



GEORGETOWN HOUSING AUTHORITY

139 Scroggin Park, Georgetown, KY 40324
J. Thomas Wilson, PHM, Executive Director

Public Housing & Section 8 Waiting List Preference Selection and Update Form

Applicant Name: _____

Telephone Number: _____

Address: _____

E-Mail: _____

Application Preference Selection

Preference Verified

- 4 - Super Preference GHA PHA residents – Violence Yes ___ No ___
- 4 – Homeless Vets (Individuals & families) Yes ___ No ___
- 3 - Living/Working/Hired to work in Georgetown Yes ___ No ___
- 3 - Scott Resident: Vets or surviving spouses of Vets Yes ___ No ___
- 3 – Scott Resident: Working 20 hours/week; 62 HOH/Spouse; disabled Yes ___ No ___
- 3 – Scott Resident: Family member of domestic violence Yes ___ No ___
- 2 – Other families living in Georgetown Yes ___ No ___
- 1 – Vets or surviving spouses of Vets (Other than Dishonorable) Yes ___ No ___
- 1 – Working 20 hours/week; 62 HOH or Spouse; Disabled Yes ___ No ___
- 1 – Family member of domestic violence Yes ___ No ___
- 0 – Other families not living in Georgetown Yes ___ No ___

Preference Update

Preference Verified

- 4 - Super Preference GHA PHA residents – Violence Yes ___ No ___
- 4 – Homeless Vets (Individuals & families) Yes ___ No ___
- 3 - Living/Working/Hired to work in Georgetown Yes ___ No ___
- 3 - Scott Resident: Vets or surviving spouses of Vets Yes ___ No ___
- 3 – Scott Resident: Working 20 hours/week; 62 HOH/Spouse; disabled Yes ___ No ___
- 3 – Scott Resident: Family member of domestic violence Yes ___ No ___
- 2 – Other families living in Georgetown Yes ___ No ___
- 1 – Vets or surviving spouses of Vets (Other than Dishonorable) Yes ___ No ___
- 1 – Working 20 hours/week; 62 HOH or Spouse; Disabled Yes ___ No ___
- 1 – Family member of domestic violence Yes ___ No ___
- 0 – Other families not living in Georgetown Yes ___ No ___

Tenant Signature: _____

Date: _____

PHA OFFICE USE ONLY

Extremely Low-Income (ELI) Certification:

This family does ___ does not ___ qualify as extremely low-income based upon the attached income verification.

Port-In: Initiating Jurisdiction: _____ Absorb Date _____ Bill Date _____ P-I Date _____

Section 8 Waiting List: Yes ___ No ___ Application Date _____

Public Housing Waiting List: Yes ___ No ___ Application Date _____

**I certify that the applicant has been selected from the Section 8 waiting list for participation in the Section 8 HCV program in accordance with the requirements of the Georgetown Housing Authority Administrative Plan.*

*PHA Staff Signature

Date

Preference Points: ___ 0 ___ 1 ___ 2 ___ 3 ___ 4

Supporting documentation attached: Yes _____ No _____

Individuals with disabilities may submit reasonable accommodation requests to the property manager or the 504 Reasonable Accommodation Administrator in writing, orally, or by any means of communication at the GHA Central Office, 139 Scroggins Park, Georgetown, KY 40324-2039. The individual making the request will be provided with the Request for Reasonable Accommodation form which should be completed, signed and returned for processing. Assistance with completing this form is available from GHA staff. If you have any questions or concerns about reasonable accommodations, please call the Executive Director at 502-863-3773 or KY Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance – call one of the following:

(800) 648-6056 (TTY) 711 (TTY) (800) 648-6057 (Voice) (800) 244-6111 (Speech) (800) 676-4290 (Española-TTY Voz)



- PH Applicant
- Section 8 Applicant