

TULLAHOMA HOUSING AUTHORITY

2401 Cedar Lane Village Drive

Tullahoma, TN 37388

(931) 455-9319

APPLICANT INSTRUCTIONS

ALL APPLICANTS:

THIS APPLICATION IS USED FOR THE FOLLOWING APARTMENTS: DOSSETT HOMES, CARVER HOMES, AUTUMN MANOR APARTMENTS, CEDAR LANE VILLAGE, AND WHISPERING OAKS.

Keep this page of the application as your list of things to bring with you at the time you sign your lease.

1. **Read and answer all questions in the application. All adults in the household must sign each page of the application.**
2. **You must be eighteen years of age or older to be eligible for housing.**
3. **You must be a U.S. Citizen or national resident of the U.S.**
4. **Application must be completed at the time you turn it in. Missing requirements will cause a delay in processing your application.**
5. **If a unit is offered out to you, and you do not accept that unit, you will be dropped to the bottom of the waiting list for (6) six months.**

REQUIRED INFORMATION WITH APPLICATION:

1. **You must bring a social security card for all persons on the application at the time you turn it in.**
2. **You must bring in birth certificates for all children 18 years old or younger.**
3. **You must bring a driver's license or picture ID for all adult members of the household.**

INFORMATION REQUIRED AT THE TIME OF YOUR LEASE:

1. **Income verification for all members of the household 18 years of age and older. Verification must be from the person or agency providing your income.**
 - a. **For Social Security or SSI recipients, you need to bring your current award letter from the Social Security Administration.**
 - b. **For pensions or annuities you will need a letter verifying your monthly amount or your bank statement if direct deposit.**
 - c. **Working applicants need to bring a statement from the employer, showing number of hours scheduled per week, the amount paid per hour and the date employment started.**
 - d. **AFDC/TANF or other state funded check recipients need a statement from the local DHS office verifying the monthly benefits.**
 - e. **Child support recipients will need a copy of a recent court docket or a signed statement from the absent parent stating how much child support is received.**
2. **Childcare expense verification for single working parents or couples where both parents work.**
3. **ELDERLY, DISABLED OR HANDICAPPED ONLY need to bring in verification of your current monthly cost for health insurance and/or medicare.**
4. **You will need \$150.00 for your Security Deposit plus your pro-rated first month's rent. First month's rent is determined by the number of days you will have possession of the unit.)**
5. **For families moving into Dossett Homes or Carver Homes you will need to contact the Tullahoma Utilities Board for the amount you will need for your electric deposit.**
6. **Our office no longer accepts cash for any transactions. You will need to have a personal check, money order, or bank draft check at your move-in date for payment and for your regular monthly rent payments.**
7. **Tullahoma Housing Authority apartments are smoke free units. Please be mindful no one is permitted to smoke in any apartment. If you are caught smoking in an apartment this will be cause for eviction.**

BR SIZE _____ RENT RANGE _____ TO _____ RECEIVED _____ DATE/TIME _____
 RACE 1 _____ 2 _____ 3 _____ 4 _____ ETHNICITY HISP _____ NON-HISP _____
 EQUAL HOUSING OPPORTUNITY

I. APPLICATION INFORMATION

LAST NAME: _____ FIRST NAME _____ MIDDLE INITIAL _____ SOC. SEC. NO. _____

What is the address where you are currently living?

Mailing address (if different from where you currently live):

Street/Apt # _____

Street/Apt # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____ (home)

Phone # _____ (home)

Phone # _____ (work)

Phone # _____ (work)

Phone # _____ (cell)

Phone # _____ (cell)

E-Mail address: _____

Check the circle which shows your present living arrangements: () Renting () Own Your Present Home () Living With Friends/Relatives () Other (describe) _____ () Section 8 Rental Assistance (if yes city/state) _____
 Living in Public Housing (if yes name of housing city/state) _____
 Have you ever been evicted from Public Housing and/or Section: _____

II. FAMILY COMPOSITION

LIST BELOW ALL PERSONS INCLUDING YOURSELF WHO WILL BE LIVING IN THE APARTMENT, LIST ADULTS FIRST THEN CHILDREN

NAME (Last, First, Middle Initial)	RELATIONSHIP	BIRTH DATE	AGE	SEX	S.S.#
	HEAD OF HOUSE				

III. INCOME INFORMATION

EMPLOYER _____ \$ _____ PER HOUR _____ HOURS PER WEEK _____ (WHOSE INCOME)
 EMPLOYER _____ \$ _____ PER HOUR _____ HOURS PER WEEK _____ (WHOSE INCOME)

MONTHLY BENEFITS:

TYPE OF INCOME	HOW MUCH AND HOW OFTEN RECEIVED	WHOSE INCOME IS IT
SOCIAL SECURITY	\$ _____	_____
DISABILITY/SSI	\$ _____	_____
VA PENSION	\$ _____	_____
FAMILIES FIRST (AFDC)	\$ _____	_____
CHILD SUPPORT	\$ _____	_____
UNEMPLOYMENT	\$ _____	_____
RETIREMENT	\$ _____	_____
CONTRIBUTIONS (FAMILY)	\$ _____	_____

IV. REFERENCES (PREVIOUS LANDLORDS, CREDIT ACCOUNTS, ETC.)

THE ABOVE INFORMATION IS FULL, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENT MADE HEREIN.

SIGNATURE OF APPLICANT _____

DATE _____

SIGNATURE OF SPOUSE/OTHER ADULT _____

DATE _____

With the exceptions of applicants with handicaps for which the Housing Authority has accessible facilities who meet all eligibility requirements of the low income public housing program, whose family composition qualifies them for the vacant unit, and whose priority need has been verified, may qualify for a priority over other families on the waiting list.

1. Have you lost your home due to fire, flood, or other natural disaster? _____ (Must be verified by TEMA or local fire/police dept.)
2. Has your home been acquired by government action or been condemned? _____ (Must be verified by agency condemning property)
3. Have you had an act of violence against you or your family? _____ (must be verified by police department or shelter)
4. Are you or at least one member of your household fully employed or receiving SSI/SS or other payments? _____ (employer statement or benefit letter)
5. Has at least one member of your family been honorably discharged from active military service? ___ (Veteran discharge papers)

Signed _____ Date _____
Head of Household

TULLAHOMA HOUSING AUTHORITY

2401 Cedar Lane Village Dr.
Tullahoma, TN 37388
(931) 455-9319 Public Housing
(931) 455-9310 Fax

TENNESSEE CODE ANNOTATED

Copyright © 1955-1989 by The State of Tennessee, all rights reserved.

Title 39 CRIMINAL OFFENSES

CHAPTER 4 OFFENSES AGAINST PROPERTY

Part 1 - Theft

39-14-104 Theft of Services. A person commits theft of services who:

1. Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services of; or
2. Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto; or
3. Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including but not limited to hotels, motels and restaurants, without payment or a bona fide offer to pay.

Acts 1989

I also understand that Section 1001 of Title 18 of the U.S. Code and Tennessee Code Annotated Statute 39-14-104 makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any department or Agency of the United States as to any matter within its jurisdiction.

TENANT/APPLICANT SIGNATURE

DATE

SPOUSE/OTHER ADULT SIGNATURE

DATE

TULLAHOMA HOUSING AUTHORITY

2401 Cedar Lane Village Drive

Tulahoma, TN 37388

PHONE (931) 455-9319

FAX (931) 455-9310

Verification of Rental History

My signature on this form authorizes past or present landlords to release the information requested on the form. This information will only be used to determine eligibility for housing with the Tullahoma Housing Authority. All information is held in strict confidence.

Applicant _____ SS# _____ Date _____

Applicant _____ SS# _____ Date _____

Landlords Name _____ Phone Number _____

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY LANDLORD

1. How long did the applicant(s) rent from you? _____
 2. Rental amount. _____ per week _____ per month _____ other _____
 3. Was rent paid on time? _____ If not, how many times late? _____
Over 30 days _____ Evicted for non-payment _____
 4. Were utilities included in the rent? _____ water _____ gas _____ electricity _____
 5. Did the applicant maintain a clean unit? _____ If not, please explain. _____

 6. Was the applicant destructive to the unit? _____ If yes, please explain. _____

 7. Did the applicant create disturbances or were they disruptive to the neighborhood? _____
If yes, please explain _____
 8. Did the applicant shelter unauthorized persons? _____ If yes, please explain. _____

 9. Was the applicant asked to leave or evicted? _____ If yes, for what reason(s) _____

 10. Was the unit left in good condition? _____ If no, please explain. _____

 11. Does the applicant have an unpaid balance? _____ Amount \$ _____
- Additional Comments _____

Your cooperation is greatly appreciated in completing and returning this form promptly.

Authorized Signature _____ Date _____

Title _____ Phone _____

TULLAHOMA HOUSING AUTHORITY

2401 Cedar Lane Village Drive

Tullahoma, TN 37388

(931) 455-9319

The following statement must be filled out for and signed by all adult members of the household.

1. Have you or any member of your household ever been convicted of a felony?

_____ Yes _____ No. If yes, when and where? _____

2. Have you ever been arrested for use, sale, possession or distribution of a controlled substance?

_____ Yes _____ No. If yes, when and where? _____

3. Have you ever been evicted from subsidized housing for criminal activity of any kind?

_____ Yes _____ No. If yes, when and where? _____

By your signature, you are stating that the above questions have been answered truthfully and you do hereby give permission for the Housing Authority to do a criminal background check through city, county, state and/or federal law enforcement agencies to verify the statements made herein. This information is strictly for determining an applicant's eligibility for Public and/or Section 8 Housing with the Tullahoma Housing Authority and is not to be used for any other purpose.

Head of Household

Spouse

Other Adult

Other Adult

POLICE DEPARTMENT USE ONLY:

AGENCY _____

CRIMINAL _____

HISTORY: _____

AGENCY _____

CRIMINAL _____

HISTORY: _____

CHECKED BY: _____

DATE: _____

TULLAHOMA HOUSING AUTHORITY
2401 CEDAR LANE VILLAGE DRIVE
TULLAHOMA, TN 37388

COMMUNITY SERVICE REQUIREMENT

The Quality Housing and Work Responsibility Act of 1998 requires that non-exempt residents of public housing perform eight (8) hours of public service each month, or be a participant in an approved self sufficiency program for at least eight (8) hours each month. There are several eligible programs that qualify for an exemption from the work requirement. If you do not qualify for any of the exemptions, your community service hours will begin October 1, 2003. You will be required to bring in verification, from the agency, of your eight (8) hours **every month** to the main business office.

All residents 18 or older must either complete an exemption form or sign up for their public service work. There is a list of eligible public service locations at the business office. If you are involved in a self-sufficiency program that is not on the list, bring in information about the program to see if that program qualifies you for an exemption.

Exemption forms must be completed and returned to the business, or you must be signed up for your public service assignment by the same date. If your exemption request is not approved, you will be notified to come in for your public service assignment. Failing to come in for a public service assignment is a lease violation and may cause termination of your lease. Anyone who has not received an exemption may have their lease terminated if they do not complete their required number of public service hours within the calendar year.

If you should have any questions, contact *Denise Cabral* at 455-9319 during normal business hours 7:30-4:00 Monday through Friday.

Sincerely,

Denise Cabral

Public Housing Manager

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

--	--

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.

**Authorized for the Release of
Information/Privacy Act Notice**

PHA requesting release of information:

**TULLAHOMA HOUSING AUTHORITY
2401 CEDAR LANE VILLAGE DRIVE
TULLAHOMA, TN 37388**

CONTACT PERSON:

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

The law requires that you sign a consent form authorizing: (1) HUD and the Housing Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years old.

**U.S. Department of Housing and Urban
Development**

Agency from whom information is being requested:

CONTACT PERSON:

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunities
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information to be Obtained:

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 (1)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization

Form HUD-9886 (7/94)

Consent:

I consent to allow HUD or the HA to request and obtain income information from the source listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing program. I understand that HA's that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over 18	Date
_____	_____	_____	_____
Social Security Number		Other Family Member over 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over 18	Date
_____	_____	_____	_____
Other Family Member over 18	Date	Other Family Member over 18	Date

Privacy Act Notice:

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3542) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitor HUD assisted housing programs, to protect the Government's financial interest and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the Housing Authority, including all Social Security Numbers you and all other household members age six and older have and use. Giving the Social Security Numbers of all household members six year of age and older is mandatory and not providing the Social Security Numbers will affect your eligibility. Failure to prove any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fines 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, the HA or the owner responsible for the unauthorized disclosure or improper use.
