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COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

PUBLIC SERVICE
COMMISSION

In the matter of:

CHARLES E. DOWNTON

(Your Full Name)

COMPLAINANT

VS.

NKW DISTRICT

(Name of Utility)

DEFENDANT

COMPLAINT

The complaint of CHARLES E DOWNTON respectfully shows:
(Your Full Name)

(a) CHARLES E. DOWNTON
(Your Full Name)

7434 TOLLGATE RD ALEXANDRIA KY 41001
(Your Address)

(Your Email Address)

(b) NKW DISTRICT

(Name of Utility)

2835 CRESCENT SPRINGS RD 41018
(Address of Utility)

(c) That: A WATER BREAK IN SERVICE LINE

(Describe here, attaching additional sheets if necessary, the specific act, fully and clearly,

AT 14 VIEWPOINT DRIVE WENT UNDETECTED

or facts that are the reason and basis for the complaint.)

AND NOT REPORTED BY TENANTS CAUSING
A SUBSTANTIAL INCREASE IN CHARGES TO
LANDLORD. DISTRICT ACKNOWLEDGED THIS
BREAK AND LEAK QUALIFIED FOR CHARGE
ADJUSTMENT TO BILL.
NOW DISTRICT DISPUTES ADJUSTMENT
CONSIDERATION AS "MULTI FAMILY" IN

CHARLES DOWNTON vs. NEW DIST.

CODE AS ATTACHED. DISTRICT IS IGNORING
STIPULATION IN CODE THAT "MASTER METER
IN MULTI FAMILY IS THE RESTRICTION FOR
THEIR INELIGIBILITY OF CLAIM.

VIEWPOINT LOCATION DOES NOT HAVE A "MASTER METER"
WATER USAGE IS NOT MONITORED BY THE LANDLORD
AND INDIVIDUAL TENANTS ARE NOT BILLED OR
CHARGED AS WATER CONSUMPTION IS INCLUDED IN LEASE
AS THE LANDLORD'S RESPONSIBILITY

MASTER METER BY DEFINITION STIPULATES
CHARGES DISPERSED TO RECIPIENTS AND THAT
IS NOT THE CASE IN THESE UNITS.

PLEASE SEE ATTACHED HUD DOCUMENT WITH ASTERIS
(RELIEF DESIRED)

AS PER ROSEMARY, WITH PUBLIC SERVICE
COMMISSION, THE DISPUTED TOTAL
IS \$550.84.

Dated at ALEXANDRIA Kentucky, this FOURTH day of
(Your City)

JULY, 2025
(Month)

Charles E. Downton
(Your Signature*)

(Name and Address of Attorney, if any)

Date

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
			14 B VIEW POINT DRIVE		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
ASAP 10 APR 25	2	1984	1400	0	1 APR 25
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input checked="" type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3) (BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy)		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	O
Cooking	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Other	O
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	O
Other Electric		O
Water		O
Sewer		O
Trash Collection		O
Air Conditioning		O
Other (specify)		
Refrigerator		O
Range/Microwave		O

LANDLORD

Please complete the entire form
Information is used to determine comparable fair market value of this property

Year Constructed 1980 Square Footage 1200+
Number of Bedrooms 2 Number of Bathrooms 1 Full $\frac{1}{2}$

PLEASE CIRCLE

Property Apartment Condo Low-Rise High-Rise House Mobile Home Row House
Townhouse/Villa Duplex Triplex Other _____

Parking Street Driveway Parking Lot Carport Garage None
Assigned Unassigned Number of Spaces 2

Lot Size Less than $\frac{1}{4}$ Acre $\frac{1}{4}$ to $\frac{1}{2}$ Acre $\frac{1}{2}$ to 1 Acre Greater than 1 Acre

CHECK IF OWNER PROVIDED

<input checked="" type="checkbox"/> Carpet	<input checked="" type="checkbox"/> Parking	<input type="checkbox"/> Dryer
<input type="checkbox"/> Patio	<input checked="" type="checkbox"/> Window Screens	<input checked="" type="checkbox"/> Pest Control <u>OUTSIDE</u>
<input type="checkbox"/> Porch	<input checked="" type="checkbox"/> Washer/Dryer Connection	<input type="checkbox"/> Gated Community
<input type="checkbox"/> Deck	<input checked="" type="checkbox"/> Refrigerator	<input type="checkbox"/> Pool
<input type="checkbox"/> Wood Stove	<input checked="" type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Balcony
<input type="checkbox"/> Playground	<input type="checkbox"/> Garage or Carport	<input checked="" type="checkbox"/> Window Blinds
<input type="checkbox"/> Storm Windows	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Basement
<input checked="" type="checkbox"/> Laundry Facilities	<input checked="" type="checkbox"/> Pets Allowed	<input checked="" type="checkbox"/> Trash Pickup
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Window Unit A/C	<input type="checkbox"/> Ceiling Fan(s)
<input type="checkbox"/> Fireplace	<input checked="" type="checkbox"/> Lawn Care	<input checked="" type="checkbox"/> Owner Pays All Utilities
<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> Washer	

Type of Flooring: LAM. / 50% CARPET MIX

Please List Any/All Upgrades: Handicap Bathroom

Landlord's Email: a-downton@yahoo.com

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- ☒ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, U.S. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

Print or Type Name of Owner/Owner Representative C. DOWNTON	Print or Type Name of Household Head	
Owner/Owner Representative Signature Charles E. Downton	Head of Household Signature	
Business Address 7434 Tollgate Rd	Present Address	
<input type="text"/>	Date (mm/dd/yyyy) 03/31/2025	Telephone Number
		Date (mm/dd/yyyy)

SECTION IX – ADJUSTMENT OF WATER BILLS

The District will allow for two types of leak adjustments:

Type 1 – Underground Leaks

In cases where it shall be found after an investigation that a leak is underground and not subject to detection by ordinary methods, and where the customer is free from negligence in causing or failing to report the leak, the District will make an adjustment on the customer's bill for this type of leak. An underground leak is defined as a leak in the customer service line between the meter and the premises. Multi-family buildings and mobile home parks with master meters are not eligible for Type 1 adjustments.

The customer is required to submit in writing a request for this type of adjustment. The written request must include the location of the leak and the date the leak was repaired, including receipts for the repair costs.

This adjustment will be calculated on the billing period(s) that would be affected by the leak not to exceed two billing periods. The leak will be based on the customer's average bill plus one half of the lost water due to the leak.

Customers are eligible for an underground leak adjustment once per twelve-month period with a limit of three leaks total. Proof must be submitted verifying the service line has been replaced before a fourth adjustment will be approved.

Type 2 – Unknown Leaks Resulting in a High Consumption

A customer can be eligible for a courtesy adjustment for an unknown leak and/or unknown plumbing malfunction where it shall be found after an investigation by a District employee, and a licensed plumber, that the cause for high consumption is unknown.

1. Customers are eligible for this type of courtesy adjustment once every five years. Total adjustment will not exceed \$1,500.00 per occurrence.
2. The customer is required to submit a letter in writing requesting an adjustment for an unknown leak resulting in high consumption together with a receipt from a licensed plumber. The letter should also state that the customer has done due diligence at investigating the property for any possible leaks and has found no evidence that would cause an escalation in consumption that was recorded on the meter for the account. (D,T)
3. The adjustment will be calculated for one billing period and will be based on the customer's average bill plus one half of the lost water.
4. A customer is eligible for a leak adjustment only if the consumption is in excess of 200% of the average consumption.
5. This type of adjustment transfers with the customer to different locations.

DATE OF ISSUE: 2/27/2023

DATE EFFECTIVE: 2/8/2023

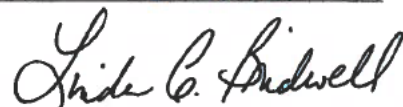
ISSUED BY: Stacy Kampsu

TITLE: Vice-President of Finance & Support Services

Issued by authority of an Order of the Public Service Commission
in Case No. 2022-00161 dated February 8, 2023

**KENTUCKY
PUBLIC SERVICE COMMISSION**

Linda C. Bridwell
Executive Director



EFFECTIVE

2/8/2023

PURSUANT TO 807 KAR 5:011 SECTION 9 (1)