



RENTAL HOUSING APPLICATION

This is a preliminary application for a unit at ___ Myrtle Court _____. It holds no lease or rent obligations. All information will be verified by the management prior to an applicant being placed on our waiting list for consideration. All applicants must meet established criteria.

Date: _____ Referral Agency: _____

A. PERSONAL INFORMATION

Head of Household: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widow/Widower Separated

Household Members	Relationship to Head	Sex	Age	Date of Birth	Soc. Sec. Number	Citizen

Does any family member require a specific accommodation due to a disability? YES NO

If YES, please complete a Request for a Reasonable Accommodation.

Are you currently using drugs or alcohol? YES NO

If YES, please explain _____

Have you ever been convicted of a misdemeanor or felony? YES NO

If YES, please explain _____

Emergency Contact: _____ Phone: _____



B. HOUSING INFORMATION

How long have you lived at your present address? _____

If you presently rent, how much is your rent? \$_____ per _____

Landlord's Name: _____ Phone: _____

Address: _____

Have you or any member lived in any Federally assisted housing? YES NO If yes, where and when _____

C. DEBTS

List all current debts, including loans, credit purchases, credit cards, hospital/doctor bills, etc. Attach a separate sheet if necessary.

COMPANY/LENDER	AMOUNT OWED	PAYMENT	FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have ever failed to pay a debt, had a foreclosure, taken bankruptcy, or had a judgement against you for debt, attach a separate sheet of paper explaining the details.



D. INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name _____ Age _____ Sex _____

Last 4 digits Social Security # _____ Do you receive Food Stamps? YES NO

1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES, i.e. SELF EMPLOYMENT. Attach pay stubs:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, AFDC, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or 2 recent check stubs.

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY?

YES NO IF YES, Attach court order, payment records.

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR VEHICLE (EVERYDAY USE)) Attach IRS Tax Transcript, bank statements, deeds.

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. ARE YOU CLAIMING ZERO INCOME? YES / NO

I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HTF rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: _____

Date: _____



E. CERTIFICATION AND AGREEMENT

I certify that all the information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive rental housing. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers and landlords; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

Applicant

Date: _____

Co-Applicant

Date: _____

Myrtle Court Apartments are for individuals recovering from an opioid addiction or opioid use disorder (OUD). These units were built with the Creating Homes Initiative (CHI-2) grant awarded by the Tennessee Housing Development Agency. Applicants for these units must be involved with a treatment program and a referral from them will be required. Our mission is to provide affordable housing to individuals recovering with opioid addiction or opioid use disorder (OUD).

F. FAMILY INCOME CALCULATION (TO BE COMPLETED BY HOUSING STAFF)

All information should come from Individuals Income Calculation Sheets

1. Number in Household _____
 Number with Income _____
 Number without Income _____

2. Income Limits based on 80% of current Median Income for Washington County.
 Dated _____

Show totals from Individual Income Calculations pages and convert to annual gross income. If there are assets, compare the current value of the asset to the actual income from the asset. If the current value is greater than \$5,000, multiply the current value by the passbook rate to determine the income from the asset.

<u>Family Members with Income:</u>	<u>Totals from Individual Income Calculation Sheets</u>
_____	\$ _____
_____	\$ _____

Prior Resident Check: _____

Credit Check: _____

Reference Check: _____

Police Check: _____

Disposition: Approved/Date: _____ Disapproved/Date: _____

Notified Date: _____

Date: _____

Manager's Signature