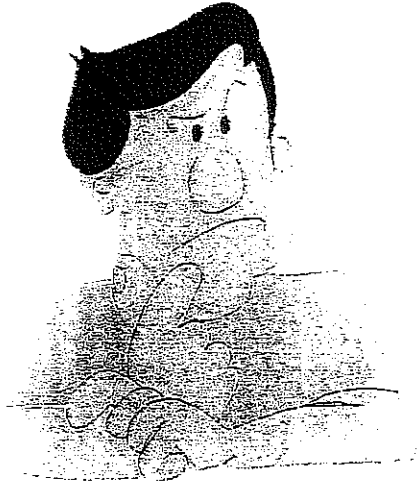


DOCUMENTOS NESESARIOS PARA VIVIENDA

- 1. TARGETAS DE SEGURO SOCIAL PARA TODOS LOS MIEMBROS DE FAMILIA**
- 2. ACTAS DE NACIMIENTO PARA TODOS LOS MIEMBROS DE FAMILIA**
- 3. FOTO I.D. PARA TODOS LOS MIEMBROS DE FAMILIA SOBRE 18 ANOS**
- 4. DOCUMENTOS QUE MUESTRAN INGRESOS**
- 5. CERTIFICADOS DE MATRIMONIO O PAPELES DE DIVORCIO**
- 6. RECIPOS DE RENTA DE LOS 3 MESES PASADOS**
- 7. RECIPOS DE UTILIDADES DE LOS 3 MESES PASADOS**
- 8. NOMBRE Y DIRECCIÓN DE PASADOS PROPETIADOS O UNA CARTA DE LA PERSONA CON QUIEN ESTAN VIVIENDO**
- 9. PRUEBA DE CUENTAS DE BANCO O AOROS DE DINERO EN EL BANCO**

DIA DE CITA: _____

TIEMPO: _____ *A.M/P.M*



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

December 2005

LEY DE TENNESSEE - Cualquier persona quien hace una falsa declaracion en secrito sabeindo que es falso, por el proposito de obtenero mantener ocupacion o para reducion en la renta subsidio, DEBE ser culpable de infracion.

LEA Y FIRME _____

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

SHELBYVILLE HOUSING AUTHORITY

Inforamcion en Applicante y Miembros de la Familia*

Yo deseo aplicar para casa publica _____

Nombre de Appicante:	
Direccion de Mailing:	
Ciudad, Estado, Codigo Postal:	
Numero de Telefono:	Otro Telefono:

DECLARACION PERSONAL: esta informacion debe de ser completado en escrito. Ud. Debe usar correctos nombres legales, para cada miembro de su casa como aparece en sl seguro social. **PORFAVOR MANO ESCRITO!**

	Miembros de Familia	Edad	Fecha de Nacimiento y Lugar de Nacimiento	Como es relacion	# de Seguro Social
1.			_____		
2.			_____		
3.			_____		
4.			_____		
5.			_____		
6.			_____		

Nombre y Direcciones de otros padres de niños _____

Recive Ud. Apoya Secundario(child support)? _____

Esta Embarazada? _____ Padre? _____ Fecha de Nacimiento _____

TOTAL INGRESO DE LA CASA

Miembro de la familia reciviendo ingreso	Lugar de Empleo/ Tipo de Ingreso	Cada hora/Mensualmente pago de tarifa	# de horas trabajadas por semana

RESCURO, OTROS QUE LOS EFECTOS PEROSNALES:

Banco _____ Balances: Ahorros \$ _____ Cuentas Corrientes \$ _____ Recive

Ud.accion/enlace? _____

Es dueño de una propiedad? _____ Localidad _____

Es dueño de un coche? _____ Echo, Modelo _____ Pagos _____

Soltero _____ Casado _____ Separado _____ Viudo _____ Divorciado _____

Nombre y Direccion de anterior esposo(a) _____

Fecha/Locacion de Casamineto _____ Nombre Doncella _____

Ud. Requiere medios especiales para impedimiento incapacitado? _____

DATOS DE CASA(en los 2 ultimos años)

	Direccion,Ciudad,Estado	Nombre de Propetorio y Numero de telefono	Que largo	Renta Mensual.	Pago utensili -o
Presente					
1 ^{ra} anterior					
2 ^{da} anterior					

Ud. O cualquier miembro de la familia ah vivido en subvencionar? _____

Como es la relacion _____ Cuando _____ Donde _____

Le debe Ud. A cualqueir tipo de subvencionar de casas? _____

Nombre de el mas sercano miembro de la familia _____ Como es la relacion _____

_____ Direccion _____ Telefono: _____

ANTERIOR FECHA DE INGRESO(en los pasados 2 años)

Nombre de miembro de familia	Lugar de Empleo o Tipo de ingreso	Cada Hora/ Tarifa Mensual	Numero de Horas Trabajadas Semanal	Fecha trabajadas

Gasto Mensual _____

REFERENCIAS: UD. DEBE DE PROVEER A NOSOTROS CON TRES REFERENCIAS, DOS QUE NO DEBEN DE SER MIEMBROS DE FAMILIA.

	Nombre	Direccion	Telefono
1.			
2.			
3.			

Ud. O cualquier miembro de la familia ah sido arrestado en los ultimos 3 años? _____ Y si , si cual fue el cargo? _____

NOTA PARA APPLICANTES: 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

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

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)

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
P. O. Box 560
Shelbyville, TN 37160

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(1)(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	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 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 Street

PO Box 560

Shelbyville, Tennessee 37160

Phone (931) 684-1341 Fax (931) 684-1342 TDD (931) 684-5219

BOARD OF COMMISSIONERS

Harold Rose, Chairman

Garland Morris, Vice Chairman

Jane Taylor, Commissioner

William Jackson, Commissioner

Henry Feldhaus III, Commissioner

Wm. Harold Thrasher

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# _____
_____ Record Found _____ No Record Found State Status

Note:

Date Checked: _____

By: _____
Record Specialist

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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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

PO Box 560
Shelbyville, Tennessee 37162
(931) 684-1341 Fax: (931) 684-1342 TDD: 684-5219

Board of Commissioners
Harold Rose, Chairman
Garland Morris, Vice Chairman
William Jackson, Commissioner
June Taylor, Commissioner
Henry Faldhaus III, Commissioner

Secretary/Treasurer
Wm. Hershel Thrasher, PHM
Executive Director

REFERENCE _____

I AUTHORIZE THE RELEASE OF THIS INFORMATION

SIGNATURE

The person names 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. _____
8. Was the tenant destructive to apartment or surrounding areas? _____
9. If this person reapplied for housing in the future, would you rent to him/her again? _____
If not, Why _____

Date _____

Signed: _____
Title: _____

APPENDIX E. MODEL LISTING OF NON-CONTENDING FAMILY MEMBERS

I, _____ certify, under penalty of perjury 1/, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(Signature of Head of Household or Spouse) _____
(Date)

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, imprisoned for not more than five years, or both.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

Notice to applicants and tenants: 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 Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- 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 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

(Signature of Family Member)

(Date)

- Check box on left 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: _____

[See reverse side for footnotes and instructions]