

LAFAYETTE HOUSING AUTHORITY APPLICATION FOR PUBLIC HOUSING

Applications are accepted by appointment only. Please call 615-666-2140 to set up an appointment. Please have this application completely filled in.

APPLICATION CHECKLIST (if they apply to you or your family, please gather the following information)

1. Last 5 years of rental history. (Please write them on the form attached to this application)
2. Legal separation, divorce papers, or statement from absent parent showing whom will have custody of any children who will reside in the unit.
3. Social Security cards on every household member.
4. Birth certificates of minor family members who will reside in the unit.
5. Tax records on any property, mobile home, etc., owned by any adult who will reside in the unit.
6. Disposition of any criminal arrest record of any member of the household.
7. Name and address of employer for all adults who will reside in the unit.
8. Copies of CD.'s, savings accounts, and/or investments that all adult members of the family may have.
9. Written proof of all income for all adult household members, such as Social Security letter of benefits, child support statement from absent parent or court records, AFDC statement of benefits or check stubs for any other types of income. For self – employment income, bring in proof of income tax records or log of work completed, the amount received, the date income was received.
10. Names and addresses of three personal references that are not related to household members. (Please write them on the form attached to this application).
11. **ELDERLY, HANDICAP, OR DISABLED APPLICANTS:**
Copies of any medical bills and/or medicine bills that you have to pay.

NOTE: Any documentation that is missing will slow the approval of your application. It is the responsibility of the applicant to bring in all documentation. Application must be complete with no blanks left unanswered. If a question does not apply to your family simply draw a line through the blank or write N/A (meaning not applicable). Incomplete applications may cause you to have to reschedule their appointment.

PERSONAL DECLARATION:

THIS FORM MUST BE COMPLETED **IN YOU OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SCURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

1. Head of Household: _____
 Current Address: _____

 PHONE: _____
 Date of Birth: _____ Social Security Number: _____

Please Check: Separated___ Divorced___ Widowed___ Married___
 Month_____ Year_____

2. Other Adults:

LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	MARITAL STATUS

3. Minors:

LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD	SCHOOL & GRADE	SOCIAL SECURITY NUMBER

If separated or divorced, list name and address of spouse/ex-spouse below:

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SSN (IF KNOWN)

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP

 SSN (IF KNOWN)

Have you or anyone on this application ever filed an application for housing with this Housing Authority before?
 YES/NO _____ If yes, when? _____

Do you have any relatives living in this Housing Authority at the present time? YES/NO _____
 If so, who? _____

Have you or any member ever lived in any assisted housing before? YES/NO _____. If yes, where and When?

APPLICANT/TENANTS CERIFICATION

Giving True and Complete Information

I certify that all information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature and Date of Household Adults

- 1) _____
- 2) _____
- 3) _____
- 4) _____

TENNESSEE CODE ANNOTATED
TITLE 39 CRIMINAL OFFENSES

39-14-104. Theft of services [Effective November 1, 1989] – A person commits theft of service 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, and 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.

Signature of applicant/tenant

Signature of applicant/tenant

Date

Signature of PHA Representative

Date

APPLICATANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

LAFAYETTE HOUSING AUTHORITY
613 DYCUS CIRCLE
LAFAYETTE TN 37083

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

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

I certify that the above-named individual 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.

HOUSING AUTHORITY REPRESENTATIVE

DATE

**Notice to all Applicants:
Reasonable Accommodations for- Applicants with Disabilities**

The Housing Authority of Lafayette is a public agency that provides low rent housing to eligible families, elderly families and single people. LHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, or disability. In addition, LHA 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 LHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of LHA's programs.

Examples of reasonable accommodations would include:

Making alterations to a LHA unit so it could be used by a family member with 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 LHA 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 an applicant with a disability to meet the LHA'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 care for their apartment, to report Required information to the Housing Authority, 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 housing authority, that is your right.

APPLICANT: _____

APPLICANT: _____

RESIDENT: _____

RESIDENT: _____

DATE: _____

REQUIRED REFERENCES

USE COMPLETE ADDRESSES ON ALL

LANDLORD REFERENCES (5 YEARS RENTAL HISTORY)

COMPLETE NAMES AND ADDRESSES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIPCODE: _____

ZIPCODE: _____

TELEPHONE: _____

TELEPHONE: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIPCODE: _____

ZIPCODE: _____

TELEPHONE: _____

TELEPHONE: _____

PERSONAL REFERENCES (NON-RELATED) AT LEAST 3

COMPLETE NAMES AND ADDRESSES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIPCODE: _____

ZIPCODE: _____

TELEPHONE: _____

TELEPHONE: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____

STATE: _____

ZIPCODE: _____

ZIPCODE: _____

TELEPHONE: _____

TELEPHONE: _____

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. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Lafayette Housing Authority will deny the application of any applicant who 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 ___ 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? ___ Yes ___ No**
- 5. **Have you been convicted of any felony? ___ Yes ___ No**
- 6. **Have you been convicted of any crime involving fraud or dishonesty? ___ Yes ___ No**
- 7. **Have you been convicted to any crime involving violence? ___ 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 license to drive (include driver's license #)**

- 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 Lafayette Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

Applicant's Signature _____ **Date** _____