

Newport Commons Apartments
411 Elm Street Newport KY 41071
(859) 431-2166

Dear Interested Applicant:

Thank you for your interest in Newport Commons. Newport Commons offers 12 one-bedroom apartments for residents 18 years and older with a disability. All units are equipped with a stove, refrigerator and individually controlled central heat and air conditioning units. Each unit has a washer and dryer hookup and a private patio.

These apartments are rent subsidized, and the resident pays 30% of their monthly income for rent. Utilities are not included but you do receive a utility allowance. To be eligible the annual income for one person must be below \$39,150 for single occupancy and for double occupancy \$44,750.

In order to expedite the processing of your application for qualifications with the Project Based Rental Assistance for the Disabled "PRAC Property". Please provide us with the documents listed below for your household.

- *BIRTH CERTIFICATES FOR ALL MEMBERS OF THE HOUSEHOLD*
- *SOCIAL SECURITY CARDS*
- *PICTURE ID*
- *DISABILITY FORM*

Thank you
Lisa Burke
Community Manager
Newport Commons
Two Rivers Apartments
859-431-2166



We encourage and support an affirmative housing program in which there are no barriers to obtaining housing because of race, religion, sex, handicap, familial status, or national origin.

UPDATE _____

INITIAL APPLICATION DATE _____
TIME _____ (OFFICE USE ONLY)

APPLICATION FOR ADMISSION NEWPORT COMMONS

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE (____) _____

TOWNSHIP _____

NAMES AND TELEPHONE OF TWO PERSONS WE CAN CONTACT IF UNABLE TO REACH YOU:

1. _____
NAME TELEPHONE

2. _____
NAME TELEPHONE

UNIT PREFERENCE _____ ONE BEDROOM _____ HANDICAP UNIT

DO YOU NEED A HANDICAP/MOBILITY IMPAIRED UNIT? _____ YES _____ NO

IF YES, REASON _____

DO YOU NEED A SIGHT OR HEARING IMPAIRED UNIT? _____ YES _____ NO

IF YES, REASON _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

NAME BIRTHDAY AGE SOCIAL SECURITY NUMBER

1. _____

2. _____

PRESENT LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

PREVIOUS LANDLORD

NAME _____ TELEPHONE _____

ADDRESS _____

ASSET INFORMATION:

1.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
2.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
3.	_____	_____	_____	_____
	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

DO YOU OWN A HOME OR REAL ESTATE? ____ YES ____ NO IF YES VALUE ____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? ____ YES ____ NO

IF YES, LIST AMOUNT \$ _____ DATE OF DISPOSAL _____

INCOME STATUS:

GROSS MONTHLY SOCIAL SECURITY \$ _____

SSI \$ _____

GROSS MONTHLY PENSION \$ _____

GROSS MONTHLY EMPLOYMENT \$ _____

VETERANS PENSION \$ _____

INTEREST EARNED MONTHLY ON BANK ACCOUNTS,
STOCKS, IRA, ETC... \$ _____

OTHER INCOME _____ \$ _____

TOTAL PROJECTED MONTHLY INCOME \$ _____

TOTAL PROJECTED ANNUAL INCOME \$ _____

MEDICAL EXPENSES:

DO YOU HAVE MEDICAL INSURANCE? _____ YES _____ NO

IF YES LIST (PLEASE NOTE, LIFE INSURANCE NOT APPLICABLE)

1.	_____	_____	_____
	NAME OF INSURANCE COMPANY	MONTHLY/QUARTERLY	PREMIUM
2.	_____	_____	_____
	NAME OF INSURANCE COMPANY	MONTHLY/QUARTERLY	PREMIUM

EVICTION:

HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING IN THE PAST? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY ? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE ? _____ YES _____ NO

ARE YOU A STUDENT IN A HIGHER LEARNING INSTITUTE ? _____ YES _____ NO

ARE ANY ADULT HOUSEHOLD MEMBERS CURRENTLY A FULL-TIME OR PART TIME STUDENT? _____ YES _____ NO

ARE ANY ADULT STUDENT HOUSEHOLD MEMBERS RECEIVING FINANCIAL AID?
_____ YES _____ NO _____ NA

WAITING LIST

I/WE UNDERSTAND THAT THE MANAGEMENT OF THIS PROPERTY CANNOT DETERMINE HOW LONG MY WAIT WILL BE ON THE WAITING LIST.

APPLICANT CERTIFICATION

I/WE CERTIFY THAT IF SELECTED TO MOVE IN THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR SECTION 8 ASSISTANCE. I/WE AUTHORIZE THE OWNERS TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS, AND/OR ANY OTHER NECESSARY INFORMATION. I UNDERSTAND THAT SUBSEQUENT CONSUMER REPORTS MAY BE OBTAINED AND UTILIZED UNDER THIS AUTHORIZATION IN CONNECTION WITH AN UPDATE, RENEWAL, EXTENSION OR COLLECTION WITH RESPECT OR IN CONNECTION WITH THE RENTAL OR LEASE OF A RESIDENCE FOR WHICH APPLICATION WAS MADE. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

STATION HILL IS AN EQUAL OPPORTUNITY HOUSING PROVIDER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, DISABILITY, NATIONAL ORIGIN, RELIGION OR FAMILIAL STATUS.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF MANAGER

DATE

PLEASE MAIL COMPLETED APPLICATION TO:

NEWPORT COMMONS
411 ELM ST.
NEWPORT, KY 41071

7/22/14

EQUAL HOUSING OPPORTUNITY

UPDATE _____

INITIAL APPLICATION DATE _____
TIME _____ (OFFICE USE ONLY)

APPLICATION FOR ADMISSION

NEWPORT COMMONS

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE (____) _____

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DATE

PLEASE MAIL COMPLETED APPLICATION TO:

NEWPORT COMMONS
411 ELM ST.
NEWPORT, KY 41071

7/22/14

EQUAL HOUSING OPPORTUNITY

Supplemental and Optional 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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

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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.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Mt. Auburn Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity?
_____ yes _____ no
2. Do you currently use illegal drugs or abuse alcohol? _____ yes _____ no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
_____ yes _____ no
4. Have you been convicted of any drug-related crime ? _____ yes _____ no
5. Have you been convicted of any felony ? _____ yes _____ no
6. Have you been convicted of any crime involving fraud or dishonesty ?
_____ yes _____ no
7. Have you been convicted of any crime involving violence? _____ yes _____ no
8. Are you currently charged with any of the above criminal activities? _____ yes _____ no
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #'s)

10. Have you ever used or been known by any other name? _____ yes _____ no
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Mt. Auburn Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Mt. Auburn Apartments, to a public housing authority, or to an agency contracted by Mt. Auburn Apartments to conduct criminal background checks.

Applicants Signature _____ Date _____



Criminal and Credit Report Authorization

I, _____, hereby authorize _____, to obtain a Police / Consumer Report, and any other information deemed necessary in determining my eligibility for housing. In signing this consent form, I am authorizing the owner of the housing project to which I am applying for assistance, to request information from a third party about myself. HUD requires the housing owner to verify all information provided that would affect your eligibility or assistance level on the housing program. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, and any other necessary information. I hereby expressly release _____, and any other procurer or furnisher of such information, from any liability whatsoever in the use, procurement or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation various law enforcement agencies.

Requested Information of Authorizing Person:

First: _____ Middle: _____ Last: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

County: _____ Driver's License or State ID #: _____

Email: _____

(providing your email address is only necessary if you would like a copy of your background report)

Signature of Authorizing Person

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

ENTERPRISE INCOME VERIFICATION REQUEST
(VERIFICATION OF INCOME)

DATE: _____

PROPERTY: TWO RIVERS () NEWPORT COMMONS ()

REQUESTED BY: LISA BURKE

RESIDENT: _____

UNIT: _____

SOCIAL SECURITY NUMBER: _____

DOB: _____

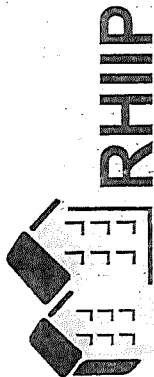
ANNUAL RECERT: ()

PRECERT: ()

TRIAL: ()

RESIDENT/APPLICANT SIGNATURE: _____

MANAGER SIGNATURE: _____



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

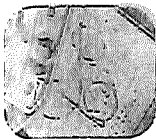
ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

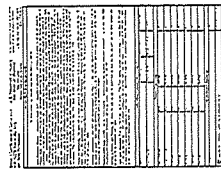
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenant's Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

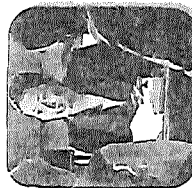
- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition,

immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

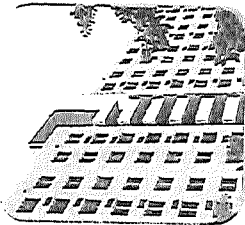
EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved

to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS
AND AUSTINBURG APARTMENTS

POLICY CHANGE NOTICE POSTED 3-1-19

SMOKE FREE POLICY

EFFECTIVE DATE 9-1-19

EFFECTIVE 9-1-19 TWO RIVERS APARTMENTS, NEWPORT COMMONS APARTMENTS AND AUSTINBURG APARTMENTS ARE SMOKE FREE BUILDINGS. RESIDENTS, VISITORS, VENDORS, AND EMPLOYEES WILL NOT BE PERMITTED TO SMOKE IN THE BUILDINGS WHICH INCLUDES INSIDE OF THE APARTMENTS. SMOKING IS ALSO PROHIBITED ON THE PORCH AND PATIO AREAS OUTSIDE THE BUILDING, AREAS IMMEDIATELY ADJACENT TO THE BUILDING ENTRANCES AND EXITS INCLUDING WINDOWS. THIS SMOKE FREE POLICY ALSO BANS E-CIGARETTES. THE DESIGNATED SMOKING HUT IS LOCATED IN THE BACK OF THE BUILDING.

THIS SMOKE FREE POLICY WILL APPLY TO CURRENT RESIDENTS AS NOTICE GIVEN ON 3-1-19 AND EFFECTIVE IN 6 MONTHS ON 9-1-19. NEW RESIDENTS MOVING IN AFTER 3-1-19 WILL FOLLOW SMOKE FREE BUILDINGS POLICY EFFECTIVE 3-1-19.

TWO RIVERS, NEWPORT COMMONS AND AUSTINBURG APARTMENTS ARE DEDICATED TO PROVIDING A QUALITY ENVIRONMENT WHICH INCLUDES THE HEALTH, SAFETY AND COMFORT OF ITS RESIDENTS, VISITORS AND STAFF.

Resident Signature

Date



Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: _____ From: _____

Phone _____ Fax _____ Phone _____ Fax _____

Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:

Name _____ SS# _____

Address _____

The above person has applied for housing assistance under a program of HUD. HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

Rental History

Dates applicant rented: From _____ to _____. Did applicant satisfy lease agreement? _____ Yes _____ No

Did the above person pay rent to you _____ on time _____ late _____ varied

Is/was rent subsidized? _____ Yes _____ No

Does Applicant owe a balance? _____ Yes _____ No

Housekeeping Habits

While living in your unit, was the above person's unit? _____ excellent _____ good _____ poor

Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? _____ yes _____ no

Complaints/Violations of House Rules

While living in this unit, was there any complaints or House Rule violations? _____ yes _____ no

If yes, please explain: _____

Rent Again: Would you rent to this person again? _____ yes _____ no

()
Name of Person Supplying the Information _____ telephone _____ Address of Rental Property _____

Signature _____ Date _____

Applicant/Resident Consent for Release of Information: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.



Signature _____ Date _____

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).

Applicant Name: _____

At the time an apartment becomes available you will need to obtain copies of the following documents/information.

Please note all documents and letters of proof must be dated within 120 days of your move date.

Your Identification Card, Driver's License, Social Security Card and Birth Certificate must be collected at the time of application.

I understand that the management of this property cannot determine how long my name will be on the waiting list.

Depending on what property you are applying for management may wait until you are closer to the top of the waiting list to collect these documents.

- Current Social Security Award Letter dated within 120 days of meeting with the property manager
- Pension Letter dated within 120 days of meeting with the property manager
- 6 Months of Bank Statements this includes all pages of your statement. For example, if your bank statements say 1 of 3, they must include all 3 pages.
- Proof of CD'S, Stocks, Savings, Money Market Accounts and IRA
- If you own a home, you need the Home Appraisal, Foreclosure paperwork or bill of sale
- If you pay out of pocket for any health insurance premiums bring the statement and proof.
- Print out of 1 year prescription expenses
- Medical Expenses (Doctors Co Pays & Hospital Visits)
- If you pay out of pocket for incontinence products. Please bring a letter from your doctor and proof such as receipts of products purchased.

Date: _____

Applicant Signature: _____

Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

-
- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____

Date _____

Check if adult signed for a child: _____

____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

CAMPBELL COUNTY COMMUNITY RESOURCE LIST

Page 1 of 2

MEDICAL/DENTAL

Brighton Center (Glasses) 859-491-8303
 CARE Mission 859-635-4500
 Center for Hope & Healing 859-261-0323
 CincySmiles McMicken Dental Clinic 513-763-2200
 Faith Community Pharmacy 859-426-7837
 Healthpoint Family Care 859-655-6100
 Starkey Hearing Foundation HearNow (Hearing Aids) 1-800-328-8602
 KY Medicaid 1-855-306-8959
 Legal Aid Medicare Assistance (SHIP) 1-866-516-3051
 NKY Community Action Commission 859-431-4177
 NKY Health Department 859-341-4264
 NKY Health Department Campbell County Health Center 859-431-1704
 NKY Health Department Adult Dental Assistance 859-363-2103
 Oakland United Methodist Church (Supplies) 859-635-0042
 Rose Garden Mission 859-491-7673
 Salvation Army (Glasses) 859-261-0835
 St. Elizabeth Healthcare Financial Assistance 859-655-1925
 St. Vincent de Paul 859-341-3219
 University of Cincinnati Dental Clinic 513-584-6650
 University of Kentucky Dental Clinic 859-323-3368

SUBSTANCE USE TREATMENT/MENTAL HEALTH

NKY Helpline 859-415-9280
 Brighton Recovery Center for Women 859-282-9390
 Casey's Law (Court Ordered Intervention) 859-581-8015
 Children's Home NKY (Youth) 859-261-8768
 Greater Cincinnati Behavioral Health Services NKY 859-291-1121
 Mental Health America NKY-SWOH 859-431-1077
 PIER Recovery Community Center 859-547-6539
 NKY Health Department 859-341-4264
 NorthKey Community Care 859-331-3292
 St. Elizabeth Healthcare 859-301-5966
 Sun Behavioral Health 859-429-5188
 Transitions, Inc. 859-491-4435

FOOD/CLOTHING

Be Concerned (Covington) 859-291-6789
 Brighton Center (Newport) 859-491-8303
 CARE Mission (Alexandria) 859-635-4500
 Community Action Commission (Newport) 859-431-4177
 Dress for Success 513-651-3372
 First Baptist Church Pantry of Hope (Highland Heights) 859-441-7274
 Freestore Foodbank (Cincinnati) 513-241-1064
 Holy Spirit (Newport) 859-261-0818
 Hosea House (Newport) 859-261-5857
 New Hope United Methodist (Newport) 859-781-1660
 NKY Aging & Disability Resource Center (Commodity Program) 859-692-2480
 Rose Garden Mission Covington) 859-491-7673
 Salvation Army (Covington) 859-261-0835
 St. John's Lutheran (Melbourne) 859-635-5013
 St. John's (Newport) 859-431-1818
 St. Paul's (Newport) 859-581-7640
 St. Vincent de Paul (Cold Spring) 859-341-3219

RENT/UTILITIES

Brighton Center 859-491-8303
 CARE Mission 859-635-4500
 Holy Spirit 859-431-2533
 Legal Aid of the Bluegrass (Evictions) 859-431-8200
 NKY Community Action Commission 859-431-4177
 Salvation Army 513-762-5636
 St. Vincent de Paul 859-341-3212
 United Ministries 859-727-0300
 Welcome House, Inc. 859-431-8717

VETERANS SERVICES

The Barracks Project
 Disabled American Veterans 1-877-426-2838
 Easterseals Redwood 859-331-0880
 Legal Aid of the Bluegrass 859-431-8200
 KY Veterans Service 859-448-0752
 KY Department of Veterans Affairs 502-564-9203
 People Working Cooperatively 513-351-7921
 US Armed Forces Legal Assistance 502-624-2771
 VA Clinic Bellevue 859-392-3840
 VA Medical Center Ft Thomas 859-572-6202
 VA Medical Center Cincinnati 513-763-3500
 Veterans of Foreign Wars 859-635-1777
 Welcome House, Inc. 859-431-8717

CHILD/YOUTH SERVICES

Boys and Girls Club (Newport) 859-655-9415
 Brighton Center 859-491-8303
 CareNet Pregnancy Services 859-282-9878
 Easterseals Redwood 859-331-0880
 KY Cabinet for Health & Family Services 1-855-306-8959
 Mentoring Plus 859-982-5895
 NKY Community Action Commission 859-431-4177
 NKY Health Department WIC 859-431-1704
 The Kidz Club 859-727-0700

WORKFORCE/CAREER DEVELOPMENT

BAWAC, Inc. (Intellectual/Develop. Disabilities) 859-371-4410
 Brighton Center for Employment Training 859-491-8303
 Easterseals Redwood (Intellectual/Develop. Disabilities) 859-331-0880
 KY Career Center (local unemployment office) 859-292-6666
 Life Learning Center 859-431-0100
 Mentoring Plus 859-982-5895
 New Perceptions (Intellectual/Develop. Disabilities) 859-344-9322
 NKY Area Development District 859-980-1963
 The Point Arc (Intellectual/Develop. Disabilities) 859-491-0763

MISC.

Birth & Death Certificates 1-502-564-4212
 Campbell County Attorney's Office 859-491-7700
 Campbell County Child Support 859-431-0522
 Campbell County Circuit Court 859-292-6314
 Campbell County Clerk (Records, Elections, DMV) 859-292-3845
 Campbell County District Court 859-292-6305
 Campbell County Family Court 859-292-6717
 Campbell County Fiscal Court 859-292-3838
 Driver's License - KY Transportation Cabinet 502-564-1257
 Legal Aid of the Bluegrass 859-292-6733
 Protection and Permanency (Child & Adult Abuse) 859-292-6666
 United Way 211 Helpline 211
 KY Cabinet for Health & Family Services (Food Stamps) 1-855-306-8959

SENIOR/AGING SERVICES

Active Day (Adult Day/Respite) 859-442-7000
 Brighton Center 859-491-8303
 Campbell County Senior & Wellness Center 859-572-4300
 Legal Aid Medicare Assistance (SHIP) 1-866-516-3051
 NKY Aging and Disability Resource Center 859-692-2480
 NKY Community Action Commission 859-431-4177
 Meals on Wheels of SWOH and NKY 513-661-2777
 People Working Cooperatively (Home Repair/Modification) 513-351-7921
 Scheben Care Center (Adult Day/Respite) 859-525-1128
 TANK Senior Transportation Program 859-578-6949