**Rogersville Housing Authority Housing Application 902 Locust St. Rogersville, TN 37857** Office Hours: 8:30am – 3:30pm M-TH and Fridays 8:30am – 12:00pm Phone: 423-272-8540 Fax: 423-272-4710 TTY 1-800-848-0298 Applications will be accepted in person at the office, by email, by fax, or by mail. Application must be filled out completely or will be placed in pending status until ALL information is received.

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

***FOR OFFICE USE ONLY:*** RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_\_\_\_\_am / pm

Please select the developments you are applying for: (You may choose more than one but ONLY if you are actually interested in living in that location.)

Rogersville Church Hill Rutledge

It is the responsibility of each applicant to notify the Rogersville Housing Authority **in writing within 10 days of the occurrence** each time changes occur for the applicant family. Changes include; address, phone number, income, birth or death of a family member, removal of a family member, loss of job, etc… **If your application is incomplete, the application will be returned to you.**

Failure to keep this office informed of any and all changes of address will prevent contact by mail and will leave us no alternative but to move your application into the “inactive” category. In this event, a new application must be submitted and processed. If a letter is mailed and returned by the Post Office, the application will be made “inactive”.

**PART 1: FAMILY COMPOSITION** *List all persons who will be living with you (including yourself): List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors – oldest to youngest, then any other adults.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name** (as noted on Social Security Card) | **Relationship to Head** | **Date of Birth MM/DD/YYYY** | **Social Security Number** (must provide ALL social security numbers before application will be processed) | **Sex M/F** | **Race** | **Age** | **Marital Status** | **Full Time Student? Y/N** |
| 1. | Head |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| ***6.*** |  |  |  |  |  |  |  |  |

**Is any member of the household expecting a child? ( )Yes ( )No If yes, due date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there a current order for custody of any minors in the household? ( )Yes ( )No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have full custody of all minors listed on the application? ( )Yes ( )No Are there any additional family members? Please check here \_\_\_\_\_ and attach a separate page with application.**

**PART 2: RESIDENCY AND CONTACT INFORMATION**

|  |
| --- |
| Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Other Number Where You Can Be Reached? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your Current Address? (Address is required) Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: (if different from physical address) Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check the box which shows your current living arrangements: ( ) Renting: Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Own Home/ Mortgage ( ) Living in Public or Subsidized Housing: Name of Housing Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Living with Friends/Relatives/Other: Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you help with rent or utilities? ( )Yes ( )No If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) weekly or ( ) monthly ( ) Have you been involuntarily displaced due to fire, flood, tornado, etc? ( )Yes ( )No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART 3: EMERGENCY CONTACT INFORMATION**

|  |
| --- |
| Emergency Contact: (Please provide one (1) person that we may contact if you are unable to be reached) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART 4: INCOME INFORMATION**

1. **Are you or any family member listed on the application employed? ( )Yes ( )No If yes, please complete the information below (you will be required to provide a month’s worth of current paystubs once we have an apartment available and begin the move-in process)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Person Employed** | **Employer Name, Address, and Phone Number** | **Start Date** | **Amount of Gross Income (weekly, bi-weekly, monthly)** | **Hours worked per week** | **Hourly Pay Rate** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Do you or any family member listed on the application receive income from any of the following sources?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income Source List income for ALL members, including children** | **YES** | **NO** | **Who receives this payment?** | **Monthly Amount** |
| Public Assistance (TANF/Families First) |  |  |  |  |
| Child Support State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Social Security Benefits (SS) |  |  | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Disability Benefits (SSI) |  |  | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Retirement Benefits |  |  |  |  |
| Pension |  |  |  |  |
| Survivor Benefits |  |  |  |  |
| Unemployment Benefits |  |  |  |  |
| Workers Compensation |  |  |  |  |
| SNAP (Food Stamps) |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **If you have no income, how will you pay for rent and maintain an apartment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(If no income, you MUST fill out and turn in a Zero Income/Contributions Packet)***

**PART 5: HOUSEHOLD DEDUCTIONS** *You must provide supporting documentation for any deduction that you intend to claim.*

|  |  |  |  |
| --- | --- | --- | --- |
| **DEDUCTION** | **YES** | **NO** | **COMMENTS** (Please list details if you answered YES to any question.) |
| Do you have out of pocket child care expenses? |  |  |  |
| Is any adult member (18 yrs. or older) attending school or college OR taking part in a job training program? |  |  |  |
| Are you or your spouse elderly/disabled with medical expenses? (Paid out of pocket) |  |  |  |
| Do you have amounts being deducted out of your Social Security/SSI benefits in order to cover supplemental insurance premiums? (Medicare, Part D; etc) |  |  |  |

**PART 6: RENTAL HISTORY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Family Member who Rented** | **Was it Subsidized Housing? (Sec. 8/PHA) Y/N** | **Landlord Name Apartment Name and Address** | **Phone Number** | **Dates Rented To/From** | **Amount paid for Rent** | **Do you owe them any money? (If so, how much?)** | **Were you evicted? Y/N (If yes, list why)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*If you need more space, please attach an additional sheet*

**PART 7: DEMOGRAPHIC AND ACCOMMODATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer ALL of the following questions:** | **YES** | **NO** | **Comments:** |
| Is the Head of Household/Spouse/Co-Head Disabled? If yes, list who in the comments |  |  |  |
| Is any other household member disabled? If yes, list who in the comments |  |  |  |
| Is any household member in a wheelchair or cannot use stairs due to a disability? If yes, list who in the comments. |  |  |  |
| Are there any special housing needs due to above listed disabilities? If yes, list needs in the comments. |  |  |  |
| Are you eligible to receive disability benefits, but for some reason do not receive them at this time? If yes, please explain in the comments. |  |  |  |
| Will you need a specific accommodation to attend the interview or participate in the program because of a disability? If yes, please explain in the comments |  |  |  |
| Is anyone in the household currently serving in the military or a veteran in the armed services? If yes, please list who in the comments |  |  |  |
| Has anyone in the household been married or divorced? If yes, list other names that have been used – including past marriages and maiden name in the comments |  |  |  |

If you are a person with a disability or have difficulty completing this application, please advise us of your needs when you receive this form. Our phone number is (423) 272-8540. Call between the hours of 8:30am and 3:30pm. If you have a hearing impairment, appropriate assistance will be provided in a confidential manner and setting.

**PART 8: HOUSEHOLD ASSETS/PROPERTY**

**HOUSEHOLD ASSETS: List all financial assets held by each household member listed who will live in your unit. List each Bank or institution on a separate line.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Member Name** | **Name of Bank or Financial Institution** | **Checking Account Number** | **Savings Account Number** | **Investment Account Type and Number** | **Money Market Amount** | **CD Amount** |
|  |  |  |  |  | $ | $ |
|  |  |  |  |  | $ | $ |

**PROPERTY: List all property owned by each household member that will live in the unit.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member Name** | **Property Address** | **Type:** | **Property Value** |
|  |  | ( ) House ( ) Land ( ) Other | $ |
|  |  | ( ) House ( ) Land ( ) Other | $ |

**Do you or anyone listed on your application own an animal? ( ) Yes ( ) No Current Vet Records MUST be provided.**

**If yes, who owns the animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What type of animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height and weight of animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Do you have current Vet Records for animal? ( ) Yes ( ) No Has the animal been ( ) Spayed or ( ) Neutered? ( ) Yes ( ) No**

**PART 9: OTHER INFORMATION**

|  |
| --- |
| **WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO INTENTIONALLY MAKE FALSE STATEMENTS OR MISREPRESENTATIONS ON THIS APPLICATION**. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer ALL of the following questions** | **YES** | **NO** | **Comments** |
| Have you ever used more than one social security number? If yes, list the other number in the comments. |  |  |  |
| Do you currently owe any money to any housing assistance program? (ex. Public Housing, Section 8, etc) If yes, list the name of the agency in the comments. Note: If you owe money to any housing assistance programs, the balance must be paid in full before you are eligible. |  |  |  |
| Have you ever received written documentation pertaining to your conduct as it relates to neighborhood disturbances, destruction of property, or housekeeping violations at prior residence? If yes, please explain and provide all relevant information. |  |  |  |
| Have you **ever** committed fraud in any housing assistance program or were requested to pay money for knowingly misrepresenting information to such housing programs? If yes, please explain. |  |  |  |
| Have you, or any family member listed on the application, engaged in illegal drug activity, including the use, possession, sale, manufacture or distribution of a controlled or counterfeit substance? (examples: heroin, marijuana, codeine, and other illegal drugs) If yes, please explain and provide documentation of disposition and completion of rehabilitation. |  |  |  |
| Have you or any family member listed on the application been arrested, charged, and/or convicted of any criminal activity? If yes, please list who, arrest date, and county in comments. |  |  |  |
| Have you or any family member listed on the application **ever** been convicted of the manufacture or production of methamphetamine (speed)? If yes, list who in the comments. |  |  |  |
| Are you or any family member listed on the application subject to lifetime registration as a sex offender? **If YES, you are not eligible for public housing assistance.** |  |  |  |
| Have you or any family member listed on the application **ever** abused or shown a pattern of abuse of alcohol or drugs? If yes, please explain and provide documentation such as rehabilitation certification. |  |  |  |
| Are you or any member in your household a convicted felon? If yes, please list who in the comments along with the charge, date of charge, and city and state in which it occurred. |  |  |  |

Please make sure all sections are completed in BLUE or BLACK ink and all pages are signed and dated BEFORE turning in the application. Once approved, your name will be placed on a waiting list. WE WILL CONTACT YOU to verify information and will instruct you on all the items we will need once an apartment becomes available.

IMPORTANT NOTE: Pre-eligibility checks will be performed to determine if applicants are eligible of an apartment with the Rogersville Housing Authority. If you owe money to any other Housing Authority, past due utilities, or to any other landlord, your application will automatically be denied until you bring in proof of payment. There are several other factors that affect your eligibility – such as criminal record, landlord references, payment history, etc.

If your application is denied, you will receive a letter in the mail detailing how to appeal the decision.



The Rogersville Housing Authority is an Equal Housing Opportunity. No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise subjected to discrimination under the Rogersville Housing Authority’s programs.

**APPLICANT/TENANT CERTIFICATION & NOTICE**

* **I/We certify that the information\* given to the Public Housing Authority 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.**
* **I/We also understand that false statements are grounds for termination of housing assistance and termination of tenancy.**
* **I/We hereby authorize the Rogersville Housing Authority to verify any information regarding rental history or criminal activity, including obtaining a consumer or investigative credit report.**
* **I/We declare under penalty of perjury under the laws of the United States of America and the State of Tennessee that the information contained in this statement of facts is true, correct, and complete.**
* **I/We have received a copy of the “Notice to Applicants with Disabilities Regarding Reasonable Accommodation and Notice of Nondiscrimination on the Basis of Disability.”**
* **I/We have received a copy of the “Notice of Rights: Violence Against Women Act”**

\* After verification by the RHA, the information will be submitted to HUD on form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information on its use).

**ALL ADULT MEMBERS (OVER THE AGE OF 18) MUST SIGN THIS FORM**

Signature of Head of Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse or Co-Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WARNING: Intentional misrepresentation of household composition, income, present or past tenant history, household allowances and deductions, criminal history, or any other information affecting eligibility, will result in the household being declared ineligible. In the event the misrepresentation is discovered after the admission, the lease will be terminated for such misrepresentation. False statements of information are punishable under Federal and State law (T.C.A. section 39-14-104) and termination of tenancy. Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.***



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familial status, sexual preference, gender identity or disability be excluded from participation in, be denied the benefits, or be otherwise

subjected to discrimination under the Rogersville Housing Authority’s programs.

Authorization for the Release of Information

PURPOSE: The Rogersville Housing Authority may use this authorization and the information obtained with it to administer and enforce program rules and policies.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses 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 Expenses Social Security Numbers Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Banks and other Financial Institutions Courts Law Enforcement Agencies Credit Bureaus Employers – Past and Present Landlords Providers of: Alimony Child Care Child Support Credit Handicapped Assistance Medical Care Pensions / Annuities Schools and Colleges U.S. Social Security Administration U.S. Department of Veterans Affairs Utility Companies Welfare Agencies

I authorize the Rogersville Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation is assisted housing programs.

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

I agree that photo copies of this authorization may be used for the purpose stated above.

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original is retained by the requesting organization. Who must sign: Head of Household, Spouse, and / or Co-Head, all Adult Members over age 18 living in the household.



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