

Housing Authority Exclusion Request

Instructions

1. Print the form.
2. Fill in the form.
 - No fields should be left blank. If an incomplete form is submitted, it will not be accepted.
 - **Both** boxes on the form must be checked.
 - The housing authority's Executive Director must **sign** and **print** their name.
3. Mail the form to:

Department for Local Government
Cities and Special Districts Branch
1024 Capital Center Drive, Suite 340
Frankfort, KY 40601
4. Receive a one-year exclusion.

When the completed form is received, reviewed, and approved by SPGE Branch staff, you will be sent a confirmation email acknowledging receipt of the form and granting your entity exclusion status for the requested fiscal year.

Housing Authority Exclusion Request Form



Department for Local Government
SPGE Branch
1024 Capital Center Drive, Suite 340
Frankfort, Ky 40601

Date of Request: _____ Fiscal Year requesting exemption: _____

Housing Authority Name: _____

Address

City

State

Zip Code

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Please read and check below:

☐ Pursuant to KRS 65A.010 (9)(d)8, I hereby affirmatively state that the above referenced Housing Authority receives no more than 20% of its total annual revenues from nonfederal fees, not including rental income, and therefore is exempt from the financial disclosure requirements of KRS 65A.020 as it applies to the above referenced fiscal year.

☐ I acknowledge that this form is required to be submitted *annually* and a hardcopy of this form must be mailed to the above address within 15 days of the beginning of *each FY*. I also acknowledge that if this form is not submitted the housing authority must register with DLG, pay the annual fee, and submit financial documents as required by KRS 65A.020.

Approval

Executive Director (Print name)

Executive Director (Signature)