

**KENTUCKY HOUSING CORPORATION  
KENTUCKY MOVING ON CERTIFICATION**

I certify the following.

\_\_\_\_\_ (Client's Name) is a person who has achieved housing stability and no longer requires the intensive case management and supportive services provided by this Permanent Supportive Housing (PSH) program in order to maintain housing.

The client meets the following criteria for the Kentucky Moving On Pilot Program:

- Currently enrolled in a Kentucky Balance of State Continuum of Care CoC-funded PSH program
- Completion of Kentucky Housing Corporation Housing Readiness Assessment and qualifying score
- Signed form attesting client's willingness to voluntarily leave PSH program if selected for Housing Choice Voucher

\_\_\_\_\_  
Referral Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name and Title

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Agency Phone Number

\_\_\_\_\_  
Agency Email

**Please return completed application form to:**

**Waiting List, 1231 Louisville Road, Frankfort, Kentucky 40601; or email [khcrentalwaitinglist@kyhousing.org](mailto:khcrentalwaitinglist@kyhousing.org); or fax 502-564-9964, attention: Waiting List.**

**Referrals can be made by any Kentucky Balance of State Continuum of Care (CoC)-funded Permanent Supportive Housing (PSH) programs. Applicant must be willing to reside in one of the 87 counties served by KHC's Housing Choice Voucher.**



**KENTUCKY HOUSING CORPORATION  
TENANT ASSISTANCE PROGRAMS PREAPPLICATION**

Return to: Kentucky Housing Corporation  
Waiting List/VETT/Kentucky Moving On  
1231 Louisville Road  
Frankfort, Kentucky 40601

Toll-free phone numbers (Kentucky only) (877) 552-7368; (502) 564-9946;  
(800) 648-6056 (TTY); (800) 648-6057 (Hearing Impaired-Voice)  
Fax (888) 512-3952

Date Received

**1. Head of Household Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

County you want to live in: \_\_\_\_\_ (only one county) Email Address: \_\_\_\_\_

**2. How many adults live in the unit? Please include yourself.**

**Male Adults:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Female Adults:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How many children will live in the unit?**

Male child under six years old: \_\_\_\_\_ Female child under six years old: \_\_\_\_\_

Male child six years old or older: \_\_\_\_\_ Female child six years old or older: \_\_\_\_\_

**3. For HUD statistical purposes only: Check One:  Not Hispanic or Latino  Hispanic or Latino**

**4. You are not required to answer the following question. This is voluntary information for HUD statistical purposes only.**

Do any **adult** persons who reside in the unit have a disability?  Yes  No Name(s) \_\_\_\_\_

**5. Please identify your race by checking one box:**

White  Asian  Black/African American  American Indian/Alaska Native  Native Hawaiian/other Pacific Islander

**6. Source(s) of monthly income. Check all that apply and list the monthly amount. If an amount is not listed, it will be assumed that you have zero income in that category.**

Wages: \$ \_\_\_\_\_  KTAP: \$ \_\_\_\_\_  SSI/SS: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_  Other: (Describe) \$ \_\_\_\_\_

**Always keep your application information up to date with this office.**

*Information on this application is confidential and will not be shared with anyone without your written or verbal consent.*

Kentucky Housing Corporation does not discriminate based on race, color, age, national origin, sex, disability, religion or familial status in its programs or services.

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**Following information to be completed by Kentucky Housing Corporation staff only:**

Region \_\_\_\_\_ Gross Income \$ \_\_\_\_\_ Bedroom Size \_\_\_\_\_ Number in Household \_\_\_\_\_ Staff Initials \_\_\_\_\_