



Date: _____
 Time: _____

For office use only:



APPLICATION FOR PUBLIC HOUSING

Applicant Name: _____ Applicant E-Mail: _____

Current Address: _____ City, State, Zip: _____

Home Phone: _____ Head Work Phone: _____ Spouse Work Phone: _____

List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you:

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

Household Composition and Characteristics

List the Head of Household and all other members who will be living in the apartment. Give the relationship of each family member to the Head of Household.

#	Member's Full Name	Relationship	Birthdate	Birthplace (City and State)	Age	Sex	Social Security Number
1		HEAD					
2							
3							
4							
5							
6							

Do you own a pet: Yes No If so what type: _____

Marital Status: Married Single Divorced Separated Widowed

Race of Head of Household: White Black American Indian or Alaskan Native

Ethnicity of Head of Household: Hispanic Non-Hispanic

Does anyone live with you now who is not listed above? Yes No If yes, please explain:

Is anyone listed above on this application subject to the lifetime sex offender registration in any state? Yes No If yes, please explain:

Is the head or spouse of this household handicapped or disabled? Yes No If yes, explain the nature and the extent of the handicap or disability: _____

Identify any special housing needs required as a result of the handicap or disability: _____

•Current Housing Status

How many people live in your home now? _____ How many bedrooms do you have? _____

Why do you want to move? _____

Are you being evicted? Yes No. If yes, please explain the circumstances: _____

What is your current rent? \$ _____ What utilities do you pay? _____

Are you related to anyone presently living in the Jellico Housing Authority? _____ If yes, who? _____

Have you ever lived in a government subsidized unit (e.g., Public Housing, Rental Assistance, Section 236, or Section 221(d) (3) subsidized?)

Yes No. If yes, enter date and place of occupancy: _____

Current Landlord: _____ Phone Number: _____

Address: _____

Previous Landlord: _____ Phone Number: _____

Address: _____

Previous Landlord: _____ Phone Number: _____

Address: _____

•Income Information

Please answer each of the following questions. For each “Yes” answer, provide details in the chart below:

	Yes	No
1. Is any member of your household employed full-time or part-time?	_____	_____
2. Does any member of your household expect to work for any period during the next twelve months?	_____	_____
3. Does any member of your household work for someone who pays them in cash?	_____	_____
4. Is any member of your household on leave-of-absence from work due to layoff, medical, maternity or military leave?	_____	_____
5. Does any member of your household now receive or expect to receive unemployment benefits?	_____	_____
6. Does any member of your family now receive or expect to receive child support?	_____	_____
7. Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
8. Does any member of your household now receive or expect to receive alimony payments?	_____	_____
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
10. Does any member of your household receive or expect to receive welfare assistance? (e.g. Families First)	_____	_____
11. Does any member of your family receive or expect to receive income from pension or annuity?	_____	_____
12. Does any member of your family receive or expect to receive Social Security benefits? SSI?	_____	_____
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____
14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?	_____	_____

For each type of income that your household receives, give the source of the income, and the amount of income that can be expected from the source during the next twelve months:

Member Number	Source/Type of Income	Hourly or monthly Income
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If income is from employment, give name and address of employer:

Name: _____

Address: _____

Hourly Rate of Pay: \$ _____ Number of hours scheduled to work: _____

Assets Information

List all checking and savings accounts (including IRA's, Keough Accounts, and certificates of deposit of all household members, including amounts disposed of during the past two years.

Member Number	Bank Name	Account Number	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? Yes No

Have you sold or given away real property or other assets in the past two years? Yes No If yes, what was the market value of the assets? \$ _____ What amount did you receive? \$ _____

Expenses

Do you pay for child care which enables you or another family member to work or go to school: Yes No If yes, give name and address of child-care provider, weekly cost, and name of family member enabled to work: _____

Families with Handicapped Members

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work: Yes No. If yes, describe expenses: _____

Elderly Families Only

Do you have Medicare: Yes No If yes, what is your Medicare premium? _____ Do you have any other kind of medical insurance: Yes No If yes, give policy number, agent's name and premium amount: _____

Do you receive medical assistance through the welfare department? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses: \$ _____

·Applicant Certification

I/We certify that if selected to occupy a unit, it will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for Low-Rent Public Housing. I/We authorize the PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head

Date

Signature of Spouse

Date

Signature of any other Adult living in unit

Date

PHA Representative

Date

APPLICANT/TENANT CERTIFICATION

Applicant/Tenant Statement:

I/We certify that the information given to the JELLICO HOUSING AUTHORITY on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that information given becomes a part of my/our Lease Agreement with the Housing Authority.

Signature of Head of Household

Signature of Spouse /Other Adult

If you believe you have been discriminated against you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at **1-800-424-8590**.

TENNESSEE CODE ANNOTATED TITLE 39 CRIMINAL OFFENSES

39-14-104. THEFT OF SERVICES (Effective November 1, 1989) - A person commits theft of service who:

- (1) Intentionally obtains services by deception, fraud, coercion, false pretense, or any other means to avoid payment for the services;
- (2) Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including but not limited to, hotels, motels, and restaurants without payment or a bona fide offer to pay. (Acts 1989,ch.591,section 1)

I also understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any Department or Agency of the United States as to any matter within its jurisdiction. (Theft of services with a value of \$500 or less will be a misdemeanor; if the value is over \$500, the theft is a felony.)

Signature of Applicant/Tenant

Signature of Spouse/Other Adult

PHA Representative

Date

=====

Have you or any member of your household been arrested or convicted of a misdemeanor or felony?

_____(No) _____
Signature Head of Household Date

_____(Yes) _____
Signature Head of Household Date

_____(No) _____
Signature Spouse/other adult Date

_____(Yes) _____
Signature Spouse/other adult Date

If your answer is yes, explain and give date of conviction: _____
