COLONIAL MANOR OR MILLSTEAM APARTMENTS
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
- Medical Expenses year to date if you are elderly or disabled

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Please check the housing you are applying for:

_____Millstream Apartments – housing for the elderly or disabled, located in Crossville

_____Colonial Manor Apartments – housing for families, elderly, or disabled, located in Pikeville

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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.

EQUAL HOUSING OPPORTUNITY

USDA Rural Development
Committed to the future of rural communities.

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 long period of time. Once a unit 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.

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Crossville Housing Authority
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Email:application@crossvillehousing.org

APPLICATION FOR ADMISSION/RECERTIFICATION

PART A:

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. Work _____ 6. Spouse-Work _____

7. 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
1		Head of Household					
2							
3							
4							
5							
6							

1. 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? _____

2. Have you ever used a name other than the one you are using now? …….. ☐ Yes ☐ No
   If yes, explain:_____

3. Is English your first language? …….. ☐ Yes ☐ No
   If no, what is your first language _____ Do you need an interpreter? …….. ☐Yes ☐No

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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		

11. 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.

12. Have you or any household member ever received any type of housing assistance? …….. ☐Yes ☐No
This includes 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?_____

13. Do you currently owe any money to any Public or Assisted Housing Agency? …… ☐Yes ☐No
If yes, amount:$_____
Name of Public/Assisted Housing Agency:_____

14. Did you ever participate in Earned Income Disallowance? …….. ☐Yes ☐No

15. Did you or any household member ever participate in Section 8 Homeownership …… ☐Yes ☐No

16. Have you ever used a social security number other than the one you listed on this form? …… ☐Yes ☐No
If yes, what other number:_____

17. Are any household members temporarily absent from the home? ……☐Yes ☐No
If yes, state the reason they are absent:_____

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

Name of Household Member:	**School Name:**
Name of Household Member:	**School Name:**
Name of Household Member:	**School Name:**

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

Name of Household Member:	**Alien Registration #:**
Name of Household Member:	**Alien Registration #:**

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 explain:_____

   _____

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

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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 (TANF)? …….. ☐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	Amount per period (e.g., $250 per week)	If child support, list name of absent parent

PART D: ASSETS

Assets Include:

- Checking account(s)
- Savings account(s)
- Stocks/bonds
- Savings certificates
- Money Market funds
- Any investment account
- Property (real estate)
- Trust Funds
- Inheritances
- Lottery winnings
- Cash from sale of an asset
- Life insurance policies
- Any lump sum payment(s)
- Any type of retirement accounts (company, IRA, Keogh, etc)

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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 ……	☐Yes	☐No	Bonds ……..	☐Yes	☐No
Real property (land) …..	☐Yes	☐No	Trust Funds ……..	☐Yes	☐No
Pensions …….	☐Yes	☐No	Individual retirement accounts ….	☐Yes	☐No
Inheritances ……	☐Yes	☐No	Life Insurance policies ……..	☐Yes	☐No
CDs …….	☐Yes	☐No	Money Market funds …….	☐Yes	☐No
Lottery winnings ……	☐Yes	☐No	Lump sum payments …….	☐Yes	☐No

If yes, 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

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1. Is any portion of your child care expenses reimbursed from an outside agency or person? ……..☐Yes ☐No

   If yes, please describe: _____

2. 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

3. 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

4. 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			

PART F: UNIT INFORMATON

1. Name, address and telephone number of your current landlord:_____
   _____

2. What is the total monthly rent of your unit? $_____What amount do you pay for rent? $_____

3. Indicate the type of housing you currently occupy: House_____ Apartment_____ Mobile Home_____
   Other_____

4. In your opinion is your present home decent, safe and sanitary? ☐Yes ☐No
   If no, please explain_____

5. Do you intend to remain in this unit if your Section 8 rental assistance is approved? ☐Yes ☐No
   If no, why not?_____

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APPLICANT/PARTICPANT 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:_____

DO NOT WRITE IN THIS SPACE – PHA ONLY

Ask applicant if they are applying for: Section 8 ☐Yes ☐No Public Housing ☐Yes ☐No

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

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)

ATTACHMENT 6-I

ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST

Head of household and/or the co-head should complete.

LIST ALL HOUSEHOLD MEMBERS:

Name (Last, First, M.I.)	**Relationship**	**Date of Birth**	**Sex**	**Social Security #**
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

ELIGIBILITY:	**YES**	**NO**
1. I have a household member who is absent from the home due to:		
Employment		
Military service		
Placement in foster care		
Temporarily in nursing home or hospital		
Permanently confined to nursing home		
Away at school		
Other		
2. I have a live-in attendant		
3. Expected changes in household:		
Baby due on _____		
Adopting a child(ren) on _____		
Obtaining custody of a child(ren) on _____		
Obtaining joint custody of a child(ren) on _____		
Receiving a foster child(ren) on _____		

INCOME, ASSET, AND DEDUCTIONS

A. Income:	**YES**	**NO**
1. Are you or any other members of the household currently receiving income from any of the following sources?		
Wages/salaries		
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps If yes, which program:_____		
Tips, bonuses, or commissions		
Overtime pay		
Income from operation of a business		
Social Security		
Disability / SSI		
Death Benefits		
Pension / retirement funds		
Annuities or non-revocable trust		
Unemployment		
Military pay		
Workman's Compensation		
Public assistance / TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, specify the source of the income_____		

B. Assets:	**YES**	**NO**
1. Do you or any other members of the household have any of		
The following:		
Checking accounts – average balance last 6 months		
Savings accounts –current balance		
Certificates of deposit		
Money market funds		
IRA/Keogh account		
Stocks		
Bonds		
Treasury bills		
Trust funds (do you have access to the funds?)		
If yes, is the trust irrevocable?		
Real estate		
Whole life or universal life insurance policy (term not included)		
Cash held in safety deposit boxes or home		
Assets held in another state or foreign country		
Other		
2. Have you or any other members of the household received any		
lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other		
3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are held jointly with another person?		

C. Deductions:	**YES**	**NO**
1. Are there any fulltime students 18 years of age or older in the household?		
2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		

E. INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name_____ Age _____Sex _____

Last 4 digits Social Security #_____ Do you receive Food Stamps? Yes____ No____

1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES. Attach 60 days most recent pay stubs:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, AFDC, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or 2 recent check stubs.

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach court order, payment records.

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE) Attach IRS 1099 forms, bank statements, deeds.

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. IF YOU RECEIVE NO INCOME, FILL IN THE BOX BELOW:

NAME	ARE YOU A MINOR?	IF OVER 18, HOW LONG UNEMPLOYED?

I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HTF rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: _____ Date: _____

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 <u>ALL</u> 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 <u>credit report</u> 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***

_____

_____

_____

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

Please fill out the attached form

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.

Form RD 3550-1
(Rev. 06-06)

Form Approved
0MB No. 0575-0172

United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or Other Identifying Number

_____
Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed conceming use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

_____ _____
Signature *(Applicant or Adult Household Member)* Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 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.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1 . When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.

4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.

6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property .

8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.

9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.

11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.

13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

14 Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31U.S.C. 3701(a)(3)).

Form RD 1910-5
(Rev.08-13)

UNITED STATES DEPARTMENT OF AGRICULTURE
HOUSING AND URBAN DEVELOPMENT
VETERANS ADMINISTRATION
(Community Planning and Development, and Housing - Federal Housing Commissioner)

Form Approved
OMB No. 0575-0172

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

1. TO: *(Name and Address of Employer)*

2. FROM: (*Name and Address of Lender or Local Processing Agency) This item must be completed before sending to employer.*

3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)

4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER

5. DATE

6. HUD/FHA/CPD, VA OR USDA NO.

7. NAME AND ADDRESS OF APPLICANT

I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.

8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.

SIGNATURE OF APPLICANT

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA

9. APPLICANT'S DATE OF EMPLOYMENT

10. PRESENT POSITION

11. PROBABILITY OF CONTINUED EMPLOYMENT

13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?

OVERTIME ☐ Yes ☐ No

BONUS ☐ Yes ☐ No

PAY DATA

12A. BASE PAY *(Current)* OR OTHER INCOME

$_____ ☐ Annual $_____ ☐ Hourly

$_____ ☐ Monthly $_____ ☐ Weekly

$_____ ☐ Other *(Specify)*

12B. EARNINGS

Type	Year to Date as of _____	Past Year
BASE PAY	$	$
OVERTIME	$	$
COMMISSIONS	$	$
BONUS	$	$

For Military Personnel Only

Type	Monthly Amount
BASE PAY	$
RATIONS	$
FLIGHT OR HAZARD	$
CLOTHING	$
QUARTERS	$
PRO PAY	$
OVERSEAS OR COMBAT	$

14. REMARKS *(If paid hourly, please indicate average hours worked each week during current and past year)*

a. Number of hours worked per week

b. Anticipated increase or decrease in salary in next 12 months

c. Anticipated overtime hours to be worked in next 12 months

d. If seasonal employment, anticipated number of weeks in the next 12 months

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT

16. SALARY/WAGE AT TERMINATION PER ☐ YEAR ☐ MONTH ☐ WEEK

BASE PAY	OVERTIME	COMMISSIONS	BONUS
$	$	$	$

17. REASONS FOR LEAVING

18. POSITION HELD

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE

Printed name and phone number

20. TITLE OF EMPLOYER

21. DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 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.

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION
INMRMAHON

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS ,RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records. indicates a violation or potential violation of law,, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.

3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.

4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

5. Referral of names, home addresses, social security numbers. and financial information to a collection or servicing contractor, financial institution. or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.

6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.

8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.

9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.

10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.

11. Disclosure of names, home addresses. social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.

12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.

13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

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15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies. as well as those responsible for verifying information furnished to qualify for Federal benefits. to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations mid appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,

16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names. home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 US C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

TENNESSEE HOUSING DEVELOPMENT AGENCY
EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT.

TO: (Name & address of employer) Date: _____

_____

_____

_____

_____ _____ _____
Property Name | Project Identification | Property Fax Number

RE: _____ _____ _____
Applicant Name | Social Security Number | Unit No. (if assigned)

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. 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

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current Wages/Salary: $ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

Average No. of regular hours per week: _____ Year to date earnings: N/A through _____

Overtime Rate: $ _____ per hour. Average number of overtime hours per week: _____

Shift Differential Rate: $ _____ per hour. Average number of shift differential hours per week: _____

Commissions, Tips, Bonuses: $ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months: _____

_____ Effective date of change: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

_____ _____ _____
Employer's Signature | Employer's Printed Name | Date

_____
Employer (Company) Name and Address

_____ _____ _____
Telephone Number | Fax Number | E-mail 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.

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

THIS SECTION TO BE COMPLETED BY BACKGROUND CHECK AGENCY

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:

_____

_____

_____

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:

_____

_____

_____

_____ _____ _____
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.

Form CBCF

Background Check Release / Tenant Screen

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____

SSN: _____ D.L. #: _____ State: _____

*Birth date: _____ *Sex: ____ *Race: _____ Phone: _____

Previous names (maiden / marriage etc..): _____ Date Changed: _____
(Attach additional sheet, if necessary. _____ Date Changed: _____

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence**. Attach additional sheet, if necessary.)

1. _____City: _____State: _____ Zip: _____County: _____Dates: _____

2. _____City: _____State: _____ Zip: _____County: _____Dates: _____

How long has applicant lived in state? _____

Current Landlord Name: _____ Complex Name: _____ Phone: _____
Previous Landlord Name: _____ Complex Name: _____ Phone: _____

Current Employer's Name: _____ Phone: _____
How Long: _____ Position: _____ Salary: _____

Bank Name: _____ Branch: _____ Phone: _____ Ckg / Svgs Acct #: _____
(Please Circle One)

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

At your written request, **Landlord** ("The Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to tenants is an investigation into your prior rental history, education, and employment conducted by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474 , or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants only: You have the right to inspect and receive a copy of any investigative consumer report requested by Landlord by contacting the consumer reporting agency identified above directly.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. The CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

☐ Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. In connection with my application for leasing, I understand that a consumer report and/or investigative consumer report may be requested of my background. I understand that such reports may include, but are not limited to, personal references of character, information regarding past and/or present employment, information regarding past and/or present rental history, credit, criminal, or police records, and other public records. I further understand that such reports will be used for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for leasing. I also authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Landlord at any time after receipt of this authorization and throughout my tenancy, if applicable and allowed by law. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, landlord, school, employer, reference, insurance company, or other entity to furnish any and all requested background information to TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, an other outside organization acting on behalf of Landlord, and/or Landlord itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature:_____ Date: _____

*The information indicated by an (*) will be used for background screening purposes only and will not be used as tenant selection criteria.

ALIMONY AND CHILD SUPPORT VERIFICATION

Tenant/Applicant Name:_____

Child(ren)s Name:_____
(Use separate form for each dependent child unless the support is received from the same source)

Note: Attach copies of divorce decree/child support/parenting plan.

(check appropriate box)

1) ____ I certify that I have not been awarded child support or alimony.

2) ____ I certify that I have been awarded alimony and/or child support from a previous marriage/relationship, but I am not receiving payments and/or they are sporadic.

3) ____ I certify that I am receiving child support and/or alimony either directly from the parent or through the Department of Human Services.

List State that the support was awarded and the TCES (Child Support Enforcement Services number). This is required in order to verify the amount of child support you are receiving. _____

If you are receiving child support directly from the parent list the parents name, address, phone number and email address:

Name_____ Address:_____
City, state, zip_____ Phone number_____
Email address_____

Note: If the parent does not provide support in the form of cash, check or money order but buys necessities for the child on a regular basis this is considered support and must be disclosed.

Does the parent provide support other than cash, check or money order?
Yes_____ No_____
If yes, list what is provided below and how often:

_____

_____

I understand that providing false information on this form may jeopardize my residency/approval status and is punishable as a Class E felony under Tennessee Code Annotated Section 13-23-133, and is also punishable under other applicable federal or state statutes.

Signature Date

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES TO A 3rd PARTY

Information will be released for: **PRINT NAME►**	**Date:**	**Identify Signer:** ☐ Self ☐Parent of minor ☐Guardian ☐Other authorized representative (explain) *Proof of legal authorization may be required.
Street Address		**(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 3RD 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 ENTIY 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:_____