Oak Hills Apartments

363 Oak Hills Drive
Sparta, TN 38583

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. A copy of your birth certificate
2. A copy of your Driver's License/ID
3. Income Verification. If you receive Social Security or SSI we need a copy of your awards letter.
4. A copy of your Social Security Card.
5. Most recent past 6 months of bank statements
6. Names, addresses, phone numbers of contacts for verification of any income, assets, and medical expenses

Applications are processed on a first come, first serve basis, and applicants are accepted based on our Resident Selection Plan which is posted in the site office.

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

Property: Oak Hills
Phone Number: (931) 836-8127
Office Hours: Mondays 8:00 am to 5:00 pm*

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

Thank you,

Management

Manager to Complete: Date: _____ Time: _____ Manager's Initials: _____

Apartment Application

This is an application for an apartment at **Oak Hills 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 an apartment. All applicants must meet established eligibility criteria.

_____ _____ _____
NAME BIRTHDATE SOCIAL SECURITY NUMBER

_____
PRESENT STREET ADDRESS CITY STATE ZIP

_____ HOW LONG AT THIS ADDRESS _____
TELEPHONE NUMBER

CURRENTLY: _____ RENTING _____ OWN HOME _____ LIVE WITH RELATIVES

CURRENT RENT/HOUSE PAYMENT _____

CURRENT LANDLORD'S NAME, ADDRESS, & TELEPHONE NUMBER _____
_____

1. PRIOR ADDRESS _____ HOW LONG? _____
   PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER _____
   _____

2. PRIOR ADDRESS _____ HOW LONG? _____
   PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER _____
   _____

SPOUSE NAME (IF APPLICABLE) _____

SPOUSE BIRTHDATE_____ SPOUSE SOCIAL SECURITY NUMBER _____

OTHER THAN YOURSELF, WHO WILL OCCUPY THE APARTMENT? _____ SPOUSE

_____ _____ _____
NAME BIRTHDATE SOCIAL SECURITY NUMBER

_____ _____ _____
NAME BIRTHDATE SOCIAL SECURITY NUMBER

DOES ANY HOUSEHOLD MEMBER NOT CONTEND ELIGIBLE IMMIGRATION STATUS? ( ) YES ( ) NO

WERE YOU OR ANY HOUSEHOLD MEMBER, WHO WERE AGE 62 OR OLDER AS OF JANUARY 31, 2010, AND WHO DOES NOT HAVE A SSN, RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON JANUARY 31, 2020? ( ) YES ( ) NO

WHAT STATES HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD (IF APPLICABLE) LIVED IN?_____
_____

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING BEFORE? ( ) YES ( ) NO

IF YES, WHERE AND WHY DID YOU MOVE? _____
_____

HAVE YOU EVER BEEN EVICTED OR SUED FOR PAYMENT OF RENT? ( ) YES ( ) NO

IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY, STREET ADDRESS, STATE AND ZIP), BY WHOM, FOR WHAT REASON, AND THE OUTCOME OF ACTION. _____
_____
_____

ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

( ) YES ( ) NO

DO YOU REQUEST EITHER A HANDICAP/DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT, VISUAL/HEARING IMPAIRED UNIT OR BOTH? _____

TYPE APARTMENT DESIRED? _____ NON- HANDICAPPED _____ MOBILITY IMPAIRED _____VISUAL/HEARING IMPAIRED

INCOME: SOURCE _____ AMOUNT _____

SOURCE _____ AMOUNT _____

SOURCE _____ AMOUNT _____

ASSETS: SAVINGS, CHECKING, PROPERTY, OTHER: _____

_____

MEDICAL EXPENSES (IF ELDERLY OR HANDICAPPED):

MEDICAL INSURANCE, PRESCRIPTIONS, PHYSICIANS, CURRENT BILLS, OTHER: _____

_____

_____

ARE YOU OR ANY OTHER HOUSEHOLD MEMBER A CURRENT ILLEGAL ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE? _____ NO _____ YES

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? ____ NO _____ YES IF YES, EXPLAIN _____

_____

DO YOU CURRENTLY HAVE FRIENDS OR RELATIVES LIVING HERE? _____NO _____ YES IF YES, WHO?_____

_____

LIST THREE (3) PERSONAL REFERENCES (OTHER THAN RELATIVES) WHOM WE MAY CONTACT:

_____

NAME ADDRESS TELEPHONE NUMBER

_____

NAME ADDRESS TELEPHONE NUMBER

_____

NAME ADDRESS TELEPHONE NUMBER

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

_____ _____

NAME RELATIONSHIP

_____

ADDRESS TELEPHONE NUMBER

"I CERTIFY THAT THE APARTMENT FOR WHICH I AM APPLYING WILL BE MY PERMANENT RESIDENCE. I ALSO CERTIFY THAT, SHOULD I BECOME A TENANT AT THIS COMPLEX, I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I UNDERSTAND THAT THIS FORM IS ONLY AN APPLICATION FOR RESIDENCE AND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT IN ANY WAY GUARANTEE RESIDENCE IN SUCH. I UNDERSTAND THAT SUPPLYING FALSE AND MISLEADING INFORMATION MAY RESULT IN THE REJECTION OF MY APPLICATION."

_____ _____

SIGNATURE OF APPLICANT DATE

EQUAL HOUSING OPPORTUNITY

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**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Oak Hill Apartments

363 Oak Hills Drive
Sparta, TN 38583
Phone/Fax: (931) 836-8127

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

RELEASE AUTHORIZATION FORM

Affordable Housing Program

Purpose: Your signature on this form authorizes the above-named organization to obtain information for eligibility verification, including but not limited to employment, income, assets, prior rental history, personal references, etc.

****

I hereby authorize the release of my information to the above-named organization including but not limited to the following: prior rental history, personal references, employment verification, income and asset verifications, etc.

Print Name: _____

Signature: _____

Date: _____

****

The individual named above is an applicant/tenant of a housing program that verifies income, assets, prior rental history, etc. to determine eligibility. Please provide the information requested on the Verification Form attached and return to our office. Your prompt response is crucial and greatly appreciated.

Sincerely,

Management

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

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

Alpine Village
Auburn Hills
Autumn Village
Breckenridge
Beaver Run
Brookvale Garden
Brookwood Terrace
The Commons
Cambridge
Cherry Hill
College Park
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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

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

Applicant's Copy

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

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Oak Hills Annex
Park Place
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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

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