

# DO NOT FOLD, BEND, OR MUTILATE APPLICATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you are more than **15 minutes late** you will have to reschedule.

**If your application is not completely filled out or if you do not bring everything in, you will be rescheduled.**

## You will need to bring with you:

- Social Security Card (on everyone in the household)
- Driver's License or State ID
- Birth Certificates for everyone
- Income Verification
- Last Year's Tax Return
- Last 3 Months Bank Statements

You will be notified by mail if there is anything needed for your application. Please **do not** call the office unless you need to report a change in your address or phone number!

Crossville Housing Authority affirms the right of every citizen to obtain fair housing of their choice without being limited by race, color, religion, sex, handicap, familial status, or national origin.



## You are required to provide:

1. References
2. Income/Asset Verification
3. Social Security Cards
4. Identification
5. Completed Application/Forms
6. Other information as requested

## We are required to do the following in order to determine your eligibility/ineligibility:

1. Contact your references.
2. Verify the income/assets you claim.
3. Conduct police background checks.
4. Conduct Sexual Offender checks.
5. Verify any pertinent information on your application.
6. Other information may be required.

## This process can take up to 30 days or longer. This can depend on you. Why?

1. Did you provide all the required information?
2. Did your references respond to our letters/calls?
3. Other reasons may delay the process.

Once we determine your eligibility/ineligibility we will notify you by mail.

Your name will then go on a **waiting list** and can remain there for a period of **6 months to a year**. Once a unit or voucher is available, we will contact you. It is important to notify us when your address and phone number changes. If your letter is returned to us, your application will be cancelled. **It is not necessary to contact us unless we require further information or you hear from us requesting information.**

## Do you qualify for a priority?

This determination will be made once you are determined to be eligible. Your approval letter will state if you are placed on a regular waiting list or a priority list. If you are determined ineligible, a priority does not make you eligible. The time frame on a priority for a unit or voucher is as soon as a unit or voucher is available.



Crossville Housing Authority  
 67 Irwin Avenue/Crossville TN 38555  
 (931) 484-2990 phone/(931) 456-1513 fax  
 Email:application@crossvillehousing.org



## Azalea Gardens/Oakmont Gardens APPLICATION FOR ADMISSION/RECERTIFICATION

### PART A: Family Information

1. Legal Name of Head of Household \_\_\_\_\_
2. Current Address  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
3. Mailing Address if different:  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
4. Phone - Home \_\_\_\_\_ 5. Cell \_\_\_\_\_ 6. Work \_\_\_\_\_
7. Email \_\_\_\_\_
8. LIST ALL MEMBERS INCLUDING YOURSELF WHO WILL BE LIVING IN THE UNIT

Member #	Legal Name	Relation to Head	Sex M/F	SSN or Alien Reg #	Date of Birth	U.S. Citizen Yes/No	State you were born in
<b>1</b>		<b>Head of Household</b>					
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							

9. Are you a veteran? .....  Yes  No



10. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 If yes, who? \_\_\_\_\_  Yes  No  
 What do they require? \_\_\_\_\_

11. Have you ever used a name other than the one you are using now? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

12. Is English your first language? .....  Yes  No  
 If no, what is your first language \_\_\_\_\_ Do you need an interpreter? .....  Yes  No

**13. LIST THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS**

Code below as follows: **Race:** 1=White 2=Black/African American 3= American Indian/Alaska Native  
 4=Asian 5= Native Hawaiian/Other Pacific  
**Ethnicity:** 1=Hispanic or Latino 2=Not Hispanic or Latino

Member #	Code	Occupation/School
1		
2		
3		
4		
5		
6		

14. Are any household members victims of domestic violence? .....  Yes  No  
 If yes, please request the Violence Against Women Act (gender neutral) information.  
*Note: If disclosure is required for use in an eviction proceeding or is otherwise required by applicable law. The PHA will inform the victim before disclosure occurs so that safety risks can be identified and addressed.*

15. Have you or any household member ever received any type of housing assistance? .....  Yes  No  
 This includes any rental assistance, homeownership assistance, Section 8 or Public Housing.  
 If yes, provide: Household Member Name: \_\_\_\_\_  
 Public/Assisted Housing Agency Name: \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 What year(s)? \_\_\_\_\_ Who was head of household? \_\_\_\_\_

16. Do you currently owe any money to any Public or Assisted Housing Agency? .....  Yes  No  
 If yes, amount:\$ \_\_\_\_\_  
 Name of Public/Assisted Housing Agency: \_\_\_\_\_

17. Did you ever participate in Earned Income Disallowance? .....  Yes  No

18. Did you or any household member ever participate in Section 8 Homeownership .....  Yes  No



19. Have you ever used a social security number other than the one you listed on this form? ..... Yes No

If yes, what other number: \_\_\_\_\_

20. Are any household members temporarily absent from the home? ..... Yes No

If yes, state the reason they are absent: \_\_\_\_\_

21. Full Time Students: List the family members who are attending school full time (adults and children) and the school name:

<b>Name of Household Member:</b>	<b>School Name:</b>
<b>Name of Household Member:</b>	<b>School Name:</b>
<b>Name of Household Member:</b>	<b>School Name:</b>

22. For all Family Members that are not United States citizens, provide the following information:

<b>Name of Household Member:</b>	<b>Alien Registration #:</b>
<b>Name of Household Member:</b>	<b>Alien Registration #:</b>

**PART B: Drug/Criminal Activity**

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? ..... Yes No

When \_\_\_\_\_ For what reason: \_\_\_\_\_

Name of household member: \_\_\_\_\_

Name of Public/Assisted Housing: \_\_\_\_\_

2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? ..... Yes No

Name of household member: \_\_\_\_\_

Name of Public/Assisted Housing: \_\_\_\_\_

3. Are you or any household member subject to lifetime registration as a sex offender? ..... Yes No

If yes, name of household member: \_\_\_\_\_

4. Are you or any household member persons who abuse or show a pattern of abuse of alcohol? ..... Yes No

If yes, name of household member: \_\_\_\_\_

Is household member currently enrolled in a treatment program? ..... Yes No

If yes, please describe: \_\_\_\_\_



5. Have you or any household member ever been ARRESTED and/or CONVICTED for any reason other than traffic violations?  Yes  No

If yes, please list on a separate sheet of paper the reason for arrest, city and state where the arrest occurred, the month and year of the arrest and indicate the judgment.

**PART C: Income Information**

This part applies to all Household Members, including minors.

**Income Includes:**

- Wages, salaries, fees, tips, bonuses, money for service
- Money from a business or profession
- Interest or dividends from real or personal property
- Social Security payments
- Annuities, insurance policies
- Retirement funds, pensions
- Disability benefits
- Death benefits
- Unemployment Compensation
- Workers Compensation, severance pay
- Welfare assistance
- Alimony & child support payments
- Armed Forces pay
- Regular contributions or gifts from persons who did not live with you

1. Did you or any household member file a federal income tax return for the past year? .....  Yes  No  
 If yes, who? \_\_\_\_\_

2. Do any household members own a business or are self-employed? .....  Yes  No

3. Do you or any member of the household receive any of the following or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, tips, fees or commissions from an employer (full or part-time)? .....  Yes  No
- Payment from an employer in cash? .....  Yes  No
- Unemployment benefits, workers compensation, or severance pay? .....  Yes  No
- Child support from the Child Support Recovery Unit? .....  Yes  No
- Child support directly from the absent parent? .....  Yes  No
- Alimony? .....  Yes  No
- Public Assistance (monetary assistance) .....  Yes  No
- Social Security or SSI Benefits? .....  Yes  No
- VA or death benefits .....  Yes  No
- Pension or annuity? .....  Yes  No
- Regular contributions from organizations or individuals not living in the unit? .....  Yes  No
- Income from assets including interest on checking/savings/CDs/stocks/bonds or income from rental property.  Yes  No
- Military pay allotment including Coast Guard, National Guard and Reserve units? .....  Yes  No
- Money to pay bills from someone outside your family? .....  Yes  No
- Any other funds not listed above? .....  Yes  No



**List income sources here:**

Name of Household Member	Income Source (type of income)	Amount per period (e.g., \$250 per week)	If child support, list name of absent parent

**PART D: Assets**

**Assets Include:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Checking account(s)</li> <li>• Savings account(s)</li> <li>• Stocks/bonds</li> <li>• Savings certificates</li> <li>• Money Market funds</li> <li>• Any investment account</li> <li>• Property (real estate)</li> <li>• Trust Funds</li> </ul> | <ul style="list-style-type: none"> <li>• Inheritances</li> <li>• Lottery winnings</li> <li>• Cash from sale of an asset</li> <li>• Life insurance policies</li> <li>• Any lump sum payment(s)</li> <li>• Any type of retirement accounts (company, IRA, Keogh, etc)</li> </ul> |
|--|--|

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)?  Yes  No  
 If yes, please provide a copy of the closing statement and the following information:

Household member name: \_\_\_\_\_ Real Estate Address \_\_\_\_\_  
 \_\_\_\_\_ Value: \$ \_\_\_\_\_

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years?  
 If yes, please describe: .....  Yes  No

3. Does any household member own stocks or bonds? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

4. Where do all household members bank? Provide all information below:

Name of Household Member	Bank Name/Address	Type of Account	Account Number



5. Do you or any household member own or have access to any of the following?

- |                            |                              |                             |                                      |                              |                             |
|----------------------------|------------------------------|-----------------------------|--------------------------------------|------------------------------|-----------------------------|
| Stocks .....               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bonds .....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real property (land) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trust Funds .....                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pensions .....             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Individual retirement accounts ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inheritances .....         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life Insurance policies .....        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CDs .....                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Money Market funds .....             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lottery winnings .....     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lump sum payments .....              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If checked yes on any of the above items, please list below:

Name of Household Member	Insurance Agency Name/Address	Policy Number	Amount/Value

**PART E: Expenses**

1. Does any household member have expenses for childcare of a child age 12 or younger? .....  Yes  No  
 If yes, please provide:

Minor/s Name	Childcare Provider Name and Address	Provider Phone Number	Monthly Cost to you for Childcare

2. Is any portion of your child care expenses reimbursed from an outside agency or person? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?  
 If yes, please provide:  Yes  No

Care Attendant's Name	Address	Phone Number	Amount Monthly

4. Do you paying for any type of equipment for a disabled family member that enables an adult member to work?  
 If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_  Yes  No



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5. Indicate the dollar monthly amounts you expend for your family below:

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Child care \$	Rentals \$	Loan \$
Other (Specify)	\$	\$	\$
Indicate in this space any of the above that are delinquent or not paid current			

**APPLICANT/PARTICIPANT CERTIFICATION**

I certify that the information given to the Crossville Housing Authority (PHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements of information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the PHA within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the PHA within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the PHA and my landlord. I understand that any attempt to obtain Public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/other Adult \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_





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**DO NOT WRITE IN THIS SPACE – PHA USE ONLY**

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of PHA representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Items needed to be returned by applicant/participant:**

Name of person	Social Security Card needed (Yes/No)	Identification needed (Yes/No)	Income Verification needed (Yes/No)	Asset Information Needed (Yes/No)	Other Items needed list below

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**Applicant:** *I understand that the above items noted are still required in order to consider my application. I have been told that I have until \_\_\_\_\_ to provide the information requested or my application will be cancelled.*  
\_\_\_\_\_ (Initial)

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Family Members 18 and Over

\_\_\_\_\_  
Date

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

**NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR PHA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2. Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3. Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4. Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6. Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7. Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8. Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

**Housing Reference Form**

Name of landlord/friend/relative that you are living with at this moment \_\_\_\_\_  
Address (the address you reside at) \_\_\_\_\_  
If you are renting what is your landlords address? \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ (Date and year you began living here)

***Going backwards from the date and year listed above list ALL places that you have lived providing the same information as to whether it was a landlord/friend/relative, your address, landlord's address and how long you resided there.***

Name of landlord/friend/relative that you have resided \_\_\_\_\_  
Address (the address you reside at) \_\_\_\_\_  
If you are renting what is your landlords address? \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ (Date and year you began living here)

Name of landlord/friend/relative that you have resided \_\_\_\_\_  
Address (the address you reside at) \_\_\_\_\_  
If you are renting what is your landlords address? \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ (Date and year you began living here)

Name of landlord/friend/relative that you have resided \_\_\_\_\_  
Address (the address you reside at) \_\_\_\_\_  
If you are renting what is your landlords address? \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ (Date and year you began living here)

**If you need more room use the back of this reference form.**

**Personal References (non relative):**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

All places of residence must be disclosed. We may obtain a credit report to verify the information you provide.

**It is important to remember that falsification of any information on the application and the housing reference form is grounds for automatic rejection.**

**Signed:** \_\_\_\_\_



**Crossville Housing Authority  
Release of Information Form**

**To:** (Name & Address of reference) *For office use only*

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**RE:** \_\_\_\_\_  
(Applicant/Tenant Name) (Social Security Number, if applicable)

***For Office Use Only***

Type of reference/information request:

- Landlord    Credit    Personal    Other Housing Authority Programs and/or Rentals

As the applicant/tenant listed above, I hereby authorize the Crossville Housing Authority (CHA) to process the above request for references for personal, landlord, and credit as well as references from other CHA housing programs and/or rentals. I understand that the information obtained will be used for the purpose of facilitating my application and/or occupancy of any of the Crossville Housing Authority programs and/or rentals. The CHA may use this to gather reference material through the use of mail, telephone, electronic data collections or other methods the CHA may determine as effective methods of gathering information. The CHA will only use this information for purposes approved by CHA policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

# Crossville Housing Authority Criminal Background Check Form

TO: (Name & Address of background check agency)

Date: \_\_\_\_\_

- 
1. RE: \_\_\_\_\_  
(Applicant/Tenant Name) (Social Security Number) Date of Birth
2. RE: \_\_\_\_\_  
(Applicant/Tenant Name) (Social Security Number) Date of Birth

I/We being an applicant/tenant listed above do hereby consent to a background check.

1. \_\_\_\_\_  
Signature Date
2. \_\_\_\_\_  
Signature Date

The individual named directly above is an applicant/tenant of a housing program that requires a check for any possible criminal and or drug/related activity. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Signature of Manager/Management Company

\_\_\_\_\_  
Date

<b>THIS SECTION TO BE COMPLETED BY BACKGROUND CHECK AGENCY</b>
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**Applicant/Tenant #1: CRIMINAL RECORDS CHECK**

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I could **NOT** find any arrests or outstanding warrants.

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I **FOUND** the following arrests or outstanding warrants:

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**Applicant/Tenant #2: CRIMINAL RECORDS CHECK**

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I could **NOT** find any arrests or outstanding warrants.

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I **FOUND** the following arrests or outstanding warrants:

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\_\_\_\_\_  
Signature of person filling out form

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Background Check Agency Name and Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES TO A 3<sup>rd</sup> PARTY

<b>Information will be released for:</b> PRINT NAME ▶		<b>Date:</b>	<b>Identify Signer:</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other authorized representative (explain) *Proof of legal authorization may be required.	
<b>Street Address</b>		(Parent/guardian sign here if two signatures required by State law)		
Phone Number (with area code) (   )	City	State	Zip	

**I, authorize the Tennessee Department of Human Services and its authorized agents/contractors, to release the following information from the records of the Department of Human Services described below:**

- All records (*other than Medicaid/TennCare/Drug/Alcohol/Educational records*)\***See Note Below** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **OR**
- Families First or Food Stamp case records Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Vocational Rehabilitation Services records Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Other: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Describe: \_\_\_\_\_

**\*NOTE: IF MEDICAL/HEALTH INFORMATION IS TO BE RELEASED, THE APPLICANT/RECIPIENT MUST COMPLETE A TDHS 3<sup>RD</sup> PARTY HIPAA RELEASE FORM. IF EDUCATIONAL RECORDS ARE TO BE RELEASED, THE EDUCATION AGENCY MAINTAINING THE RECORDS MUST BE CONTACTED DIRECTLY BY THE PERSON OR ENITY SEEKING THE RECORDS.**

**This information may be released to the following persons or organizations:** Enter either "All" or state specific persons/organizations or types of persons/organizations to whom information can be released.

For the records I have given permission to be disclosed, TDHS can talk to, or give copies of my records to any of the person/organizations I have permitted and can give this information by paper, fax, computer or electronic copies of those records. **YOU DO NOT HAVE TO SIGN THIS FORM. I understand that I am not required to give permission, and that my decision will not affect any benefits or services which I, my child or family are receiving from the Department of Human Services or for any benefits or services for which I have applied from the Department of Human Services.**

- I will get a copy of this form after I sign it. I can ask TDHS to let me see a copy of the information it releases after I sign this form.
- **This permission is good for 12 months from the date I sign this form, unless I take back my permission sooner.**
- **You have the right to withdraw your permission at any time. You cannot take back information that has been received from other persons/organizations if you choose to take back your permission it will not affect any actions taken before you take back your permission.**
- **To take back your permission to let us get your records from other persons/organizations, you can write TDHS in your county, or write the persons/organizations that you have said we can give your information to.**
- All information about you that TDHS gets is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **Ask TDHS to explain if you have questions about the information that is to be released.**

**Signature of Person or Person's Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_