

*** IMPORTANT – PLEASE READ CAREFULLY ***

These forms MUST BE signed by all adults age 18 and over who will be applying to live in your apartment. Also, ALL ADULTS (18 and over) who will live in your apartment must come to the application interview appointment.

**DO NOT LEAVE ANY FORM UNSIGNED.
BRING THESE FORMS TO YOUR APPOINTMENT.**

You will need to bring the following verification for **EVERY** household member:

- 1. Social Security Card(s)**
- 2. Birth Certificate(s) or Driver's License (not an ID)**

If you or any household member receives any type of Social Security check, bring a **currently-dated benefit printout** from the local Social Security office.

If any household member has another source of income such as wages, Highlands Residential Services will send a form to obtain verification of the income. **Please be sure to have the mailing address of your employer.**

If you receive retirement benefits, be sure to bring the name and mailing address of where your benefits come from.

If you have been granted custody of a child who will be residing in the apartment with you, you **MUST** provide custody verification.

If you have any type of asset (checking or savings accounts, stocks or bonds, Certificates of Deposit, life insurance, property or a home), you **MUST** provide the name and mailing address of the financial institution where your account is held. If you own a home or property, you must bring the most recent tax statement and payoff verification from your bank or mortgage company.

To schedule an appointment to apply for housing, please call telephone number **(931) 526-9793, extension 211.**

Your appointment date is: _____

Your appointment time is: _____

Your appointment is with: Denise Griffin

**BE PREPARED. BRING ALL REQUIRED
VERIFICATION WITH YOU TO YOUR
APPLICATION INTERVIEW !!!**

RENTAL HISTORY

Please list ALL landlords, friends, family members, etc where you have rented or stayed for the past 2-3 years. Start with your present address, and work your way backwards for 2-3 years.

What is the address where you are currently living?

Who is your **current** landlord (whether friend, relative or landlord)?

What is your current landlord's **current** address? **You must provide this.**

How long have you lived there?

Where did you live just before where you are currently living?

Who was your landlord then (whether friend, relative or landlord)?

What is that landlord's **current** address? **You must provide this.**

How long did you live there?

Where did you live just before the last address you listed?

Who was your landlord then (whether friend, relative or landlord)?

What is that landlord's **current** address? **You must provide this.**

How long did you live there?

Where did you live just before the last address you listed?

Who was your landlord then (whether friend, relative or landlord)?

What is that landlord's **current** address? **You must provide this.**

How long did you live there?

STATEMENT OF ASSETS

I, the undersigned, do hereby make oath that the following information concerning the assets I now have, or have had is true and complete to the best of my knowledge and belief. Fill in as applicable.

If you have no asset as described, write "NONE" in the appropriate blanks. DO NOT LEAVE ANY LINE BLANK. Be sure to sign this form even if you have none of the listed assets.

Checking Account with _____ Account No. _____
(Name of Bank) Amount \$ _____

Savings Account with _____ Account No. _____
(Name of Bank) Amount \$ _____

Certificate of Deposit with _____ Account No. _____
(Name of Bank) Amount \$ _____

Stocks _____ Value \$ _____

Bonds _____ Value \$ _____

Life Insurance with _____ Policy No. _____
(Name of Company) Cash Surrender Value \$ _____

Life Insurance with _____ Policy No. _____
(Name of Company) Cash Surrender Value \$ _____

Real Estate located at _____

Mortgage Amount \$ _____ Value \$ _____

Other _____

I have _____ have not _____ disposed of any real property or assets within the past 2 years. (List asset, date, value, etc. if assets have been disposed of and where proceeds were invested. _____

_____/_____/_____
Date

Resident/ Applicant's Signature

Resident/ Applicant's Signature

Resident/ Applicant's Signature

You MUST complete this form.

DECLARATION OF ASSETS

In order to establish eligibility for occupancy in a unit operated by the Highlands Residential Services, I must have verification of my liquid assets, and it must be certified by an officer of the bank or savings and loan in which it is on deposit.

I hereby give my permission for this information to be disclosed to the above-mentioned agency.

Signature Social Security Number Printed Name

Signature Social Security Number Printed Name

Signature Social Security Number Printed Name

Applicant/Resident:
DO NOT write or sign below this line on this form. Your financial institution will complete this form.

CERTIFICATION

This is to certify that the above signed has on deposit or in safe keeping with this bank or savings and loan:

Checking Account:

Number(s): _____ Amount \$ _____ Interest Rate: _____ %

Savings Account:

Number(s): _____ Amount \$ _____ Interest Rate: _____ %

Certificate of Deposit:

Number: _____ Amount \$ _____ Interest Rate: _____ %

Number: _____ Amount \$ _____ Interest Rate: _____ %

Number: _____ Amount \$ _____ Interest Rate: _____ %

Maturity Date(s): 1. _____ 2. _____ 3. _____

Other:



Name of Depository/Bank: _____

Signature of Bank or Financial Institution Representative: _____

Position: _____ Date: _____ / _____ / _____

This information will be held in strict confidence.

APPLICANT / TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

HIGHLANDS RESIDENTIAL SERVICES

235 W. JACKSON ST, PO BOX 400

COOKEVILLE, TN 38503-0400

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing program.

Information inquiries about:

- Child Care Expenses
- Citizenship
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expense
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations that may release information:

- | | |
|--|---|
| Banks and Other Financial Institutions | Pensions / Annuities |
| Courts | Schools and Colleges |
| Law Enforcement Agencies | US Social Security Administration |
| Credit Bureaus | US Department of Veterans Affairs |
| Employers, past and present | US Department of Immigration and Naturalization |
| Landlords | Utility Companies |
| Providers of: | Welfare Agencies |
| Alimony | |
| Child Care | |
| Credit | |
| Handicapped Assistance | |
| Medical Care | |

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

I certify that the above named individual(s) has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Denise Griffin / /
Housing Authority Representative Date

(THIS FORM AND SUPPORTING DOCUMENTS BECOME A PART OF THE LEASE BY REFERENCE)

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
 - Parole status under 212(d)(5) of the INA 6/; or
 - Threat to life or freedom under 243(h) of the INA 7/; or
 - Amnesty under 245A of the INA 8/.

Signature _____

Date _____

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

**TENNESSEE CODE ANNOTATED
TITLE 39 CRIMINAL OFFENSES**

39-14-104. Theft of Services (Effective November 1, 1989) A person commits theft of services who:

- (1) Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services;
- (2) Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto; or
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to hotels, motels, restaurants, without payment or a bona fide offer to pay. (Acts 1989, ch. 591, section 1.)

I also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any department or Agency of the United States as to any matter within its jurisdiction.

APPLICANT/TENANT CERTIFICATION

Applicant(s)/Tenant(s) Statement

I/We certify that the information* given to the HIGHLANDS RESIDENTIAL SERVICES on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and Tennessee Code Annotated, Title 39, Chapter 3, Part 9. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590. (Within the Washington D.C. Metropolitan area, call 426-3500.)

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Signature of Spouse/Other Adult

Signature of Other Adult

Signature of Other Adult

Signature of Applicant/Tenant

____/____/____
Date

Denise Griffin

Signature of PHA Representative

____/____/____
Date

**NOTICE TO ALL APPLICANTS
REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH
DISABILITIES**

Highlands Residential Services is a public agency that provides low-rent housing to eligible families, elderly families and single people. HRS is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, or disability. In addition, HRS has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability.

A reasonable accommodation is some modification or change HRS can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of HRS's programs. Examples of reasonable accommodations would include:

- Making alterations to a HRS unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a support animal necessary to assist a family member with a disability in a HRS family development where animals are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the interview;
- Permitting an outside agency to assist applicant with a disability to meet the HRS's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to take care of their apartment, to report required information to the Highlands Residential Services, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability, you may request a reasonable accommodation at the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Highlands Residential Services, that is your right.

Signature _____ Signature _____

Signature _____ Signature _____

Date / /

**THIS FORM MUST BE SIGNED
BY ALL ADULTS WHO ARE
APPLYING FOR HOUSING**

VOLUNTARY APPLICANT SURVEY

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

The Highlands Residential Services is seeking information to help determine the need for improvements in the accessibility of its units. Your response to this survey is VOLUNTARY and will not affect your eligibility for housing.

Your cooperation in completing this survey is appreciated. All responses will be kept confidential.

Please put an "X" by all of these things that you have or need in your home:

- _____ Designated Handicapped Parking Spaces
- _____ Better Access To Parking, Etc.
- _____ Curb Ramps Or Curb Cuts
- _____ Ramps At Entryways
- _____ Wider Entrances
- _____ Wider Doorways
- _____ Controls Such As Light Switches That Are Easier To Reach
- _____ Adequate Floor Space For Wheelchair To Move Around
- _____ Grab Bars At Bathtub
- _____ Grab Bars At Toilet
- _____ Lower Bathroom Sink
- _____ Lower Bathroom Mirror
- _____ Lower Kitchen Cabinets And Counters
- _____ Lower Range Or Cook Top

Please list any other access features that would be of benefit to you.

DO YOU NEED HANDICAPPED-ACCESSIBLE HOUSING?

_____ **YES, I do.** _____ **NO, I don't.**

Reasonable Accommodation Request

Highlands Residential Services policy is to maintain the privacy of the application process between the individual(s) who will be applying to rent an apartment and the HRS representative who conducts the application interview.

Please review this form and complete it accordingly if you are requesting anyone other than you (or other adult household members who will be living in the apartment) be allowed to be present for the application interview.

I, _____, am requesting a Reasonable Accommodation due to the following:

1. _____ Difficulty hearing
2. _____ Vision difficulty
3. _____ Do not speak or understand English
4. _____ Other. Please explain: _____

Applicant's Signature

Date

Applicant's Signature

Date

Printed Name of Other Adult Present in Interview & Relationship to Applicant

Signature of Other Adult Present in Application Interview

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

**HIGHLANDS RESIDENTIAL SERVICES
P.O. BOX 400
COOKEVILLE, TN 38503-0400**

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

May 1988

p-88-2

Things You Should Know

Don't risk your chances for Federally-assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms

Purpose

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application

When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a saving account, credit union, or certificate of deposit; dividends from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

Family/Household Members

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of our knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your Housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll-free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410