

THE HOUSING AUTHORITY

C O V I N G T O N , K Y

Program Application



Life Learning Center

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

MARITAL STATUS:

SINGLE (NEVER MARRIED) ___ MARRIED ___ DIVORCED/ SEPARATED ___ WIDOWED ___

CHILDREN IN HOUSEHOLD: _____ AGES: _____

LAST GRADE OF SCHOOL COMPLETED: _____ SCHOOL ATTENDED: _____

HIGH SCHOOL DIPLOMA? YES NO GED: YES NO

VOCATIONAL SCHOOL? YES NO SCHOOL: _____ COMPLETED: _____

COLLEGE COURSEWORK? YES NO SCHOOL: _____ COMPLETED: _____

ARE YOU ENROLLED IN THE FAMILY SELF SUFFICIENCY (FSS) PROGRAM? YES NO

DO YOU HAVE COMPUTER SKILLS? YES NO (SPECIFY) _____

DO YOU HAVE ANY OTHER JOB RELATED SKILLS OR ACHIEVEMENTS: (PLEASE LIST)

DO YOU PRESENTLY RECEIVE MONTHLY KTAP ASSISTANCE? YES NO

DO YOU PRESENTLY RECEIVE ANY OTHER MONTHLY FINANCIAL ASSISTANCE? YES NO
(IF YES, IS IT (PLEASE CIRCLE) SSI SSDI OTHER (SPECIFY) _____

DO YOU CURRENTLY RECEIVE FOOD STAMPS? YES NO



REVISED 08-16-2018



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DO YOU PERSONALLY HAVE **HEALTH INSURANCE?** YES NO
(IF YES, IS IT (PLEASE CIRCLE) MEDICAID MEDICARE OTHER (SPECIFY) _

WORK HISTORY

(Start with Most Recent Employer)

1. NAME AND ADDRESS

TELEPHONE NO.

IMMEDIATE SUPERVISOR

DATES EMPLOYED

JOB TITLE

JOB DUTIES

REASON FOR LEAVING

WAGE RATE:

2. NAME AND ADDRESS

TELEPHONE NO.

IMMEDIATE SUPERVISOR

DATES EMPLOYED

JOB TITLE

JOB DUTIES

REASON FOR LEAVING

WAGE RATE:

TRANSPORTATION: DO YOU OWN A CAR? YES NO
DO YOU RIDE THE BUS? YES NO
DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

IN CASE OF EMERGENCY, NOTIFY: _____

RELATIONSHIP: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____
(If Yes, Please Explain) _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of the records of _____ from relevant health, educational, vocational, state and local agencies to the Housing Authority of Covington. ***This information is to be used solely to facilitate the HAC programs on my behalf.*** The Housing Authority of Covington is to hold these records in the strictest confidence and may not release them to any other entity without my written permission.

(Signature of Applicant/Parent/Guardian)

(Date)

I hereby authorize the release of the records of _____ from the Housing Authority of Covington to relevant personnel, health, educational, vocational, and state and local agencies. ***This information is to be used solely to facilitate the HAC programs on my behalf.*** These agencies are to hold the Housing Authority of Covington records in the strictest of confidence and may not release them to any other entity without written permission from me.

(Signature of Applicant/Parent/Guardian)

(Date)

PHOTO RELEASE FOR PUBLICATIONS/AUDIO & VIDEO PROMOTIONS

I hereby give permission to The Housing Authority of Covington to take a photograph of _____ and use it in any publications, newsletters, picture boards, albums, brochures, etc. I understand that this is a voluntary decision and does not affect my eligibility for programs or services.

(Signature of Applicant/Parent/Guardian)

(Date)

