

RENTAL HOUSING APPLICATION

This is preliminary application for an apartment at **Winfield Ridge 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 selection criteria.

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 is 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 an including a Class B Felony.

Signature: _____

Date: _____

F. FAMILY INCOME CALCULATIONS

All information should come from Individual Income Calculation Sheets.

- 1. Number in Houshold _____
- Number with Income _____
- Number without Income _____

- 2. Income Limits for Scott County. Dated _____

Show totals from Individual Income Calculations pages and converty 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:

H. 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

**HOME program
Eligibility Release Form**

Organization requesting release of information:
**Winfield Ridge, 662 Old Hwy 27N, Winfield, TN
(423) 569-5100 Date:**

Purpose: Your signature on this HOME Program Eligibility Form, and thee signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain informaiton 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 dtermine 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 prosecurtors. Failure to provide any information may result in a adelay or rejection of your elegibility 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 From 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.

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
Signature: _____
Print Name: _____
Date: _____
Other Adult Member of the Household #2
Signature: _____
Print Name: _____
Date: _____

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		
<input type="checkbox"/> Full-Time Student		
<input type="checkbox"/> Handicap/Disabled		
<input type="checkbox"/> 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.

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

APPLICANT CHECKLIST

PLEASE BRING:

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:



Winfield Ridge
662 Old Hwy 27 North
Winfield, TN 37892
Phone: (423) 569-5100

407 East 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 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
Lakeway Apartments
Lakeway Annex
Lakewood Village
LeConte Terrace
Lincoln Park
Lincoln Park Annex
Meadow Creek
Meadowood Park
McElhaney Glen
Mountain Grove
Mill Creek
Oak Hills Apartments
Oak Hills Annex
Old Saybrook
Park Place
Park Place Annex
Pleasant Hill
Renaissance Square
Apartments
Riverpark
Riverpark II
Roy J. Messer Apartments
Sequoyah Village
Springbrook Apartments
Stanford Place
Village Green Apartments
Walnut Creek
Westminster Place
Winfield Ridge
Woodland Park
Woodland Place
Woodridge
Woodridge Annex