APPLICATION FOR PROJECT BASED RENTAL ASSISTANCE (PBRA)

BEFORE YOU APPLY FOR HOUSING ASSISTANCE, YOU MUST READ AND COMPLY WITH THE FOLLOWING INSTRUCTIONS AND PROCEDURES.

FAILURE TO COMPLY WITH OUR PROCEDURES IS CAUSE TO REFUSE AN APPLICATION. FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION IS CAUSE FOR REJECTION OF YOUR APPLICATION.

YOU MUST COMPLETE THE ENTIRE APPLICATION IN INK. ALL ADULTS (18) YEARS AND OLDER MUST SIGN THE APPLICATION AND BE PRESENT FOR THE FACE TO FACE INTERVIEW.

***** BE PREPARED TO FURNISH NAMES, ADDRESSES, PHONE NUMBERS AND ACCOUNT NUMBERS FOR ALL SOURCES OF INFORMATION TO BE VERIFIED.**

APPLICATIONS ARE TAKEN TUESDAY-THURSDAY IN PERSON BETWEEN 9:00 A.M. AND 11:00 A.M. AT 901 PARDEE STREET ONLY. THIS APPLICATION IS FOR THE EFFIENCY (0) , 2 THRU 5 BEDROOM UNITS .

WHAT YOU MUST BRING IN WITH YOUR APPLICATION OR YOU WILL NOT BE SEEN.

1. Proof of identity for all adult members. (Picture ID, Driver's license, etc.)
2. Social Security cards for all household members, MUST BE ORIGINALS no copies.
3. Birth Certificates for all household members, MUST BE ORIGINALS no copies.
4. Source of income, and assets with name, address, phone number and account numbers.
5. Name, address and phone number for current and previous landlords.
6. If you are elderly or disabled, sources of medical expenses with name and addresses.
7. Proof of Marital Status. (Marriage Certificate, Divorce Papers, Custody Papers, etc.)

ALL COPIES MUST BE LEGIBLE.

Please note that the Johnson City Housing Authority does not provide Emergency housing. All programs have waiting lists. If approved, the Housing Authority is not able to reasonably estimate when a suitable unit will become available or when assistance will be offered. The availability of a suitable unit is based upon factors not directly controlled by the Housing Authority, such as turnover rates. Vacancies occur at rare and unpredictable intervals; therefore, we may not have advance knowledge of a prospective vacancy. Additionally, your placement on a waiting list may vary due to eligible applicants with a higher weight preference.

Eligibility Application Form

(Office Use Only): Interview Date _____ Time _____

Who is the Head of Household? *(Legal Name)*: Last First Middle	Do you require a specific accommodation due to a disability? ☐ Yes ☐ No If yes, please complete the attached Request for a Reasonable Accommodation. Please note that if you qualify, you may experience a longer waiting period due to unit availability.

Which of the following housing programs are you applying for?

☐ Project Based Rental Assistance (PBRA)

What is your present address? **(Address is required)**

Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

Telephone 1: ( )	Telephone 2: ( )	Fax: ( )

What was your street address before you moved to where you live now?

Street Address:	City:	State:	Zip:

Have you ever paid rent to a landlord? ☐Yes ☐No		Have you or any other family member ever lived in any type of income based or assisted housing? ☐ Yes ☐ No
Current Landlord's **Name and Address**	Previous Landlord's **Name and Address**	

If we are unable to reach you, whom may we contact locally?

Name:	Address:
Phone: ( )	Relation:

Household Members: *(List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors oldest to youngest, and then any other adults.*

No.	Legal Name	Sex M/F	Rel to Head	Citizen	Social Security Number	Date of Birth	Age	Place of Birth
1.			HEAD					
2.								
3.								
4.								
5.								
6.								
7.								

Do you currently have a household income? ☐ **Yes** ☐ **No**
If so, complete the following:

Income Information: (Example: Wages, Families First Benefits, Foodstamps, Social Security or SSI)

Family Mem.	Type of Income	Rate/Frequency	Name and Address	Yearly Income
				$
				$
				$
				$

Did you file a federal income tax return for the most recent year? ☐ Yes ☐ No

Does anyone outside of your household pay any of your bills or expenses, or give money regularly? ☐ Yes ☐ No
If yes, explain:

Asset Information: (Example: bank accounts, trust funds, stocks, bonds, money markets, CDs, property or real estate)

Family Member	Asset Description	Current / Disposed	Market Value	Cash Value	Interest Rate	Annual Income
		☐C ☐D	$	$	%	$
		☐C ☐D	$	$	%	$
		☐C ☐D	$	$	%	$

Bank Information: (Example: Checking or Savings accounts)

Name of Bank	Type	Account Number	Joint/Indiv	Balance	
				Current	6-mo Avg
				$	$
				$	$

Expenses (Example: Disability Assistance, Child Care, Prescriptions, Medical)

Family Member	Expense Description	Amount	Period	Annual Amount
		$		$
		$		$

Veteran ☐ **Yes** ☐ **No**

Student Status

Are you or any other adult in the household, currently a full or part-time student? ☐ Yes ☐ No

If yes, please check type of school or program you are attending: ☐High school ☐College ☐GED ☐ Job Training

Name and Address of School or College or Program: _____

Do you receive any educational scholarships, grants or financial aid? ☐ Yes ☐ No

Program Integrity Information
PLEASE ANSWER ALL QUESTIONS

Do you expect anyone to move in or out of your household within the next 12 months? ☐ *Yes* ☐ *No*
Are you or any member of your family currently pregnant? ☐ *Yes* ☐ *No*

Does anyone live with you now who is not listed above? ☐ *Yes* ☐ *No*

Have you ever used a name other than the one you are using now? ☐ ***Yes*** ☐ ***No***

If yes, what name?

Have you ever used a Social Security number other than the one you listed above? ☐ *Yes* ☐ *No*

If yes, what is it?

Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of a controlled substance? ☐ *Yes* ☐ *No*

	When?	*What?*
If yes, Who?		

Does anyone in your household currently use a controlled or illegal drug? ☐ *Yes* ☐ *No*
If yes, explain:

Have you ever been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of other residents or neighbors in the vicinity of your residence? ☐ *Yes* ☐ *No*

If yes, please explain:

Have you or are you currently living in income based or assisted housing? _____
If you have ever lived in any type of income based or assisted housing, please answer the following questions:

Under what name or head of household? _____

Where? _____ *When?* _____

Have you ever been evicted from public or assisted housing for violent criminal or drug-related activity?
☐ *Yes* ☐ *No*

Have you ever violated a family obligation in a HUD-assisted housing program? ☐ *Yes* ☐ *No*

If yes, which PHA? _____

Do you owe money to a public housing agency or HUD-assisted housing program? ☐ *Yes* ☐ *No*

If yes, which PHA or Entity? _____

Have you ever been placed on the trespass list with the Johnson City Housing Authority? ☐ *Yes* ☐ *No*

Authorizations, Representations, and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: *Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under T.C.A. 39-3-94.5.*

I do hereby certify that I have reviewed all answers and certifications with applicant prior to signatures.	PHA Representative initial here:
PHA Representative:	Date:
Head of Household Signature:	Date:
Spouse / Co-Head Signature:	Date:
If either Head or Co-Head is not present, why?	

NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the address you have listed on this application, your name may be removed from the waiting list, and you will have to re-apply. _____
Initials

JCHA Johnson City Housing Authority
901 Pardee Street Johnson City, TN. 37601
office 423.232.4784 • fax 423.232.4789
TDD: 1.800.545.1833 x762
jchousing.org

CREDIT CHECK AUTHORIZATION

_____ the undersigned, authorizes and instructs the Johnson City Housing Authority to obtain such consumer reports and tenant screening reports, at any time, as the Johnson City Housing Authority deems necessary or prudent and authorizes and instructs any and all credit reporting agencies and tenant screening services to provide such reports to the Johnson City Housing Authority for each of the above named applicants.

_____

Signature and Date

_____

Signature and Date

DECLARATION OF ASSETS

Does any household member have a savings or checking account? ☐ Yes ☐ No **If yes, What Bank?_____ Account Type: _____Current Balance:_____ Interest Rate: ____**
Does any household member own or have a legal interest in any type of real estate? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____**
Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.) ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____**
Does any household member own stocks or bonds? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____**
Does any household member have savings certificates, money market funds or trust funds? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____**
Does any household member have any type of retirement account (company, IRA, Keogh)? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____ Interest Rate: _____**
Does any household member have any inheritances, lottery winnings, or lump-sum payments from any source? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____**
I)o any household members have any lire insurance policies? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____**
Have you disposed of any assets for less than fair market value within the past two years? ☐ Yes ☐ No **If yes, Asset Description: _____ Market Value: _____ Cash Value: _____**

I certify that the information provided in this form is true and complete to the best of my knowledge.

_____ _____

SIGNATURE **DATE**

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly malting false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of this household must sign below certifying the information pertaining to them. Please print.

I. Household Composition List all persons who will be living in your home, listing Head of Household first.

Adults (legal name)	DOB	Relationship to Head of Household	Social Security Number	Indicate If: Married(M) Widowed (W) Separated (S) Divorced (D)
1.				
2.				
3.				
4.				

Children (Name as it appears on Social Security Card)	DOB	Relationship to Head of Household	School Name	Absent Parent's Name and Address
1.				
2.				
3.				
4.				
5.				
6.				

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name:
Street Address:
City, State, Zip:

II. Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Workman's Compensation, retirement benefits, AFDC, Veteran's Benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

List Amounts Received Below:

Household Member	Employer	Total Weekly Wages	AFDC/ Child Support monthly	Social Security Benefits	Unemployment Benefits	All other income	Food Stamps
1.							
2.							
3.							
4.							

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

JCHA — **Name of Property**

Project No.

Johnson City, TN — **Address of Property**

JCHA — **Name of Owner/Managing Agent**

PBRA — **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 incompliance 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 provide 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 no require any special protection.

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.

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 verity 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

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

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 HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) 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 a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA 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.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, 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.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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 is restricted to the purposes cited on the form HUD 9887. 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   • HUD's requirements concerning the release of information, and
   • Other customer protections.
2. Sign on the last page that:
   • you have read this form, or
   • the Owner or a third party of your choice has explained it to you, and
   • you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

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 relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

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

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 circumstances, 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.

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.

form **HUD-1141**
(12/2005)

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

OMB Control # 2502-0581
Exp. (/ 1.17.1/ 08)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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 (PIH)

RHIIP

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 <u>one</u> 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.

<u>Note:</u> 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.

February 2010

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/pih/programs/ph/rhiip/uiv.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**

JOHNSON CITY HOUSING AUTHORITY

901 Pardee Street
P.O. Box 59
Johnson City, TN 37605-0059

Office (423) 232-4784 • Fax (423) 232-4789

Citation
TN ST 39-3-945
T.C.A. 39-3-945

TENNESSEE CODE ANNOTATED

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TITLE 39 CRIMINAL OFFENSES
CHAPTER 3 OFFENSES AGAINST PROPERTY
Part 9-Fraud and False Dealing

39-3-945. False statements of financial condition for purposes of obtaining or maintaining occupancy in housing projects or rent subsidies.

a. Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in:

1. A housing project provided by a housing authority established under the Housing Authorities Law, compiled in Chapter 20 of Title 13:

2. A housing project provided by a housing authority established under any special statute; or

3. A unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility or for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.

b. Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Acts 1980 (Adj.S), ch. 608 s 1; T.C.A., s 39-1989.

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
PHA Representative Date

JOHNSON CITY HOUSING AUTHORITY

901 Pardee Street
P.O. Box 59
Johnson City, TN 37605-0059

Office (423) 232-4784 • Fax (423) 232-4789

TENNESSEE CODE ANNOTATED
TITLE 39 CRIMINAL OFFENSE

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 of 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.

_____ _____
Signature of Head of Household Signature of Adult

_____ _____
Date Date

_____
Signature of PHA Representative

_____
Date

EXHIBIT A

JOHNSON CITY HOUSING AUTHORITY

901 Pardee Street
Post Office Box 59
Johnson City, TN 37605-0059
Phone (423) 232-4784 TDD/TTY 1-800-545-1833 ext. 762 Fax (423) 232-4789

REQUEST FOR REASONABLE ACCOMMODATION

Date: _____

Name: _____

Address: _____

_____

TDD/Phone: _____

1. The following member of my household has a disability *(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarding as having such an impairment)*

   NAME_____

   RELATIONSHIP OR ASSOCIATION WITH YOU[1]

   _____

   Receiving social security disability for this condition? ☐ yes ☐ no

2. Please state the problem which you are currently having with your existing facility or the problem you would have with a standard facility offered by the Authority:

   _____

   _____

3. Please state any reasonable accommodation which you believe would accommodate your disability: *(please check one or more boxes below)*:

   ( ) A change in my apartment or other part of the housing development. Please specify:_____

   _____

[1] If on behalf of a minor child, please indicate whether you are the parent or guardian.

( ) A change in the following rule, policy, or procedure. *(Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met*) Please specify:_____

_____

_____

( ) Other. *(For example, a change in the way the Johnson City Housing Authority communicates with you)* Please specify:

_____

_____

_____

4. Please state whether there is an immediate threat to your health or safety due to your present facility. If yes, please describe and give any time frame given to you by your physician for such an accommodation.

_____

_____

Unless the disability is observable or otherwise evident, I authorize the Johnson City Housing Authority ("Authority") to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information, the Authority may contact the following physician or Medical Professional/ qualified services to the disabled

Name: _____

Title of Professional or Expert: _____

Agency, Facility, or Institution *(if any)*: _____

Address: _____

Fax: _____

Telephone: _____

EXHIBIT A

I understand that the information obtained by the Johnson City Housing Authority will be kept confidential.

(Please return this form as promptly as possible so that the Authority may make a determination on this request.)

SIGNED: _____ DATE: _____
Head of Household or Authorized Representative

WITNESS: _____ DATE: _____

***NOTE**: Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.*

SUBMIT COMPLETED APPLICATION TO—

APPLICANTS:

Eligibility Occupancy Specialist
Johnson City Housing Authority
901 Pardee Street, PO Box 59
Johnson City, TN 37605-0059

RESIDENTS:

Admissions and Occupancy Department
Johnson City Housing Authority
901 Pardee Street, PO Box 59
Johnson City, TN 37605-0059

JCHA Johnson City Housing Authority
901 PARDEE STREET
P. O. BOX 59
JOHNSON CITY, TN 37605
PHONE: 423-232-4784 FAX: 423-232-4789
TDD: 1-800-545-1833, EXTN. 762

To: _____
Physician, Medical Professional/Qualified Service Provider

_____
Address

Re: _____
Patient's Name

_____
Address

_____
Social Security Number

MEDICAL INFORMATION RELEASE

I, _____, have submitted a request for a Reasonable Accommodation to the Johnson City Housing Authority ("Authority"). As part of the process, the Authority may verify the information substantiating my request. The above listed physician or medical professional/qualified service provider is the person who has diagnosed and/or is treating me for my disability or its effects.

I hereby authorize the above physician or medical professional/qualified service provider to complete the attached medical report and to discuss and/or provide additional reports regarding the diagnosis, treatment, care, restrictions, and/or limitations of __ (patient's) disability with any duly authorized representative of the Authority.

A photocopy of this authorization may be accepted with the same authority as the original.

_____ _____
DATE **SIGNATURE**

If not the patient, state your relationship to the Patient: _____

_____
WITNESS