stated in the Administrative Plan. All preliminary applications received will be sorted by preference and then the application date and time.

**Applications are being taken for the following preferences:**

Please mark **all options** that apply to you:

\_\_\_\_\_ Where the family was terminated from the HVC program due to insufficient HVC funding.  
(S1)

Must be verified by agency.

\_\_\_\_\_ Where the family is a victim of domestic violence in or outside of public housing. (S1;  
HH1/2/3) \*

Must provide verification from Safe Harbor of North East Kentucky.

\_\_\_\_\_ Displaced by government action. (S1) \*

Must provide supporting paperwork.

\_\_\_\_\_ Deemed homeless by written verification from a local support agency. (S1) \*

Must provide homeless verification letter from CARES.

\_\_\_\_\_ Youth aging out of foster care. (S1) \*

Must provide supporting paperwork.

\_\_\_\_\_ A family whose head, spouse, or cohead is a veteran. A veteran is a person who has served in the active military or naval service of the United states at any time and has been discharged or released from service. Form DD214 must be submitted to housing authority. (S1; G1) \*

No residency requirement.

\_\_\_\_\_ A family whose head, spouse, or cohead is considered Active Duty, Reserve, or National Guard. (S1; G1) \*

A Leave and Earnings Statement (LES) must be submitted to verify active duty or a NGB-22 for reserve or national guard, if a DD-214 wasn't issued.

No residency requirement.

**Preferences (continued):**

\_\_\_\_\_ Where the head, co-head, spouse or sole member is considered elderly by being at least 62 or older. (S2; G1) \*

Must provide verification of age.

No residency requirement.

\_\_\_\_\_ Where the head, co-head, spouse or sole member is considered near elderly by being at least 50 or older. (S2, G1) \*

Must provide verification of age.

No residency requirement.

\_\_\_\_\_ Where the head, co-head, spouse or sole member is considered disabled with verification of disability. (S2, G1) \*

Must provide verification of disability.

No residency requirement.

\_\_\_\_\_ A family whose head, spouse, or cohead is responsible for the care of dependent disabled family member which prevents them from working or attending school. (S2, G2) \*

Must provide verification of disability.

No residency requirement.

\_\_\_\_\_ Families where the head, co-head, or spouse or sole member is working or attending school in Boyd County. (S2, G2) \*

Must provide verification of work or attending school.

No residency requirement.

\_\_\_\_\_ Families who are not working or attending school and live in Boyd County. (S3, G3) \*

Must live in Boyd County.

\*\* Documentation must be provided verifying the option selected.\*\*

**\*\*No other preferences are being accepted at this time.\*\***

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**Office Use Only**

Application Date \_\_\_\_\_ Bedroom Size \_\_\_\_\_

HCV \_\_\_\_\_ Gla-Low \_\_\_\_\_ HH \_\_\_\_\_

Additional Notes:



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.