

Newbern Housing Authority
Application Process
731.627.2142
731.627.6271 fax

Application must be complete with no blanks left unanswered. If a question does not apply to your family simply draw a line through the blank or write N/A (meaning not applicable). Incomplete applications will not be placed on the waiting list and will be returned to the applicant to complete. All forms must be signed and dated by all adult (18 years of age and older) members of the household.

Complete applications will be entered on the waiting list the date and time that they are returned to the Newbern Housing Authority office. Applicants will receive notification by mail or phone that the application has been approved.

When an application is nearing the top of the waiting list, the applicant will be contacted by mail for an application interview. At this time all adult members of the household will come to the Newbern Housing Authority office at an appointed time to complete the application process. Applicants must bring picture I.D. and social security card for all adult members of household and birth certificate and social security card for all minors of the household. Income verification must also be provided. The application information is verified to be current and correct.

Please read and sign the application and verification forms.

To be completed by Newbern Housing Authority:

Name: _____

Date & Time Returned: _____

Area Requested: Jones Street Oak & Maple Flower Valley Spring Valley

NEWBERN HOUSING AUTHORITY APPLICATION

You must use the correct legal name for each member of your household who will be residing with you as it appears on their social security card. **All adult** members of the household must sign this form certifying the information pertaining to them. **PLEASE PRINT.**

Race: White Black American Indian/Alaska Native Asian/Other Pacific Islander **Ethnicity:** Hispanic Non-Hispanic

Head of Household	FIRST MI LAST	Marital Status	Sex M/F	Race	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen
Other Adults	FIRST MI LAST	Relation to Head	Sex M/F	Race	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen
Minor	FIRST MI LAST	Absent Parent Name	Sex M/F	Race	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen
								SCHOOL GRADE

Are you expecting a baby? _____ Due date _____
 Street address _____

City _____ ST _____ Zip _____

Mailing address _____
 City _____ ST _____ Zip _____

Telephone _____ Rent amount \$ _____

How long have you lived at this address? _____

Current landlord's name & address _____

Reason for wanting to move: _____

Verification must be provided. _____

Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodation in Housing Authority rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) _____

If yes, please describe: _____

TOTAL HOUSEHOLD INCOME: List ALL money earned or received by everyone who will be living in your household. This includes money from wages, self-employment, child support, Social Security, SSI, Worker's Compensation, retirement benefits, Families First, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources. **VERIFICATION MUST BE PROVIDED AT APPLICATION INTERVIEW.**

Household Member	Employer and Phone Number	Hourly wage & hours worked weekly	VA SS/SSI	Child Support	Other income	Food Stamps
		\$ _____ hrs	\$ _____	\$ _____	\$ _____	\$ _____

If employed, when did employment begin? _____ Dept of Human Services Caseworker _____

If you receive child support, please list name of absent parent and child support case number. _____

If employed or attending school, do you pay for childcare? Yes / No Weekly amount paid \$ _____
 Sitter's name, address, and telephone number _____

If elderly or disabled, do you have any out of pocket medical expenses? (Prescription drugs, hospitalization insurance, etc) If yes, please provide verification of these expenses. _____

ASSETS

Do you have checking or savings account or certificates of deposit? _____. If yes, please provide account numbers. Do you own any stocks or bonds? _____. Do you or any household member own or have an interest in any real estate and/or mobile home? _____. Have you sold a real estate in the last two years? _____. Do you own a vehicle? _____. Year/Model _____. Tag Number _____

What money do you receive from any and all sources to pay your bills and living expenses? _____

Does anyone outside of your household pay any of your bills or give you money? Yes / No If yes, explain _____

Have you or any other adult members ever used any name or Social Security number other than the one you are currently using? Yes / No If yes, explain: _____

Have you or any members lived in any assisted housing (Public Housing, Section 8, etc.)? Yes / No If yes, list where and when: _____

Have you or anyone in your household ever been arrested by a law enforcement agency? Yes / No If yes, explain: _____

Have you or anyone in your household ever been involved in an illegal drug-related activity? Yes / No If yes, explain: _____

Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes / No If yes, explain: _____

Are you related to anyone who is now renting an apartment from Newbern Housing Authority? YES / NO If yes, please provide names and address. _____

Are you a college student? Yes/No If yes, have you established a separate household for at least one year? Yes/No
If yes, do your parents claim you on IRS tax return? Yes/No
Do you receive an athletic scholarship that includes over \$5000.00 a year for housing costs? Yes/No

Family History

Nearest Relative _____ Telephone Number _____
Address _____ Relationship _____

Nearest Relative _____ Telephone Number _____
Address _____ Relationship _____

Rental History

Please list ALL previous landlords in order of dates resided.

Landlord's name	Landlord's address/phone #	Date of residency	Reason you moved

List Current Expenses:

Expense Item	Amount	Paid Current?		Amount Paid?	Paid to Whom
		Yes	No		
Rent	\$			\$	
Car payment	\$			\$	
Electric bill	\$			\$	
Phone bill	\$			\$	
Cable bill	\$			\$	
Other	\$			\$	
	\$			\$	

Credit History

Please list two credit references: (required for eligibility)

Creditor: _____ Phone Number: _____

Creditor: _____ Phone Number: _____

**Please list all present & past utility companies and phone numbers where you have had service :
(required for eligibility)**

Utility Company: _____ Phone Number: _____
Utility Company: _____ Phone Number: _____
Utility Company: _____ Phone Number: _____

Please list the name, address and telephone number of four personal references that are not related to you.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Title 18, Section 1001 of the United States 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 United States.

I do hereby swear and attest that all of the information presented in this application about my household members and me is true and correct. I understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Housing Authority in **WRITING IMMEDIATELY**.

I affirm that the information that I have provided is accurate and true to the best of my knowledge, belief and ability.

Head of household _____ Date _____
Spouse or Co-Head _____ Date _____
Other Adult _____ Date _____

Newbern Housing Authority
709 Maple Drive
Newbern, Tennessee 38059
(P)731-627-2142 (F) 731-627-6271

Authorization for the Release of Information

With my signature, I authorize Newbern Housing Authority to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

Information covered inquiries may be made about:

Child care expenses
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 Expenses
Social Security Numbers
Residences and Rental History

Any individual or organization including any governmental organization may be asked to release information. For Example, information maybe requested from the following:

Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, past & Present
Landlords, past & present
Providers of:
 Alimony
 Child Care
 Child Support
 Credit
 Handicapped Assistance
 Medical Care
 Pensions/Annuities
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veteran's affairs
Utility companies
Welfare agencies

With my signature, I agree that photocopies of this authorization may be used for the purposes stated above. If I refuse to sign this authorization, my housing assistance may be denied or terminated.

Head of Household

Date

PUBLIC CHAPTER #608
HOUSE BILL #1630 by Bell (Knox)
Substituted for: Senate Bill #1828 by Atchley

AN ACT to provide criminal penalties for certain acts of fraud relative to obtaining certain housing benefits; and to amend Tennessee Code Annotated, Title 39, Chapter 19.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

Section 1. Tennessee Code Annotated, Title 39, Chapter 19 is amended by adding the following new section:

Section

(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 (i) a housing project provided by a housing authority established under the Housing Authority Law, (ii) a housing project provided by a housing authority established under any special statute, or (iii) a unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility 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.

Section 2. This Act takes effect upon becoming a law, the public welfare requiring it.

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 to 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.

Applicant/resident _____ Date _____

Applicant/resident _____ Date _____

PHA Representative _____ Date _____