Beaver Run Apartments Bristol, TN

Application: Senior Housing: 62 years and older Handicapped Units Available

Please complete this application and return to the following locations:

Meadowood Park Office: Mon/Wed/Thurs/Fridays 8:00 am to 4:00 pm Or

Beaver Run Office: Tuesdays 9:00 am to 2:00 pm

Manager: Amy Wall (423) 743-7112 (423) 878-6800

Fax: (423) 743-7112





APPLICATIONS:

PLEASE MAIL TO:

1126 EAST ERWIN ROAD, ERWIN, TN 37650

ATTENTION: OFFICE

OR

PUT IN THE COMPLEX DROPBOX LOCATED ON THE OFFICE DOOR

MAY ALSO BE FAXED TO: (423) 743-7112

OR

EMAILED TO: MEADOWOODPARK@DOUGLASCHEROKEE.ORG

Please include the following copies or stop by the office to make copies during office hours.

Copies Needed:

SS card,
Photo ID
Birth Certificate
Current year SS/SSI/Pensions, etc.
All forms of income
Most recent bank statement on all accounts

All 3 personal references must provide address and phone # Landlord Address and phone # must be provided (Past 5 years minimum)

Please make sure application is complete.

ALL INCOMPLETE APPLICATIONS WILL BE MAILED BACK FOR COMPLETION BEFORE BEING ADDED TO OUR LIST.

Apartment Application

Date:	Time:	Manager's ınıtı	als:	
This is an application for an apartment at E by management prior to an applicant being	EAVER RUN APARTMENTS. It placed on our waiting list for an apart.	holds no lease or rent obligations. A artment. All applicants must meet est	ll information will be verified ablished eligibility criteria.	
NAME	BIRTHDATE	SOCIAL SECURITY NUMBER		
PRESENT STREET ADDRESS	CITY HOW LONG AT THE	STATE	ZIP	
TELEPHONE NUMBER	HOW LONG AT TH	S ADDRESS		
CURRENTLY: RENTING	OWN HOME	LIVE WITH RELATIVES		
CURRENT RENT/HOUSE PAYMENT _				
CURRENT LANDLORD'S NAME, ADD	RESS, & TELEPHONE NUMBER			
1. PRIOR ADDRESS PRIOR LANDLORD'S NAME, ADDR	ESS & TELEPHONE NUMBER _		HOW LONG?	
2. PRIOR ADDRESS PRIOR LANDLORD'S NAME, ADDR	ESS & TELEPHONE NUMBER _	HOW LONG?		
SPOUSE NAME (IF APPLICABLE) SPOUSE BIRTHDATE	SPOUSE SOCIA	L SECURITY NUMBER		
OTHER THAN YOURSELF, WHO WILI				
NAME	BIRTHDATE	SOCIAL SECUR	TY NUMBER	
NAME	BIRTHDATE	SOCIAL SECUR	TY NUMBER	
WHAT STATES HAVE YOU OR YOUR	SPOUSE (IF APPLICABLE) LIVE	ED IN?		
HAVE YOU EVER LIVED IN SUBSIDIZ	ED HOUSING BEFORE? () YES	S () NO		
IF YES, WHERE AND WHY DID YOU N	MOVE?			
HAVE YOU EVER BEEN EVICTED OR IF YES, INDICATE WHEN SUCH ACTION WHAT REASON, AND THE OUTCOME	ON WAS TAKEN WHERE (CITY	STREET ADDRESS STATE AND	ZIP), BY WHOM, FOR	
ARE YOU OR ANY HOUSEHOLD MEM () YES	CAP/DISABILITY ADJUSTMENT	TO INCOME OR A SPECIAL HAN		
TYPE APARTMENT DESIRED?	NON- HANDICAPPED	WOBILITY IMPAIREDV	ISUAL/HEARING IMPAIRE	
INCOME: SOURCE	AMOUNTAMOUNTAMOUNT			
SOURCE	AMOUNT			

MEDICAL EXPENSES (IF ELDERI	Y OR HANDICAPPED):	
MEDICAL INSURANCE, PRESCRI	PTIONS, PHYSICIANS, CURRENT BILLS, OTH	IER:
ARE YOU OR ANY OTHER HOUS		USER OR ADDICT OF A CONTROLLED SUBSTANCE
	SEHOLD MEMBER BEEN CONVICTED OF A	MISDEMEANOR OR FELONY? NO YES
DO YOU CURRENTLY HAVE FRII	ENDS OR RELATIVES LIVING HERE?	NOYES IF YES, WHO?
LIST THREE (3) PERSONAL REFE	RENCES (OTHER THAN RELATIVES) WHOM	WE MAY CONTACT:
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
WHOM SHOULD WE CONTACT II	N CASE OF AN EMERGENCY?	
NAME	RELATIONS	SHIP
ADDRESS	TELEPHONE	NUMBER
THAT, SHOULD I BECOME A TEN DIFFERENT LOCATION. I CERTII KNOWLEDGE. I AUTHORIZE INC FORM IS ONLY AN APPLICATION	IANT AT THIS COMPLEX, I WILL NOT MAINT FY THAT THE FOREGOING INFORMATION IS QUIRIES TO BE MADE TO VERIFY THE STATI N FOR RESIDENCE AND THAT THE SUBMISS N SUCH. I UNDERSTAND THAT SUPPLYING	Y PERMANENT RESIDENCE. I ALSO CERTIFY FAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A STRUE AND COMPLETE TO THE BEST OF MY EMENTS ABOVE. I UNDERSTAND THAT THIS ION OF THIS APPLICATION DOES NOT IN ANY FALSE AND MISLEADING INFORMATION MAY
SIGNATURE OF APPLICANT	DATE	
MANAGER'S COMMENTS		
PRIOR RESIDENCE CHECKPOLICE CHECK	LANDLORD CREDIT CHECK	REFERENCE CHECK
DISPOSITION: APPROVED/DATE	DISAPPROVED/DATE	NOTIFIED/DATE
MANAGER'S SIGNATURE	DATE	

EQUAL HOUSING OPPORTUNITY

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Beaver Run North 1102 Paperville Rd. Bristol, TN 37620 (423) 878-6800

407 East Main Street Morristown, TN 37814

Phone: (423)586-1494 Fax: (423)586-3605 Toll-Free: (800)586-1494

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

I,, certify Economic Authority, Inc. Affordable Housing Proceeds obtain a consumer report prepared by a consume purpose of evaluating me for a potential housing of	er reporting agency for the
I understand that a consumer report may information bearing on credit worthiness, credit st background, character, general reputation, person of living.	anding, credit capacity, criminal
I,	gram to procure a consumer sary or prudent and authorizes and tenant screening services to mic Authority, Inc. Affordable ocial security number and date of
Name	_
Date	_
Social Security Number	_

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

Alpine Village



Date of Birth





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NOTIFICATION LETTER

Date:			
Name: _	1 1 1 1 1 1 1 1 1	 	
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:

Resolve Partners LLC 2733 Horse Pen Creek Road, Suite 101 Greensboro, NC 27410 Phone: 866-921-5388

Fax: 336-217-8007 http://www.resolve-partners.com

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 (phone number).

Sincerely,

Amy Wall Complex Manager



Breckenridge Beaver Run Brookvale Garden Brookwood Terrace The Commons for Seniors Cambridge Apartments Cherry Hill College Park Dogwood Terrace I Dogwood Terrace II Dogwood Terrace III Douglas Residences Franklin Place Friendship Manor Gateway Village Greenbriar Village Greenbriar Village Annex Heritage Hills Heritage Oaks Heritage Oaks Annex Highland Manor Highland Manor II Holly Hills Holston Hills KC Home Lakeway Apartments Lakeway Annex Lakewood Village LeConte Terrace Lincoln Park Lincoln Park Annex McElhaney Glen Meadow Creek Meadowood Park Mountain Grove Mill Creek Oak Hills Apartments Oak Hills Annex Old Saybrook Park Place Park Place Annex Pleasant Hill Renaissance Square Riverpark Riverpark II Roy J. Messer Sequoyah Village Springbrook Apartments Stanford Place Victory House Village Green Apartments Walnut Creek Westminster Place Winfield Ridge Woodland Park Woodland Place Woodridge Woodridge Annex

Alpine Village Auburn Hills Autumn Village





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LANDLORD REFERENCE

To:	
Re:	
The person (s) named above has/have applied here for a rental unit and have knowledgeable as to their rental history at the information requested below and return in the enclosed self-addressed expossible.	
We greatly appreciate your cooperation.	
Sincerely,	
Complex Manager	
*********************	******
I authorize release of information concerning my prior rental history to Apartments.	
Applicant:	******
How long did tenant reside at this address?	
2. What was amount of monthly rent?	
 What was amount of monthly rent? Was rent paid on time? If not, please explain below. Were utilities included in rent? 	
5. Did tenant appear to maintain a well-kept home? If not, please6. Was tenant destructive to apartment or adjoining public areas?	
7. If this tenant reapplied for housing in the future, would you rent to them? _ Additional comments:	
Signature:	

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