

Meadowood Park Erwin, 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: MEADOWWOODPARK@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 initials: _____

This is an application for an apartment at **MEADOWOOD PARK 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 _____

TELEPHONE NUMBER _____ HOW LONG AT THIS ADDRESS _____

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 _____

WHAT STATES HAVE YOU OR YOUR SPOUSE (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
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NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

NAME	RELATIONSHIP
------	--------------

ADDRESS	TELEPHONE NUMBER
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"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 _____

MANAGER'S COMMENTS _____

PRIOR RESIDENCE CHECK _____ LANDLORD CREDIT CHECK _____ REFERENCE CHECK _____
POLICE CHECK _____

DISPOSITION: APPROVED/DATE _____ DISAPPROVED/DATE _____ NOTIFIED/DATE _____

MANAGER'S SIGNATURE _____ DATE _____

EQUAL HOUSING OPPORTUNITY



Affordable Housing Program

Meadowood Park
1126 E. Erwin Rd.
Erwin, TN 37650
(423) 743-7112

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 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 authorize and instruct Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program to procure a consumer report containing any information it deems necessary or prudent and authorizes 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 requested below solely for the purpose of generating an accurate consumer report.

Name

Date

Social Security Number

Date of Birth

Alpine Village
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





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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:

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

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Auburn Hills
Autumn Village
Breckenridge
Beaver Run
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Affordable Housing Program

LANDLORD REFERENCE

To: _____

Re: _____

The person (s) named above has/have applied here for a rental unit and has indicated you as knowledgeable as to their rental history at _____. Please provide the information requested below and return in the enclosed self-addressed envelope as soon as possible.

We greatly appreciate your cooperation.

Sincerely,

Complex Manager

I authorize release of information concerning my prior rental history to _____ Apartments.

Applicant: _____ Date: _____

1. How long did tenant reside at this address? _____
2. What was amount of monthly rent? _____
3. Was rent paid on time? _____ If not, please explain below.
4. Were utilities included in rent? _____
5. Did tenant appear to maintain a well-kept home? _____ If not, please explain below.
6. 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: _____

Title: _____ Date: _____

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