

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY

**P. O. Box 502, Winchester, TN 37398
(931) 967-0344 * fax (931) 967-4451 * TTY# 711
fcchousing.org**

ALL PUBLIC HOUSING and SECTION 8 PROPERTIES ARE SMOKE-FREE HOUSING

You are applying for a low-rent housing program. In order to be eligible for our units your income must be at or below the income limits as designated by the Department of Housing and Urban Development.

All applications must be complete when returned to our office. All sources of income must be provided and must be verified prior to approval for housing. If there are sections that do not apply to you on the application, please place N/A in the space provided. All areas that require signatures must be signed. If you require specific accommodations in a unit, please complete the reasonable accommodation form provided.

Rental references must be provided with a valid **name, address, and phone number** of the landlord.

To speed up the approval process, please provide a copy of your Social Security Benefit Award Letter (*if applicable*) when you turn in your application. If you do not have a current letter, you may call the Social Security Administration and request a benefit award letter, at **1-800-772-1213**, or online at www.socialsecurity.gov.

THE FOLLOWING INFORMATION IS REQUIRED PRIOR TO MOVE-IN:

- ☐ COPY OF SOCIAL SECURITY CARD OF ALL HOUSEHOLD MEMBERS OR OTHER ACCEPTABLE FORM OF VERIFICATION AS INDICATED IN HUD Handbook 4350.3, APPENDIX 3.
- ☐ ORIGINAL BIRTH CERTIFICATE OF ALL HOUSEHOLD MEMBERS OR OTHER ACCEPTABLE FORM OF VERIFICATION AS INDICATED IN HUD Handbook 4350.3, APPENDIX 3.

The approval of your application may be delayed if you fail to provide documentation for verification purposes, when requested.

PLEASE NOTIFY US IF YOUR CONTACT INFORMATION CHANGES, including a change in income or household composition. **We must be able to contact you in order to make an offer.**

Franklin County Consolidated Housing Authority (FCCHA) is committed to providing **DRUG-FREE HOUSING**. Possession, sale, manufacture, or use of a controlled substance is prohibited on FCCHA premises.

FCCHA conducts business in accordance with the Federal Fair Housing Law. We do not discriminate against any person because of Race, Color, Religion, Sex, Disability, Familial Status, or National Origin in Admission or Access to, or Treatment or Employment in, our federally assisted programs and activities.



PREFERENCES FOR FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY

The Housing Authority gives notice to all applicants about the available preferences and will give applicants an opportunity to show that they qualify for available preferences. The Housing Authority will select families based on the following preferences within each bedroom size category:

- (1) Victims of federally declared disasters.
- (2) Working families.
- (3) Victims of domestic violence, dating violence, sexual assault, or stalking.
- (4) Single person who is elderly, displaced, homeless or a person with disabilities.
- (5) Elderly or Disabled families for buildings designed for Elderly and Disabled.
- (6) Accessible units will be first offered to families who may benefit from accessible features.
- (7) All other eligible applicants.



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136 Ross Lane

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TTY# 711

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REQUESTED VERIFICATION

1. PERSONAL VERIFICATION FOR ALL FAMILY MEMBERS:

- A. Birth Certificates and Social Security Cards (*original and legible*); or,
Other Acceptable Form(s) of Verification as Indicated in HUD Handbook
4350.3, Appendix 3,
- B. Photo ID (*if available*)
- C. Previous Residence Reference Information (*see form*).
*If divorced, custody papers regarding status of children (*if applicable*).

2. INCOME VERIFICATION AND DEDUCTION INFORMATION:

- A. Social Security and/or SSI Income
- B. VA Letter
- C. AFDC/Families First/TANF
- D. Child Support (*Case Number*)
- E. Wage Earnings (*Provide six (6) recent consecutive pay check stubs*)
- F. Unemployment Earnings
- G. Child Care Expense (*see form*).
- H. Medical Expenses (*Elderly or Disabled Only*).
- I. Previous Employer Verification for past Two Years (*see form*).
*(*If currently unemployed, last years Federal Income Tax Return.*)

3. ASSET VERIFICATION:

- A. Checking (*Provide last six (6) months Bank Statements*)
- B. Savings (*Most current Bank Statement*)
- C. 401K, Stocks, Bonds, Whole Life Insurance Policies (*Current Value of Asset*)

OFFICE HOURS for APPLICATIONS are:

8:00 a.m. – 3:00 p.m.

Monday – Friday

To: All Housing Applicants
From: Franklin County Consolidated Housing Office

Subject Unit Offer Procedures

Dear Applicants,

It is my duty to inform you that we will not be able to hold your file for specific communities, if requested. According to our Admissions and Occupancy Policy, as approved by the Department of Housing and Urban Development (HUD), unit offers are made to applicants based on available vacancies. While we attempt to take application preference into consideration, we cannot guarantee a unit will be available in the location you most prefer. We do not run site-based waiting lists.

Once you have completed your application process, it may take at least 90 days before we can offer a unit to you, depending on available vacancies. You will be offered an apartment that meets the bedroom size required by your family composition and any accessibility needs you have documented with us. When it is your turn to be placed, you will be offered housing in whatever location(s) we have an upcoming vacancy. If you refuse this unit, your application will be moved to the bottom of the waitlist. When it is your turn for placement again, we will again offer housing in whatever location(s) we have an upcoming vacancy. If you refuse three offers without sufficient cause your application will be withdrawn from the waitlist and you cannot apply again for 6 months from the date you were withdrawn.

Thank you,
FCCHA Staff

Facts About Smoke-Free Housing

**Smoke-free housing is good
for everyone's health:**

- Smokers
- Non-smokers
- Pets

**Smoke-free policies protect
people:**

- They are not illegal because smokers are not a protected class and do not have special legal status.
- They do not discriminate because they do not prevent anyone from renting a unit.



A Smoke-Free Home is a Healthy Home

Our homes—the place where we spend the most time—can make a big difference in our health. Keeping your home smoke-free is one of the best ways to create a healthy home for yourself, your family, and your friends.

- Support your neighbors and remind them of the new smoke-free policy.
- Submit concerns or complaints about policy violations to:

FCCHA
Attn: Housing Manager
P.O. Box 502
Winchester, TN 37398



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Housing Authority**
136 Ross Lane
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931-967-0344 • TTY# 711
931-967-4451 (fax)

U.S. Department of Housing
and Urban Development

Office of Lead Hazard Control
and Healthy Homes



Welcome to Our Smoke-Free Building

What is a smoke-free building?

A smoke-free building is one where smoking is not allowed anywhere inside of the building. Because secondhand smoke can seep into smoke-free apartment units, a smoke-free building protects all residents from the harmful effects of secondhand smoke.

What is secondhand smoke?

Secondhand smoke comes from tobacco that is burned in a cigarette, pipe, or cigar, including smoke that is breathed out by a smoker. It contains harmful chemicals, including some that can cause cancer. When a non-smoker is around someone smoking, they breathe in secondhand smoke.

Is secondhand smoke dangerous?

Yes. Secondhand smoke can cause cancer, heart disease, and other serious health problems in non-smokers. It is especially dangerous for children, babies, seniors and women who are pregnant. **There is no safe level of exposure to secondhand smoke!**

All FCCHA Public Housing and Section 8 Housing Is Now Smoke-Free

Our new smoke-free policy is for staff, residents, and visitors.

- **No one** is allowed to smoke in our building.
- Tell your guests you don't allow smoking in your home.
- People who choose to smoke must smoke outside.

- Smoking is permitted ONLY in areas that are a minimum of 25 feet away from any public housing or Section 8 building or "common spaces" as defined by the FCCHA Smoke-Free policy and Section 8 No-Smoking policies.



Resources to Help You Quit Smoking

Free Help

- Talk to a trained coach who can help you quit. Call 1-800-QUIT-NOW (1-800-784-8669).
- Go to www.smokefree.gov if you or someone you know smokes and wants to quit.

Local Support

FRESHSTART

- American Cancer Society group-based counseling program. Classes held at the following location:
 - Campora Family Resource Center – (931) 967-7825.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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136 ROSS LANE / PO BOX 502
WINCHESTR TN. 37398
PH 931-967-0344 FAX: 931-967-4451 TTY #711
FCCHOUSING.ORG

For Office use only (rev 02.16.2023)
Applicant # _____
Date of Application: _____
Time: _____

APPLICATION FOR ADMISSION

Applicant:	
Address:	
Phone:	Email:
Co- Applicant:	
Address:	
Phone:	Email:
What size bedroom does your household need?	
Any Anticipated changes in the household members?	

For Statistical Purposes Only		
Race Head:	<input type="checkbox"/> Caucasian/ White <input type="checkbox"/> African American/ Black	Flat Rent \$ _____
	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/ Alaskan Native	Contract Rent \$ _____
Race Co-Head:	<input type="checkbox"/> Caucasian/ White <input type="checkbox"/> African American/ Black	TTP \$ _____
	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/ Alaskan Native	Pro Rate Amt \$ _____
Ethnicity Head:	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino	Security DEP \$ _____
Ethnicity Co-Head:	<input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino	

Drivers License or State ID # _____ **Issued State** _____
Automobile Year: _____ **Make :** _____ **Model** _____
License Plate State & Tag # _____

Family Information: Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for care of family member.) Each box must be completed for each family member. No one except those listed on this form may live in the unit.

#	Name of household member	Social Security #	Relation to Head	Date of Birth	Age	Sex M/F	Race	FT/ PT Student?
1			Head					
2								
3								
4								
5								
6								

1. List all names you have previously used _____
2. Do you have a household pet? ☐ Yes ☐ No What Kind of Pet? _____ Weight? _____
3. Is any adult family member enrolled in an education program full-time? ☐ Yes ☐ No
 Member Name _____
 Name of School Attended: _____
 Amount of Income received for School or Training \$ _____

Income:

List all income your household receives including, Employment, Self-Employment, Social Security, SSI, VA, Worker's Compensation, Pension, Child Support, Food Stamps, TANF/ AFDC, Family support, Reoccurring Gifts/Cash, etc.

#	Household Member	Income Source/ Employer	Pay rate	Number of Hours per week	Gross Monthly income
1					
2					
3					
4					
5					
6					

Deductions:

List qualified expenses such as payments for medicine, doctors, medical equipment, child care, etc.

#	Household Member	Source of Medical / Childcare Deduction	Anticipated Annual / Monthly Amount	Amount you are Reimbursed
1				
2				
3				
4				
5				
6				

Previous Housing:

PHA will be contacting all former landlords from this list and from all other information received from background checks.

#	Landlord's Name & Address	Your Previous Addresses	Dates you Lived there	Monthly Rent Amount	Landlord Phone number
1					
2					
3					
4					
5					

4. If you or anyone in your household were 62 or older as of January 31, 2010 and did not have a social security number, did any household member, as indicated, receive HUD rental assistance at another location as of January 31, 2010? ☐ Yes ☐ No

If yes, please provide where you or your household member received rental assistance. _____

5. Have you or any household member ever lived in federally assisted Housing? ☐ Yes ☐ No

If Yes, When? _____

Address _____

6. Do you or anyone in the household owe any money to any Housing Authority? ☐ Yes ☐ No

Amount\$ _____

7. Have you, or any other household member ever been evicted from housing? ☐ Yes ☐ No

If yes, provide the property name and location: _____

8. Is anyone in the household currently on parole or probation? ☐ Yes ☐ No If yes, please explain: _____

9. Are you or anyone in your household a registered sex offender/predator subject to lifetime registration? ☐ Yes ☐ No

If yes, provide member(s) name: _____

Note: If yes, this makes you ineligible for housing.

10. Have you or anyone in your household ever been convicted of manufacturing or producing methamphetamines on federally assisted property? ☐ Yes ☐ No

If yes, provide member(s) name: _____

Note: If yes, this makes you ineligible for housing

11. List the name of each household member and each state where they have lived.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/ our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agency. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. I understand that this is not a contract and does not bind either party.

Signature of Applicant

Date

Signature of Co- Applicant

Date

Warning: 18 U.S.C 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU IF YOU DO NOT FOLLOW THE INSTRUCTIONS BELOW:

- All questions must be answered. If the question does not apply, please put "N/A" for that question.
Do not leave question blank.
- If you make a mistake on your application, please fill out another. We will not accept any information crossed out or altered. Please make sure all information is legible.
- All individuals listed on the application 18 years of age or older must sign the application. **No Exceptions.**

FCCHA conducts business in accordance with the Federal Fair Housing Law. We do not discriminate against any person because of Race, Color, Religion, Sex, Disability, Familial Status, or National Origin in Admission or Access to, or Treatment or Employment in, our federally assisted programs and activities.



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CONSENT FORM DISCLOSURE OF INFORMATION

A separate form must be completed for each household member over the age of 18.

Applicant name: _____ Home Phone#:(____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Present
Address:

Previous
Address:

I hereby give consent to Management of the above-named apartment community to obtain an investigative consumer report and to access any records pertaining to me, which may be on file at any:

- Credit Agency
- Law Enforcement Agency
- City, State or Federal Agency
- Information Service Bureau
- Rental Agent/Landlord
- Local or State Agency
- State or Local Repository
- State or Local Sexual Offender Registry

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

Signature of Applicant

Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
 U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Franklin County Consolidated Housing Authority
 136 Ross Ln
 P.O. Box 502
 Winchester, TN 37398

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
 Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household		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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
---	---	--

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

DECLARATION OF CITIZENSHIP

SECTION 214 STATUS

Instructions: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admission Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury (1),
Print or type (first name) (middle initial) (last name)

that, to the best of my knowledge, I am lawfully within the United States because: (place an "X" in the appropriate boxes below)

- ☐ 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 evidence of proof of age (*footnote 2*); 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 section 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) (*footnote 3*)
 - ☐ Permanent residence under section 249 of INA (*footnote 4*)
 - ☐ Refugee, asylum, or conditional entry status under section 207, 208, or 203 of the INA (*footnote 5*)
 - ☐ Parole status under section 212(d)(5) of the INA (*footnote 6*)
 - ☐ Threat to life or freedom under section 243(h) of the INA (*footnote 7*)
 - ☐ Amnesty under section 245 of the INA (*footnote 8*)

Signature of Family Member

Date

- ☐ Check box if signature is of adult residing in the unit who is responsible for child named on statement above

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

[See reverse side for footnotes]

DECLARATION OF CITIZENSHIP

SECTION 214 STATUS

Footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- (1) **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.
- (2) Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- (3) Immigrant status under §§101(a)(15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant]. This category includes a noncitizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- (4) Permanent residence under §249 of INA. A noncitizen that entered the U.S. before January 1, 1092 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259)
- (5) Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158 [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1080, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- (6) Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA(8U.S.C. 1182(d)(5) parole status].
- (7) Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h).
- (8) Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a)

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Franklin County Consolidated Housing Authority		Section 8/515 New Construction
Name of Owner/Managing Agent	Type of Assistance or Program Title:	

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.****Signature****Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY

Post Office Box 502 ♦ Winchester, Tennessee 37398

(931) 967-0344 ♦ fax (931) 967-4451 ♦ TTY# 711

fcchousing.org

HUD Handbook No. 4350.3 requires the Authority to have the following information on file for verification of applicant's/tenant's assets.

Please list for each family member if they have or own any of the following assets and the value of each:

- Checking account (*Last six (6) months of bank statements*)
- Savings account (*Current month bank statement*)
- Certificates of Deposit
- Stocks / Bonds / Trust Funds
- Rental property
- Money market funds
- Treasury bills
- Retirement or pension funds
- Anticipated lump sum payments from Social Security, SSI, etc.
- Personal items held as an investment (*i.e. antique cars, coin collections, stamp collections, etc.*)
- "Whole life" life insurance policies (*Statement of Current Cash Value*)

FAMILY MEMBER NAME	ASSET TYPE	ASSET VALUE or MARKET VALUE

1. Do you own any real estate? Yes No If yes, what is the address?

2. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

3. Have you disposed of any assets for less than fair market value in the last two years? Yes No

If yes, what asset did you sell? _____

a) What was the amount you received for the asset? _____

b) What was the value of the asset? _____

Tenant's Certification

I hereby certify that I have answered the questions on this form truthfully and have no assets other than those claimed on this form.

Head of Household's Name

Head of Household's Signature

Date

PREVIOUS EMPLOYER LISTING

(Please list all employers starting with the most recent for the past two years. A separate form must be completed for all members of the family who have previously been employed.)

APPLICANT NAME: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

PREVIOUS EMPLOYER LISTING

(Please list all employers starting with the most recent for the past two years. A separate form must be completed for all members of the family who have previously been employed.)

APPLICANT NAME: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

EMPLOYER: _____

ADDRESS: _____

EMPLOYED FROM: _____ TO: _____

CONTACT PERSON: _____

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY

Post Office Box 502 ♦ Winchester, Tennessee 37398

(931) 967-0344 ♦ fax (931) 967-4451 ♦ TTY# 711

Move-In / Recertification Information

TENANT NAME: _____ Property _____

Co-TENANT NAME: _____ Unit # _____

Please answer all questions below YES or NO

Do you receive?

SOCIAL SECURITY ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

SSI/ DISABILITY INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

EMPLOYMENT INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

SELF-EMPLOYMENT INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

UNEMPLOYMENT INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

FOOD STAMPS ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

FAMILIES FIRST INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

CHILD SUPPORT INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

FAMILY/ FRIEND GIFT INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

ALIMONY INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

RETIREMENT BENEFITS ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

PENSION ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

DEATH BENEFITS ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

ANY OTHER INCOME ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

VETERAN'S BENEFITS ☐ YES ☐ NO MONTHLY AMOUNT \$ _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Tenant Signature _____ Date _____

Co-Tenant Signature _____ Date _____

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:
Franklin County Consolidated Housing
Authority
136 Ross Lane
PO Box 502
Winchester, TN 37398

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

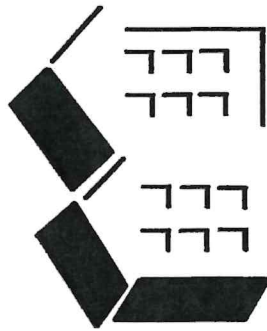
Date

Printed Name



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hiv/programs/eiv/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification 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.
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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 re-certification forms contain false or incomplete information, you may be:
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- 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	If you do not understand something on the application or about the housing program, say so. The Housing staff can answer your question or find out what the answer is.
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Completing the Application	When you give your answers to application questions, you must include the following information:
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Income

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, student loans, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, certificates of deposit, dividends from stocks, etc.);
- Earning from a 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 an any adult who will be living in the household with you.
- Any business or asset you sold in the last 2 years for less than its full value.

Family/Household Members

- The names of all of 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 the application and certification forms, you are claiming that they are complete to the best of your 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 the Housing staff. In addition, HUD may do computer matches of the income your report with various Federal, State or private agencies to verify that it is correct.

Re-Certifications

You must provide updated information at least once a year. You must report any changes in income or family/household composition immediately. AGENCY does re-certifications on an annual basis. You must report on re-certification 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 a SHP Housing Program application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Do not pay more rent. Your share of the rent is determined by the Housing staff. If your landlord requests more rent, contact the Housing staff immediately.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent. Check with the Housing staff before you pay any extra money to your landlord.

Reporting Fraud

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 Housing staff or call the HUD Hotline at (202) 472-4200.

Signature of Applicant

Date

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY
P.O. Box 502
Winchester, TN 37398
(931) 967-0344 • TTY# 711

It is the policy of the Franklin County Consolidated Housing Authority, in accordance with the Justice Department Reauthorization Act of 2005 for Violence Against Women, to provide protection for residents and family members of residents and applicants who are victims of domestic violence, dating violence, or stalking, from being evicted or terminated from housing assistance, or denied assistance, based on such acts of violence against them.

Being a victim of domestic violence, dating violence, or stalking, will not be considered by the Franklin County Consolidated Housing Authority (FCCHA) to be a basis for denial of assistance, or admission to public housing if the applicant otherwise qualifies for assistance or admission.

The FCCHA will require that an individual certify that he/she is a victim of abuse and that the incidences of abuse are bona fide. This certification must include the name of the perpetrator, and any other statutorily required information.

The VAWA also allows FCCHA to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide. The certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within 14 business days after the individual receives a request for such certification from FCCHA.

FCCHA Staff

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY REASONABLE ACCOMMODATION POLICY

It is the policy and intention of the Franklin County Consolidated Housing Authority (FCCHA) to not discriminate against individuals with disabilities with regard to the development or operation of FCCHA's housing, housing services, and housing programs. FCCHA is committed to complying with the federal Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title II of the American with Disabilities Act, and other federal, state and local disabilities laws and regulations, as those laws and regulations are amended. FCCHA will provide for accessibility throughout all services and programs.

FCCHA recognizes that some elderly, near-elderly, and qualified individuals with disabilities, need, and are entitled to, reasonable changes or waivers to FCCHA's usual rules and policies in order to fully enjoy and participate in FCCHA's housing, housing services, and programs (Reasonable Accommodations "RAs").

This policy clarifies how people can request accommodations and the guidelines the Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. FCCHA will ensure that all applicants/tenants are aware of the opportunity to request RAs. As required by federal law, within its inventory, FCCHA will strive to maintain at least 5% accessible housing units for the mobility impaired, 2% for the vision/hearing impaired, and at least 2% accessible parking spaces.

Individuals receiving RAs will be required to comply with all terms of the lease, family obligations, program rules and the law, with a reasonable accommodation if necessary. An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy which include being able to: 1) pay rent, 2) care for their apartment, 3) report required information to the PHA, 4) avoid disturbing their neighbors, etc. There is no requirement that they be able to do these things without assistance.

FCCHA will consider RAs on an individualized case-by-case basis. FCCHA will engage in an interactive process to ensure that reasonable accommodation requests are handled fairly and thoroughly. FCCHA will effectively communicate with individuals with disabilities and will provide reasonable accommodations as necessary to do so, such as providing information to them in alternative formats, providing auxiliary aids, communicating with their designated representatives, and using language interpreters. FCCHA will make reasonable efforts to communicate with disabled persons whose primary language is not English.

If an applicant, resident or a member of the household has a disability, they may

request a reasonable accommodation at the application process or after admission. The PHA will provide a form to use to request a reasonable accommodation and assist with completing the form, if requested. Anyone requesting an application will also receive a copy of the Reasonable Accommodation Policy.

FCCHA will consider an individual to have a "disability" when he/she: 1) has a physical, mental, emotional, developmental, or cognitive impairment that substantially interferes with one or more major life activities; 2) has a record of such an impairment; or 3) has been regarded by FCCHA as having such an impairment. FCCHA will also consider individuals receiving disability-related financial assistance from the Social Security Administration (such as SSI or SSDI) as having a "disability".

Generally, the individual knows best what it is they need; however, the requestor will be required to verify that there is a medical need for the requested accommodation. FCCHA will only provide RAs that are medically necessary for the requestor to fully enjoy and participate in FCCHA's housing, housing services, and programs equally with persons without disabilities. FCCHA will not provide accommodations that are simply beneficial, helpful, or otherwise not medically necessary.

The only exceptions to the verification requirement are for disabilities or accommodations that are obvious or known to FCCHA.

FCCHA considers the following disabilities to be "obvious":

- Individuals who previously were declared by a knowledgeable, licensed professional to be "legally blind" or effectively such.
- Individuals who previously were declared by a knowledgeable, licensed professional to be "legally deaf" or effectively such.
- Persons with extreme limitations on their mobility, such as those who permanently are unable to stand, walk or move without assistance; amputees of a major limb or body part; persons with substantial paralysis, dystrophy of limbs, or other disorders that result in extreme physical or mobility limitations that are immediately apparent to another person.
- Autism, Down's Syndrome, and other mental or developmental disabilities that have physical or mental manifestations immediately apparent to a FCCHA staff person.
- Individuals with Alzheimer's or dementia that have physical or mental manifestations immediately apparent to a FCCHA staff person.

FCCHA will document the reasonable accommodation process and will maintain confidentiality regarding all information received during the reasonable accommodation process.

The Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Housing Authority's programs or services that would not otherwise be accessible. If more than one accommodation is equally effective in providing access to the Housing Authority's programs and services, the Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the Housing Authority. FCCHA will not provide RAs that place an undue financial and administrative burden on FCCHA, fundamentally alter the nature of FCCHA programs, or otherwise are not feasible or are unreasonable.

All decisions granting or denying requests for reasonable accommodations will be in writing. When FCCHA denies a reasonable accommodation, the requestor has the right to request a review of FCCHA's decision.

REQUEST FORM FOR A REASONABLE ACCOMMODATION

If you need:

- A change in our policies or procedures
- A repair or change in your apartment
- A repair or change to some other part of the property
- A change in the way we communicate with you

because of a disability, you may ask for this change, which is called a "reasonable accommodation."

We will make a decision within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in using this form, or if you want to give us your request in another way, we will help you.

The following member of my household has a disability:

Please provide this reasonable accommodation:

I need this reasonable accommodation because:

Name

Date

FRANKLIN COUNTY CONSOLIDATED HOUSING AUTHORITY
P.O. BOX 502 WINCHESTER, TN 37398
PH: (931) 967-0344 *fcchousing.org* FAX : (931) 967-4451 TTY#711

LANDLORD VERIFICATION FORM

The person named below has applied for a rental unit at the above named property and has indicated to us that you had his/her family as a tenant at the present or previous time. They have authorized us to request information related to residency in YOUR dwelling. Please answer the questions listed below and return this verification in the enclosed self-addressed envelope. We greatly appreciate your cooperation in completing this form and returning it to us as soon as possible.

Name of Applicant: _____

Applicant Current Address: _____

Applicant Previous Address: _____

Landlord Name: _____ Phone: _____

Landlord Address: _____

Are you a relative or friend of the applicant? ☐ Yes ☐ No If Yes, please describe relationship: _____

☐ **Current Landlord** ☐ **Previous Landlord** ☐ **Other** _____

How long has (did) the Applicant lived at the address stated above? From _____ To _____

Does (did) the Applicant have a lease? ☐ Yes ☐ No Will (Did) they break the lease? ☐ Yes ☐ No

1) Rent Payments

Amount of monthly Rent: \$ _____ Does (did) applicant pay rent on time? ☐ Yes ☐ No

Has (had) he/she ever paid late? ☐ Yes ☐ No How Late? _____ How often? _____

Have you ever begun/completed an eviction? ☐ Yes ☐ No

Was a court judgment rendered in your favor for the eviction? ☐ Yes ☐ No

Do you provide any of the utilities? ☐ Yes ☐ No Utilities provided: _____

Have tenant-paid utilities ever been disconnected? ☐ Yes ☐ No

Will (did) they leave owing an outstanding balance? ☐ Yes ☐ No Amount \$ _____

2) Caring for the Unit

Does (did) the applicant keep the unit clean, safe and sanitary? ☐ Yes ☐ No

Has the applicant ever had an issues with Insect, Rodents or Bedbugs, etc.? ☐ Yes ☐ No

Has their unit ever been treated for BEDBUGS? ☐ Yes ☐ No If yes, when was the last treatment? _____

Has the applicant, family members or guest damaged the unit or common areas? ☐ Yes ☐ No

Describe the damages: _____

Cost to repair? \$ _____ How often? _____ Did the applicant pay for the damages? ☐ Yes ☐ No

Will you keep the Security Deposit? ☐ Yes ☐ No Amount of Deposit \$ _____

Has the applicant made alterations to the unit without permission? ☐ Yes ☐ No

3) General

Has the applicant allow persons other than those on the lease to live in the unit? ☐ Yes ☐ No

Describe: _____

Has the applicant, family members or guest create any physical hazard to the property or other residents?

☐ Yes ☐ No Describe: _____

Has the applicant, family members or guest engaged in any criminal activity, Including drug-related?

☐ Yes ☐ No Describe: _____

Has the applicant, family members or guest acted in a physically violent and/ or verbally abusive manner toward neighbors, landlord or any of the landlord's staff? ☐ Yes ☐ No

Describe: _____

Has the applicant given you any false information? ☐ Yes ☐ No

Would you rent to this applicant again? ☐ Yes ☐ No

If no, Why?: _____

Notes: _____

Landlord Signature: _____ Date: _____

(Name of authorized staff: Telephone Verification) _____

Applicant Release

I, _____, hereby authorize the release of the requested information.

Signature: _____ Date: _____

Signature of office Staff requesting information: _____ Date: _____