

DATE _____ **TIME** _____

IF YOU ARE MORE THAN 15 MINUTES LATE YOU WILL HAVE TO RESCHEDULE

WE CANNOT TAKE YOUR APPLICATION UNLESS YOU HAVE THE FOLLOWING

SOCIAL SECURITY CARD

ON EVERYONE

LICENSE OR STATE ID

BIRTH CERTIFICATES ON CHILDREN

INCOME VERIFICATION

**LAST YEAR TAXES
(INCOME PART IF APPLICABLE)**

IF YOU CALL TO CHECK ON THE STATUS

OF YOUR APPLICATION

THESE CALLS WILL BE ACCEPTED

ON

FRIDAYS ONLY

You are required to provide:

1. References
2. Income/Asset Verification
3. Social Security Cards
4. Identification
5. Completed Application/forms
6. Other information may be required

We are required to do the following in order to determine your eligibility/ineligibility:

1. Contact your references
2. Verify the income/assets you claim
3. Conduct Police background checks
4. Conduct Sexual Offender checks
5. Verify any pertinent information on your application
6. Other information may be required

This process can take up to 30 days or longer. This can depend on you. Why?

1. Did you provide all the required information?
2. Did your references respond to our mail/calls?
3. Other reasons may delay the process.

Once we determine your eligibility/ineligibility we will notify you by mail.

Your name will then go on a *waiting list* and can remain there for a period of *6 months to a year*. Once a unit or voucher is available **we will** contact you. **It is important to notify us when your address and phone number changes.** If your letter is returned to us, your application will be cancelled. It is not necessary to contact us unless we require further information or you hear from us requesting information.

If you qualify, once eligible, for a priority.

This determination will be made once you are determined to be eligible. Your approval letter will state if you are placed on a regular list or priority list. If you are determined ineligible a priority does not make you eligible. The time frame on a priority for a unit or voucher is as soon as a unit or voucher is available.

PRIORITY ELIGIBILITY FORM

You may qualify for one of the following preferences based on your current housing situation. If you feel you may qualify, please check which one, 1,2,a,b or c. We will require verification from an appropriate agency such as; homeless shelter, Department of Children services, police department, etc.

1. _____ A person who is living in sub-standard housing.
2. _____ A person who is involuntarily displaced. This includes:
 - _____ a. people who are homeless due to fire, flood, government action or action by housing owner, other than non-payment of rent. A person renting from or living with a relative is not eligible for a preference.
 - _____ b. People who have lived in a shelter (for 30 consecutive days for Public Housing)
 - _____ c. An applicant who is displaced by inaccessibility of unit due to a mobility or impairment that makes the person unable to use critical elements of the unit.

There will be no preference given for those evicted for drugs.

Signature

Date

I certify that I do not qualify for any of the above preferences.

Signature

Date

Housing Reference Form

Current Landlord *(If no current landlord, state with whom you are living)*

Name _____ Address _____

City, State, Zip _____ Phone No. _____

Is this a current landlord? _____ yes _____ no

If not a current landlord, is this a relative or friend with whom you are living with? _____ yes _____ no

How long have you rented from your current address or lived at your current address? _____

Previous Landlord

Name _____ Address _____

City, State, Zip _____ Phone No. _____

How long did you rent from this landlord? _____

We require a minimum of the past 7 years of places where you have lived. If you cannot provide current or prior landlord information you will need to explain where you have lived for the past 7 years. Please do so below:

Personal References *(non relative)*:

Name _____ Address _____

City, State, Zip _____ Phone No. _____

Name _____ Address _____

City, State, Zip _____ Phone No. _____

If unable to contact you with the phone number you provided whom may we contact locally?

Name _____ Phone No. _____

Name _____ Phone No. _____

Crossville Housing Authority Police Background Check Form

TO: (Name & Address of law enforcement agency) _____ Date: _____

1. RE: _____ (Applicant/Tenant Name) _____ (Social Security Number) _____ Date of Birth

RE: _____ (Applicant/Tenant Name) _____ (Social Security Number) _____ Date of Birth

I/We being an applicant/tenant listed above do hereby consent to a background check.

1. _____ Signature _____ Date _____

2. _____ Signature _____ Date _____

The individuals named directly above is an applicant/tenant of a housing program that requires a check for any possible criminal and or drug/related activity. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Manager/Management Company _____ Date _____

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY

1. CRIMINAL RECORDS CHECK

On this the _____ day of _____, _____, I could NOT find any arrests or outstanding warrants.

On this the _____ day of _____, _____, I FOUND the following arrests or outstanding warrants.

2. CRIMINAL RECORDS CHECK

On this the _____ day of _____, _____, I could NOT find any arrests or outstanding warrants.

On this the _____ day of _____, _____, I FOUND the following arrests or outstanding warrants.

person filling out form _____ Printed Name _____ Date _____ Signature of

Telephone Number _____ Fax Number _____ Email Address _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**Crossville Housing Authority
Release of Information Form**

To: (Name & Address of reference) _____ Date: _____

Type of reference (circle): Landlord, Credit Reference, Personal

RE: _____ (Applicant/Tenant Name) _____ (Social Security Number, if applicable)

I being an applicant/tenant listed above do hereby consent to a check of current/past landlords, credit check and/or personal references.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

The individual named above is an applicant/tenant of a housing program that requires a check for references. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Management _____ Date _____

Please fill out the attached form

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**Crossville Housing Authority
Employment Verification Form**

TO: (Name & Address of employer) _____ Date: _____

RE: _____
(Applicant/Tenant Name) (Social Security Number)

I hereby authorize release of my employment information.

Signature Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Manager/Management Company Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Date of Employment _____

Current Wages/Salary: \$ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

Average No. of regular hours per **week**: _____ Year to date earnings: \$ _____ through _____

Overtime Rate: \$ _____ per hour. Average number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour. Average number of shift differential hours per week: _____

Commissions, Tips, Bonuses: \$ _____ (Circle) Hourly Weekly Biweekly Semimonthly Monthly Annually Other

List any anticipated change in the employee's rate of pay within the next 12 months: _____

_____ Effective date of change: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer (Company) name and Address

Telephone Number Fax Number Email Address

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION
BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES TO A 3rd PARTY**

Information will be released for: PRINT NAME▶		Date:	Identify Signer: <input type="checkbox"/> Self <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other authorized representative (explain) *Proof of legal authorization may be required.	
Street Address		(Parent/guardian sign here if two signatures required by State law)		
Phone Number (with area code) ()	City			

I, authorize the Tennessee Department of Human Services and its authorized agents/contractors, to release the following information from the records of the Department of Human Services described below:

- All records (*other than Medicaid/TennCare/Drug/Alcohol/Educational records*See Note Below*) Yes: _____ No: _____ **OR**
- Families First or Food Stamp case records Yes: No: _____
- Vocational Rehabilitation Services records Yes: _____ No: _____
- Other: Yes: _____ No: _____ Describe: _____

NOTE: MEDICAL/HEALTH INFORMATION IS TO BE RELEASED. THE APPLICANT/RECIPIENT MUST COMPLETE A DISSEMINATION STATEMENT. MEDICAL/HEALTH INFORMATION RECORDS ARE TO BE RELEASED BY THE EDUCATION AGENCY MAINTAINING THE RECORDS. MUST BE CONTACTED DIRECTLY BY THE PERSON OR ENTITY SEEKING THE RECORDS.

This information may be released to the following persons or organizations: Enter either "All" or state specific persons/organizations or types of persons/organizations to whom information can be released.

For the records I have given permission to be disclosed, TDHS can talk to, or give copies of my records to any of the person/organizations I have permitted and can give this information by paper, fax, computer or electronic copies of those records. **YOU DO NOT HAVE TO SIGN THIS FORM. I understand that I am not required to give permission, and that my decision will not affect any benefits or services which I, my child or family are receiving from the Department of Human Services or for any benefits or services for which I have applied from the Department of Human Services.**

- I will get a copy of this form after I sign it. I can ask TDHS to let me see a copy of the information it releases after I sign this form.
- **This permission is good for 12 months from the date I sign this form, unless I take back my permission sooner.**
- **You have the right to withdraw your permission at any time. You cannot take back information that has been received from other persons/organizations if you choose to take back your permission it will not affect any actions taken before you take back your permission.**
- **To take back your permission to let us get your records from other persons/organizations, you can write TDHS in your county, or write the persons/organizations that you have said we can give your information to.**
- All information about you that TDHS gets is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **Ask TDHS to explain if you have questions about the information that is to be released.**

Signature of Person or Person's Authorized Representative: _____ Date: _____



CROSSVILLE HOUSING AUTHORITY

67 IRWIN AVENUE ~ P.O. BOX 425 ~ CROSSVILLE, TN 38557
PHONE 931-484-2990 ~ FAX 931-456-1513

DONALD R.
ALEXANDER
Executive Director

J. ROBERT
MITCHELL
Chairman

THOMAS E.
HALE
Vice Chairman

GLADYS
MCNEAL
Commissioner

JEFF
BROWN
Commissioner

VIRGIE
LOTZE
Commissioner

CHILD SUPPORT/CHILD CUSTODY VERIFICATION

Applicant/Tenant Name: _____

Child's Name: _____

(If the applicant/tenant has court documentation, attach to this form)

(Check the appropriate box) (If more than one child, list all)

I have been awarded custody of _____

(documentation attached)

I have been awarded child support for _____

(documentation attached)

(Check the appropriate box) (If more than one child, list all)

I have not been awarded custody of _____

(documentation attached)

I have not been awarded child support for _____

(documentation attached)

I understand that providing false information on this form may jeopardize my residency at these units, and is punishable as a Class E Felony under Tennessee Code Annotated Section 13-23-133, and is also punishable under other applicable federal or state statutes.

Signature: _____

Date: _____

saved as Donna/word/child custody support documentation



FAMILY SELF-SUFFICIENCY AND HOMEOWNERSHIP PROGRAMS

The Crossville Housing Authority has several programs designed specifically to benefit those with dreams of homeownership. In order to let us help you, please fill out this questionnaire so that our Family Self-Sufficiency Coordinator can contact you.

Today's Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Please circle your response to the following questions

1. ***Would you like more information on the Family Self-Sufficiency Program?*** Yes No

The program is designed to help families increase their income. There are various ways families can increase their household income, such as furthering their education level or by learning new job skills.

2. ***Would you like more information on the Homeownership Program?*** Yes No

CHA has a mortgage assistance and down-payment assistance program. We can help you with a plan to re-establish credit. CHA offers HUD-certified homeownership education classes.