

APPLICATION ASSISTANCE AND INFORMATION STATEMENT

IF YOU ARE IN NEED OF AN APARTMENT THAT HAS ACCESSIBLE FEATURES, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION AND CALL US TO SCHEDULE AN APPOINTMENT TO MEET WITH YOU.

OUR PHONE NUMBER IS 931-432-4111 CALL BETWEEN THE HOURS OF 9:00 A.M. AND 4:30 P.M. MONDAY THROUGH FRIDAY.

SEND APPLICATION TO:

Upper Cumberland Development District
1225 South Willow Avenue
Cookeville TN 38506

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING



Name of Complex Interested In



- Answering questions on this form.

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior tenant History **is grounds for rejection.**

- Answering questions pertaining to handicap or disability – Answers to questions concerning handicap or disability status **are optional.** However, without this information we may not be able to:

1. Determine your eligibility

Or

2. Calculate your rent correctly.

Families with handicapped or disabled members may be entitled to Certain deductions from income that affects rent.

If you answer these questions we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by Management. In accordance with program regulations, information may be released to appropriate Federal, State, or local agencies.

- Special Housing Needs Questionnaire

Please complete the special housing needs questionnaire attached to the application form. The information is needed so that we may assign you a unit appropriate to any needs that exist.

Your answers will be verified.

THE FOLLOWING WILL NEED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION.

1. Copy of Social Security Card from each member of The household.
2. Copy of Birth Certificate for each member of household.
3. Copy of income for each member of the household.
4. Proof of all assets that each member of household owns.
5. Copy of medical expenses for each resident of the Household for the past 12 months.
6. Copy of past 6 months bank statements. (ALL ACCOUNTS)

APPLICATION FOR RENTAL HOUSING

Instructions for Head of Household

1. Please print all section in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for driver's license and you do not have a driver's license, you may enter "non" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
2. As head of family, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and, in addition, must complete an Additional Adult Addendum.
3. It is important that all information on this form and on the Additional Adult Addendum forms be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan posted in the management office.

WARNING: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statement or misrepresentation of any material fact involving the use of or obtaining Federal funds.

Head of Household and Spouse or Co-applicant; Please Print

Head of Household Full Legal Name	Spouse/Co-applicant Full Legal Name
1. _____	6. _____
2. Home Telephone () _____	7. Home Telephone () _____
3. Work Telephone () _____	8. Work Telephone () _____
Social Security Number	Social Security Number
4. _____	9. _____
Address	Address
5. _____	10. _____
_____	_____

6 Are you homeless or about to be homeless? Yes No

7 Have you, your spouse or your co-applicant ever used different names from the Names shown above? Yes No If yes, list names used and dates when such names were in use :

_____.

8. Have you, spouse or co-applicant ever been evicted or otherwise removed from rental housing? Yes No If yes, please provide landlord name, address and dates:

_____.

9. Has any place where you, your spouse, or co-applicant lived been destroyed or damaged by fire? Yes No If yes, please provide details:

_____.

10. Household Composition: Please Print

List all persons, including yourself, who will reside in the apartment. Note: The number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

HH #	Full Name	Relationship	Sex	Age	Birthdate	Occupation	Soc. Sec. #
1							
2							
3							

11. Income from All Sources

List all income for all household members. This includes interest, Dividends, income from rental facility, social security, pensions, public assistance, SSI, unemployment, alimony, workers compensation, disability compensation, and employment.

HH Member #	Type of Income And who pays it	Address of Source Of Income	Contact Person Name and Phone	Est. total amount For coming year

12 Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, real estate:

HH Member #	Description of Asset	Est. Current Value	Est. Annual Income from Assets

13 Rental History

Please enter the information requested for your current address and the most recent prior address. Include places where you were not listed on the lease and places where you lived under a different name.

Applicant Street Address	City, State, Zip	Monthly Rent	Telephone
Landlord/Person in Charge Street Address	City, State, Zip	Appl pd Utility	Landlord Phone
Names of Household Members			
Move-In Date	Move-Out Date	Security Deposit \$	
Do you have an executed lease agreement at the above address?		Yes	No

Applicant Street Address	City, State, Zip	Monthly Rent	Telephone
Landlord/Person in Charge Street Address	City, State, Zip	Appl pd Utility	Landlord Phone

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the facility to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services. To contact previous and current landlords or other sources for credit; and verification confirmation which may be released to appropriate Federal, State or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and family composition.

We have read and understand the information in the application, particularly the information contained in the instructions for Head of Family, and we agree to comply with such information.

We have been notified that the Resident Selection Plan, which summarizes the procedures for processing applications, is posted in the management office.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a (d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

Date	Signature of Head of Household
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Date	Signature of Spouse or Co-Applicant
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Acceptance of completed application by Management

Date	Signature of Management Representative
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SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant at the facility. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant's Name _____ File # _____
Date: _____ I choose not to complete this form.
Applicant's Signature _____

1. Do you, or does any member of your family have a condition that requires:
- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | |
| <input type="checkbox"/> Physical modifications to a typical apartment | |

2. Can you and all your family members go up and down stairs unassisted?
 Yes No

If No, please indicate how we should accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you?
Yes No

If Yes, please indicate how we should accommodate your family: _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

5. What is the name of the family member who needs the features identified above?

6. Who should be contacted to verify your need for the features you have identified above?
Name _____
Address _____ Phone # _____

Cumberland Regional Development Corporation
1225 South Willow Avenue
Cookeville TN 38506
931-432-4111

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Cumberland Regional Development Corporation will deny the application of any applicant whom does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past five years? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender? registration program? Yes No
4. Have you been convicted of any drug-related crime within the past five years? Yes No
5. Have you been convicted of any felony within the past five years?
Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?
Yes No
7. Have you been convicted of any crime involving violence within the past five years?
Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers).
10. Have you ever used or been known by any other name? Yes No
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Cumberland Regional Development Corporation to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Cumberland Regional Development Corporation, to a public housing authority, or to an agency contracted by Cumberland Regional Development Corporation to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME (PLEASE PRINT) _____

Exhibit 3-5: Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ If applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided and then fill out and complete the rest of this page.

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name)

- 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the Attached notification letter. If this block is checked on behalf of a child, The adult who will reside in the assisted unit and who is responsible for the Child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

Asset Divestiture Certification

I, _____, certify that:

- [] During the past 2 years, I have not sold or given away any assets for less than fair market value.
- [] During the past 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed	Amount Sold	Market Value	Cash Value *
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable cost include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years Imprisonment or both, to intentionally make false or inaccurate statements to any Department jurisdiction.

Tenant's Signature

Date

Information Needed at Move-In

1. Move-In

- _____ Copy of Social Security Card
- _____ Proof of birth date, copy of Birth Certificate
- _____ Proof of Income
- _____ Employment, Social Security, SSI, and Retirement Accounts

2. Proof of Assets

- _____ Checking Accounts, Savings Accounts, CD's and Real Estate
Checking Accounts must have a copy of the most recent
6 months statements.

3. Proof of Medical Expenses

- _____ Prescriptions – print out from Pharmacy; no receipts or
cancelled checks.
- _____ Medical Insurance – copy of bill or if bank draft, must show
name of insurance company.
- _____ Doctor – receipts and cancelled checks.
- _____ Hospital – copy of bill, receipts, cancelled checks. Over the
counter medicines with written orders from your doctor and
receipts
- _____ Travel miles can be counted with proof of doctor appointments.



UCDD/CRDC
1225 South Willow Avenue
Cookeville, TN 38506
Phone: 931-432-4111
Fax: 931-432-6010

**VERIFICATION OF DISABILITY
 TO BE COMPLETED BY M.D.
 AND FAXED/MAILED TO UCDD**

Date: _____

To: _____

From: **UCDD/CRDC**
1225 South Willow Avenue
Cookeville TN 38506

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

**Subject: Verification of Information supplied by an Applicant for
 Housing Assistance**

Name: _____ **SSN:** _____

This person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD) and/or USDA Rural Development. HUD/USDA Rural Development requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of Information as shown below.

Release-Applicant/Tenant: I hereby authorize the release of the required information. information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting Organization or the organization supplying the information is left blank.

INFORMATION BEING REQUESTED

Health Care Provider: For each numbered item below, check “Yes” or “No” which ever accurately describes the person listed above.

YES NO Has a physical or mental or emotional impairment that:

- _____ _____ a) is expected to be of long continued and indefinite duration;
- _____ _____ b) substantially impedes the person’s ability to live independently; and
- _____ _____ c) is such of a nature that the person’s ability to live independently could be improved by more suitable housing conditions.

This person with a severe, chronic disability which:

- _____ _____ a) is attributed to a mental and/or physical impairment or combination of mental and physical impairment
- _____ _____ b) was manifested before the age of 22
- _____ _____ c) is likely to continue indefinitely
- _____ _____ d) results in substantial functional limitations in 3 or more of the following areas of major life activities
 - (1) self-care
 - (2) receptive and responsive language; learning
 - (3) mobility
 - (4) self-direction
 - (5) capacity for independent living; and
 - (6) economic self-sufficiency; and
- _____ _____ e) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.
- _____ _____ Is a person with a chronic mental illness, i.e., if he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- _____ _____ Is a person whose sole impairment is alcoholism or drug addiction.

Name and Title of Person (Printed)
Supplying this information

Firm/Organization

Signature

Date

Phone Number

PENALTIES FOR MISUSING THIS CONSENT

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(s) to any department of the United States Government. HUD and any owner for any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly request, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208(f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 208 (f) (g) and (h).