

Breckenridge Apartments

220 Maggie Mack Lane
Sevierville, TN 37862

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 birth certificates
2. A form of identification (Driver's License/ID/passport, etc.)
3. Verification of any sources of income.
 - a. If you receive Social Security or SSI we need a copy of your awards letter.
 - b. If employed, we need copies of the 6 most recent pay check stubs.
4. A copy of Social Security Cards for *ALL* household members.
5. Most recent bank statements (6months)
6. Names, addresses, and phone numbers of contacts for verification of rent, 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: Breckenridge (LeConte Terrace's Office)

Phone Number: (865) 774-8885

Office Hours: Monday & Wednesdays 8:00 am to 5:00 pm

Fridays 8:00 am to 1:30 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



BRECKENRIDGE APARTMENTS RENTAL HOUSING APPLICATION

This is a preliminary application for an apartment at this property. 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: _____

(1) Head of Household: _____

Age: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Marital Status: Single Married Divorced Widow/Widower

	Names of other household members	Relationship to Head of Household	Age	Gender
(2)				
(3)				
(4)				
(5)				
(6)				

Do you or any household member have a handicap or disability? YES NO

If YES, please explain if the nature of the condition requires the special features of an ADA unit.

For example: hearing/vision impaired, wheel chair access, etc. _____

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

If Yes, please explain: _____

Have you ever been evicted? YES NO

If Yes, please explain (when/why, etc.): _____

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. PREVIOUS HOUSING INFORMATION

List any places you have lived at prior to your present address.

Landlord Name	Address	Phone	Dates at this address

D. REFERENCES

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

Name	Address	Phone

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 is true and correct and that the address listed is my principal residence. If application is approved, I will comply with all 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: _____



Breckenridge Apartments

220 Maggie Mack Lane
Sevierville, TN 37862

SUPPLEMENT TO APPLICATION

This form is to be provided to each applicant.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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: 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 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 Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement.



Breckenridge Apartments

220 Maggie Mack Lane

Sevierville, TN 37862

Phone/Fax: (865) 774-8885

Release Authorization Form

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.

Name: _____

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.

Signature: _____

Date: _____

The individual named above is an applicant/tenant of a housing program that verifies income, assets, prior rental history, etc. 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



EQUAL HOUSING
OPPORTUNITY



Breckenridge Apartments

220 Maggie Mack Lane
Sevierville, TN 37862
Phone/Fax: (865) 774-8885

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.

****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.

Full Name: _____

Date of Birth: _____

Social Security #: _____

Driver's License/ID #: _____

Signature: _____

Date: _____



EQUAL HOUSING
OPPORTUNITY



Breckenridge Apartments

220 Maggie Mack Lane

Sevierville, TN 37862

Phone/Fax: (865) 774-8885

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

Equifax
P.O. Box 105873
Atlanta, Georgia 30348
(800) 685-1111

<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



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