McElhaney Glen Apartments

129 W. Macon Lane
Seymour, TN 37865

INSTRUCTIONS TO APPLICANT

Please fill out the application completely and return to the office. If you need help in filling out this application, please ask the apartment manager.

NOTE: WE CANNOT ACCEPT INCOMPLETE APPLICATIONS FOR PROCESSING.

In addition to the forms enclosed we need:

1. Copies of the pay check stubs from the past two months or eligibility letters from social security or the Department of Human Services, or other verification of income.
2. A copy of your income tax form (1040, 1040EZ, etc.) for _____ year.

3. Copies of social security cards for *all* household members.
4. Copies of birth certificates for children, or written explanation of why birth certificates are unavailable.
5. Bank statements for the past three months.
6. Rent receipts or other verification of rent.
7. Other information or documents listed below:

Applications are processed on a first come, first serve basis.

Should you have any questions, you may call during office hours:

Property: McElhaney Glen (Renaissance Square Apts. Office)
Phone: (865) 579-4886
Office Hours: Monday & Wednesday 8:00 am to 5:00 pm
Friday 8:00 am to 1:30 pm

**Manager covers multipl eproperties and may be traveling between properties, so please leave a message so that we may return your call.*

Thank you,

Management

RENTAL HOUSING APPLICATION

This is preliminary application for an apartment at **McElhaney Glen Apartments**.
It holds no lease or rent obligations. All information will be verified by management prior to an applicant being placed on our waiting list for consideration. All applicants must meet established

A. PERSONAL INFORMATION **DATE:** _____

Head of Household: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

All persons living with you	Relationship	Age	Sex

Are either you or your spouse handicapped or disabled? ☐ YES ☐ NO

If YES, what is the nature of the condition: _____

_____

Have you ever been convicted of a misdemeanor or felony? ☐ YES ☐ NO

If Yes, please explain: _____

_____

EMERGENCY CONTACT:

Name: _____ Phone: _____

B. PRESENT HOUSING INFORMATION

How long have you lived at your present address: _____

If you presently rent, how much if your rent? _____ per _____

Landlord's Name: _____ Phone: _____

Address: _____

C. DEBTS

List all current debts, including loans, credit purchases, credit cards, hospital/doctor bills, etc. Attach a separate sheet if necessary.

COMPANY/LENDER	AMOUNT OWED	PAYMENT	FREQUENCY

If you have ever failed to pay a debt, had a foreclosure, taken bankruptcy, or had a judgement against you for debt, attach a separate sheet of paper explaining the details.

D. REFERENCES

List three (3) people not related to you by blood or marriage whom we may contact as references.

NAME	ADDRESS	TELEPHONE

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? If so, list ALL employers and wages. Attach 60 days of 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 copies of 2 recent checks and 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 copy of TN Child Support Enforcement System printout, bank statements.

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 statement, deeds, etc.

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 HOME 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:** _____

F. FAMILY INCOME CALCULATIONS

All information should come from Individual Income Calculation Sheets.

1. Number in Household _____

   Number with Income _____

   Number without Income _____

2. Income Limits for **Sevier** County. Dated _____

   Show totals from Individual Income Calculations pages and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than $5,000 multiply the current value by the passbook rate to determine the income from the asset.

Family Members with Income	Totals from Individual Income Calculation Sheets
	$
	$
	$
	$
	$
	$
	$
	$

3. Calculate Total Household Gross Annual Income:

G. CERTIFICATION AND AGREEMENT

I certify that all the information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I will receive rental housing. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers and landlords; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

Applicant _____ Date _____

Co-Applicant _____ Date _____

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO :

_____

_____

_____

Manager's Comments:

Prior Residence Check: _____
Credit Check: _____
Reference Check: _____
Police Check: _____

Disposition: Approved/Date: _____

Disapproved/Date: _____

Notified Date: _____

Manager's Signature _____ Date _____

OMB Control # 2502-0581
Exp. ( )

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

HOME program
Eligibility Release Form

Organization requesting release of information:
McElhaney Glen, 129 W. Macon Lane, Seymour, TN
(865) 579-4886 Date:

Purpose: Your signature on this HOME Program Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME Homeownership Program
HOME Rental Rehabilitation Program
HOME Homeowner Rehabilitation Program
HOME Rental New Construction Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Information Covered: Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Federal Preferences		
Other Preferences		
Other (list)		
Dependent Deduction __ Full-Time Student __ Handicap/Disabled __ Minor Children		

Authorization: I authorize the above-named HOME Grantee and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

(1) A photocopy of this form is as valid as the original

(2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).

(3) I have the right to copy information from this file and to request correction of information I believe inaccurate.

(4) All adult household members will sign this form and cooperate with the owner in this process.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQEUST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM: MUST BE PREPARED AND SIGNED SEPARATELY.

Head of Household-Family Member HEAD	**Other Adult Member of the Household #2**
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date:	Date:
Other Adult Member of the Household #3	**Other Adult Member of the Household #4**
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date:	Date:

Douglas-Cherokee Economic Authority, Inc.
Working Together to Improve People's Lives

407 E. Main Street
Morristown, TN 37814
Phone: (423) 586-1494
Fax: (423) 586-3605
Toll-Free: (800) 586-1494

Affordable Housing Program

FAIR CREDIT REPORTING ACT DISCLOSURE AND CONSENT FORM
15 U.S.C. § 1681b(b)(2)

I, _____, certify that Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program disclosed to me that it may obtain a consumer report prepared by a consumer reporting agency for the purpose of evaluating me for a potential housing opportunity.

I understand that a consumer report may include, but is not limited to, information bearing on credit worthiness, credit standing, credit capacity, criminal background, character, general reputation, personal characteristics and or mode of living.

I, _____, state that I have read and understood this disclosure and hereby authori e and instruct Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program to procure a consumer report containing any information it deems necessary or prudent and authori es and instruct any and all credit reporting agencies and tenant screening services to provide such reports to Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program. I further understand that my social security number and date of birth are being re uested below solely for the purpose of generating an accurate consumer report.

****Is your credit frozen? Yes_____ No _____**

If yes, when it comes time to do your background check, you will need to unfreeze it in order for us to get the complete report. We will notify you when you need to unfreeze it.

_____
Name

_____
Date

_____
Social Security Number

_____
Email

_____
Date of Birth

Douglas-Cherokee Economic Authority, Inc.
Working Together to Improve People's Lives

Applicant's Copy

407 E. Main Street
Morristown, TN 37814
Phone: (423) 586-1494
Fax: (423) 586-3605
Toll-Free: (800) 586-1494

Affordable Housing Program

NOTIFICATION LETTER

Date: _____

Name: _____

Address: _____

_____

Dear: _____

As part of the process evaluating you for a potential housing opportunity by Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program, the Agency may receive and review consumer reports, which may include, among other things, criminal and credit background information. This housing decision may be made in whole or in part based upon the consumer report obtained from:

Leasing Desk Screening
2201 Lakeside Blvd.
Richardson, Texas 75082
(866) 934-1124
http://www.realpage.com/consumer-dispute

This letter is being given to you in compliance with the Fair Credit Reporting Act. Enclosed is a description of the summary of your rights under the Fair Credit Reporting Act.

If an adverse decision is made, you will have to respond to provide documentation that the information in your background check is incorrect. Please contact us at the number above.

Sincerely,
Management

EQUAL HOUSING OPPORTUNITY

Alpine Village
Auburn Hills
Autumn Village
Breckenridge
Beaver Run
Brookvale Garden
Brookwood Terrace
The Commons
Cambridge
Cherry Hill
College Park
Dogwood Terrace I
Dogwood Terrace II
Dogwood Terrace III
Douglas Residences
Franklin Place
Friendship Manor
Greenbriar Village
Greenbriar Village Annex
Heritage Hills
Heritage Oaks
Heritage Oaks Annex
Highland Manor
Highland Manor II
Holly Hills
Holston Hills
Lakeway Apartments
Lakeway Annex
Lakewood Village
LeConte Terrace
Lincoln Park
Lincoln Park Annex
McElhaney Glen
Meadowood Park
Mountain Grove
Mill Creek
Oak Hills
Oak Hills Annex
Park Place
Park Place Annex
Pleasant Hill
Renaissance Square
Roy J. Messer
Sequoyah Village
Springbrook
Stanford Place
Village Green
Walnut Creek
Westminster Place
Woodland Park
Woodland Place
Woodridge
Woodridge Annex

Tenant's Copy

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051