

*****NOTICE TO ALL APPLICANTS OF
SHELBYVILLE HOUSING AUTHORITY*****

**YOU MUST BRING THE FOLLOWING DOCUMENTATION WITH YOU
WHEN YOU SUBMIT YOUR APPLICATION, OR YOUR APPLICATION
WILL NOT BE ACCEPTED.**

1. Social Security Cards for ALL APPLICANTS.
2. Birth Certificates for ALL APPLICANTS
3. Photo ID for Anyone over 18 years old.
4. Marriage Certificate or Divorce papers.
5. Income Verification (Check Stubs, Food Stamps, and Etc)
6. If you have NOT rented under your name before- You will need to bring in a NOTARIZED letter stating that you have NOT rented under your name.

**PLEASE NOTE: ALL FORMS IN THIS APPLICATION MUST BE SIGNED
BY ANYONE IN THE HOUSEHOLD WHO IS 18 YEARS OF AGE OR
OLDER.**

**HOURS OF OPERATION:
7:30am – 12 Noon
1 pm - 4 pm
MONDAY THRU FRIDAY**

**SHELBYVILLE HOUSING AUTHORITY
WILL BE A SMOKE-FREE PROPERTY
EFFECTIVE APRIL 1, 2018
PER HUD REGULATIONS PIH NOTICE 2017-03**

Smoke-Free
Property





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

**SHELBYVILLE HOUSING
AUTHORITY**

Will Be A

**SMOKE-FREE PROPERTY
EFFECTIVE APRIL 1, 2018**

Per HUD REGULATIONS PIH NOTICE 2017-03



**THIS IS A
SMOKE-FREE
PROPERTY
THANK YOU FOR
NOT SMOKING**

TENNESSEE LAW - Any person who makes a false Statement in writing knowing it is false, for the purpose of obtaining or maintaining occupancy or for a reduction in rent subsidy, SHALL be guilty of a misdemeanor.

OFFICE USE ONLY	
No.	_____
Date	_____
Time	_____
Bedroom	_____
Code	_____

* READ AND SIGN _____

SHELBYVILLE HOUSING AUTHORITY

*****Information on Applicant & Family Members*****

I wish to apply for Public Housing _____

*	Applicant Name:
+	Mailing Address:
+	City, State, Zip:
+	Telephone: _____ Other Telephone: _____

PERSONAL DECLARATION: This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. **PLEASE PRINT!**

*	Family Members	Age	Birth date & Place of Birth	How Related	Social Security #
1.			_____		
2.			_____		
3.			_____		
4.			_____		
5.			_____		
6.			_____		

* Name & Address of other Parent(s) of Children _____ Do you receive Child Support? _____

Are you pregnant? _____ Father _____ Due Date _____

TOTAL HOUSEHOLD INCOME

Family Member Receiving Income	Place of Employment/ Type of Income	Hourly/Monthly Rate of Pay	# of Hours Worked Weekly

ASSETS, OTHER THAN PERSONAL EFFECTS:

Bank _____ Balances: Savings \$ _____ Checking \$ _____ Do you have stocks/bonds? _____

Do you own property? _____ Location _____

Do you own an automobile? _____ Make, Model _____ Payment _____

Single _____ Married _____ Separated _____ Widowed _____ Divorced _____

Name and address of former spouse _____

Date/location of marriage _____ Maiden Name _____

Do you require special facilities for handicap disability? _____

Have you or anyone in your family ever lived in subsidized housing? _____

How Related _____ When _____ Where _____

Do you owe money to any subsidized housing agency? _____

Name of nearest relative _____ How related _____

Address _____ Phone: _____

PREVIOUS INCOME DATE (past two years)

Family Member Name	Place Employed or Type of Income	Hourly/ Monthly Rate	# of Hours Worked Weekly	Dates Worked

Monthly Expenses _____

HOUSING DATA/CRIMINAL HISTORY

IMPORTANT: List "EVERYWHERE" You Have Lived In The Past THREE (3) Years

	LANDLORD NAME, ADDRESS, CITY/STATE	PHONE NUMBER	FROM DATE	MONTHLY RENT	UTILITY COST	REASON FOR LEAVING
			TO DATE			
Current						
1 ST Previous						
2 ND Previous						
3 RD Previous						
4 TH Previous						

* Have you or anyone in your household ever been arrested in the past 5 years? YES _____ NO _____

What Date and Year Did the Arrest Occur?	Which State Did the Arrest Take Place?	Nature of the Charge(s):

REFERENCES: You must provide us with three references, two of which may not be family members.

	Name	Address	Telephone
1.			
2.			
3.			

NOTE TO APPLICANT: Applicant hereby agrees to notify the Shelbyville Housing Authority when he/she moves, so that a current address is maintained in our records.

The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

*

Applicant Signature

Date

Co-Applicant Signature

Date

Interviewer Signature

Date

Shelbyville Housing Authority
316 Templeton Street
PO Box 560
Shelbyville, Tennessee 37160
Phone (931) 684-1341 Fax (931) 684-1342 TDD (931) 684-5219

BOARD OF COMMISSIONERS
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June Taylor, Commissioner
Alan Gill, Commissioner
Fred Claxton, Resident Commissioner

Wm. Hershel Thrasher SPHM
Executive Director
Secretary/Treasurer

Verification of Income from Employment

Re. _____ Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

1. Employed Since: _____ 2. Job Title: _____

3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month

4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.

5. Is this person likely to get Overtime? Yes No If yes, Overtime Pay Rate \$ _____ Hr

6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month

7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?

For _____ \$ _____ per _____

8. Is pay received for vacation? Yes No If yes, number of days/year: _____

9. Total Base Pay Earnings for last 12 months: \$ _____

10. Total Overtime Earnings for the last 12 months: & _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

PHONE # _____ FAX # _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

NOTICE TO ALL PUBLIC HOUSING APPLICANTS/RESIDENTS

REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES

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

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

- Making alterations to a SHA unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision-impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the SHA's applicant's screening criteria.

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

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

REQUEST 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."

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you need.

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 verification from you 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 the form, or if you want to give us your request in another way, we will help you.

If you want to make a physical change to your apartment yourself, at your own expense (for instance, because you are moving equipment from another apartment or a local agency is paying for the changes), you have to tell us about it first. We will let you know in 10 days if you have permission to make the change. If we approve it, we will not charge you anything. If we say no, we will explain our decision and give you a chance to appeal.

The following member of my household has a disability:

Please provide this reasonable accommodation:

I need this reasonable accommodation because:



Signature

Date

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

SHELBYVILLE HOUSING AUTHORITY
316 Templeton Street
PO Box 560
Shelbyville, Tennessee 37162
(631) 684-1341

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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 concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Shelbyville Housing Authority
316 Templeton St. P. O. Box 560
Shelbyville, Tennessee 37160

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

Information inquiries about

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

Individuals or Organizations that may release information:

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

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

Signature

Date

Signature

Date

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

Housing Authority Representative

Date

(This Form and Supporting Documents Become A Part Of The Tenant Lease By Reference)

Shelbyville Housing Authority
316 Templeton Street
PO Box 560
Shelbyville, Tennessee 37160
Phone (931) 684-1341 Fax (931) 684-1342 TDD (931) 684-5219

BOARD OF COMMISSIONERS
Jenni Feldhaus, Chairman
Aubrey Cawthon, Vice Chairman
June Taylor, Commissioner
Alan Gill, Commissioner
Fred Claxton, Resident Commissioner

Wm. Hershel Thrasher SPHM
Executive Director
Secretary/Treasurer

I authorize the release of my arrest record to the Shelbyville Housing Authority

*

Signature _____

Date _____

Note: Failure to sign this release form will result in ineligibility for public housing.

Do not sign or write below this line

RELEASE OF ARREST RECORDS

DATE: _____

FULL NAME: _____
Last Name First Name MI Maiden Name

ALIAS/NICK-NAMES/STREET NAMES _____

ADDRESS: _____
St.# Street Address Apt. City State Zip

DATE OF BIRTH: _____ SEX RACE SS#

DRIVERS LICENSE# _____
State Status
 Record Found No Record Found

Note: _____

Date Checked: _____

By: _____
Record Specialist

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DATE: _____

FULL NAME: _____

Last Name

First Name

MI

Maiden Name

ALIAS/NICK-NAMES/STREET NAMES _____

ADDRESS: _____

St.#

Street Address

Apt.

City

State Zip

DATE OF BIRTH: _____

SEX

RACE

SS# _____

DRIVERS LICENSE# _____

State

Status

Record Found

No Record Found

Note:

Date Checked: _____

By: _____
Record Specialist

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Secretary/Treasurer

Landlord Name _____
Landlord Address _____

Landlord Telephone# _____

REFERENCE _____

I AUTHORIZE THE RELEASE OF THIS INFORMATION

* _____
APPLICANT SIGNATURE

The person name above has applied for a rental unit at the above property and has indicated to us that the family has prior occupancy at your property at a previous time /the present time. Please answer the questions listed below and return this verification in the enclosed self-addressed stamped envelope. We appreciate your cooperation in completing this form and returning it to us as soon as possible.

1. How long did the above tenant reside at this address? _____
 2. How many persons lived in the household? _____
 3. What was the monthly rental amount? _____
- Does person have an unpaid balance? Yes No Amount Owed \$ _____
4. Was rent paid promptly _____ If no, please explain _____
 5. Were utilities included in rent? _____
 6. Did the tenant maintain a well kept home (good housekeeping)? _____
If no, Please explain. _____
 7. Did the tenant cause disturbance with neighbors? _____
If yes, Please explain. _____
- Was the tenant destructive to apartment or surrounding areas? _____
- If this person reapplied for housing in the future, would you rent to him/her again? _____
- If not, Why _____

Date _____

Signed: _____
Title: _____

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Landlord Name _____
Landlord Address _____
Landlord Telephone# _____

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If no, Please explain. _____

7. Did the tenant cause disturbance with neighbors? _____

If yes, Please explain. _____

Was the tenant destructive to apartment or surrounding areas? _____

If this person reapplied for housing in the future, would you rent to him/her again? _____

If not, Why _____

Date _____

Signed: _____

Title: _____