

BEGINNING JANUARY 1, 2018
ALL PUBLIC HOUSING PROPERTIES, COMMON AREAS,
UNITS AND OFFICES WILL BE

TOBACCO-FREE

THIS INCLUDES CIGARETTES, CIGARS, SMOKELESS
TOBACCO, ENDS, AND E-CIGARETTES.

THIS WILL BE CONSIDERED A VIOLATION OF THE
LEASE IF ANY MEMBER OR VISITOR USES TOBACCO ON
THE SPHA PROPERTIES!

THIS IS A NEW FEDERAL RULE SO
PLEASE BE AWARE BEFORE YOU APPLY!!

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY

**P.O. Box 231
South Pittsburg, TN. 37380
(423) 837-6600**



Name: _____

Address: _____

Today's Date: _____

Dear Applicant,

Thank you for your interest in becoming a resident with The South Pittsburg Housing Authority.

Please review the following reminders.

- The application process takes approximately 8 weeks. This allows the SPHA time to complete all credit and criminal background checks.
- Please double check to see if your application is complete and that all applicable documents are submitted, including ID, Social Security Cards (if available), but Social Security Cards MUST present 90 days from the date an apartment is offered. Birth Certificate and Income. **Incomplete applications will not be process and will be returned to the applicant for completion.**
- Please DO NOT call the office to check on the status of your application or your status on the waiting list. **Information will not be given to you if you call.** You will be notified regarding your eligibility.
- All applicants are subject to the same screening criteria. The approval or disapproval of your application will be based on household income, landlord verification, credit and criminal history.
- Please notify SPHA if there is a change of address or telephone numbers.
- Submission of your application does not guarantee you housing. Your application must be approved prior to you being placed on our waiting list.

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY

APPLICATION FOR HOUSING

No. of Bedrooms: _____

Applicant # 1 (Head of Household) _____ DOB: _____ SS#: _____

Applicant # 2 _____ DOB: _____ SS#: _____

Marital Status: Single () Married () Divorced () Separated () Widowed () **Phone #:** _____

Present Mailing Address (Include Street, Apt. #, City, State, Zip)

_____ How long: _____

A. RACE/ETHNICITY:

The following information is required for statistical purposes so that the South Pittsburg Housing Authority and HUD may determine the degree to which minority families utilize housing. Please check the appropriate boxes: White () Black () Indian () Hispanic () Asian () Other: _____

Ethnicity: Hispanic () Non-Hispanic ()

B. HOUSEHOLD COMPOSITION:

1). Below, list everyone, including yourself, foster children/adult who will be living in the public housing unit that you are applying for. If you need more space, continue on back side. You must complete each box for each family member. You (the applicant/head of household) are to be in the 1st line.

#	Last Name	First Name	MI	SSN	Relationship To Head of Household	Sex M/F	Date Of Birth	Age
1					Applicant/Head Of Household			
2					Co-Head			

2). Do you anticipate any changes in your household composition during the next 12- months?

{ } Yes { } No. If yes, please explain _____

3). Is any member of your household temporarily away from the residence?

{ } Yes { } No. If yes, please explain _____

C. PREFERENCE INFORMATION:

Admission to the Public Housing program is based upon local preferences. Please indicate the preference category that your household falls under. **You must check at least 1 of the following:**

- ☐ The Head of Household or co-head works at least 30 hours per week, veterans, and/or Elderly, Handicapped, Disabled, receiving SSI or Social Security.
- ☐ Involuntary Displacement- fire, flood, natural disaster, or domestic violence.
- ☐ Homeless with referral from agency.
- ☐ None of the Above

D. ESTIMATED INCOME:

1). Based upon all sources of income for all members of your household, what is the estimated annual income for the household? Sources of income include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and earned income tax credit. This includes any regular contributions or donations to the family from organizations or other persons who do not live in the unit or payments made on behalf of the family by an outside organization/person (s).

Name of Household Member	Income Type	Rate: {\$ per day, Week, month, year} etc....		Name of Household Member	Income Type	Rate: {\$ per day, Week, month, year} etc....
		\$ per				\$ per
		\$ per				\$ per
		\$ per				\$ per

E. REASONABLE ACCOMMODATIONS:

If you or a member of your household is mobility impaired, you may be assigned to an accessible unit at your request, providing such an apartment is available.

F. APPLICANT CERTIFICATIONS:

I/We understand that I/we must provide verification that I/we are qualified for a preference and this must be my/our status at the time I/we are offered housing. I further understand that if I/we do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application returned to the appropriate place on the waiting list.

I/We certify that the statements made on this Application for Public Housing are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority. I/We authorize employer(s), the Department of Social Services, the Social Security Administration, and all others including credit reporting agencies, to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Public Housing Program.

I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible.

WARNING: 18 U. S. C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

(Applicant # 1 Head of Household)_____ Date:_____

(Applicant # 2)_____ Date:_____

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY

**P.O. Box 231
South Pittsburg, TN. 37380
(423) 837-6600**

STEPS TO APPLYING FOR HOUSING/INTERVIEW/ELIGIBILITY/HOUSING:

A. How to Apply:

- 1). Visit us in person to obtain an application at:

South Pittsburg Housing Authority
214 Elm Avenue; P.O. Box 231
South Pittsburg, TN. 37380
Open 8:00- a.m. to 4:30 p.m. M-F
- 2). You may apply online at: www.southpittsburghhousing.com
- 3). Call us at (423) 837-6600 to request an application.
- 4). When you bring back the application, it must include the following:
 - * Identification (bring each of the following):

Driver License
Birth Certificates
Social Security Cards (if available), required 90 days from date a unit is offered
 - * Financial Records such as:

Copies of pay stubs- minimum of 2
W-2's
Bank Records- 6 consecutive months
Medial Receipts.....

B. Interview:

- 1). Once your application has been received and processed, you will be called into the office for an interview. Both the Applicant/Head of Household and Co-Head of Household will be required to come to the Interview with the Public Housing Manager.
- 2). What happens at the Interview:
 - * Adult members of the household will be required to sign release of information on all necessary verification forms.
 - * Your interviewer will review your information and start the process of verifying your eligibility for housing assistance.

C. Eligibility:

1). Reasons why Applications are Rejected:

- a. Lack of Documentation
- b. Incomplete Application
- c. Rejecting the sit you are offered
- d. Hiding or falsifying information
- e. Background Checks
- f. Credit Checks/Reporting

2). After the Interview:

- a. A staff member will determine your eligibility
- b. You may be asked to provide additional information, if needed.
- c. Once completed your will be notified of the results

* This process may take several weeks, so please be patient*

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY
EMPLOYMENT VERIFICATION

Date: _____

Resident Name: _____

The South Pittsburg Housing Authority receives funding from a program which requires documentation of income as part of the qualification process for household residency.

To: (Name and Address of Employer)

Return To:

South Pittsburg Housing Authority
P.O. Box 231
South Pittsburg, TN. 37380

I hereby authorize the release of the information requested below in order to determine my eligibility for residency at The South Pittsburg Housing Authority in the upcoming year.

Signature _____ Date Signed _____

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have any questions.

Signature _____ Phone Number _____

Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____

Presently Employed? Yes () Date first Employed _____ No () Last Date Employed _____

Current Wages/Salary \$ _____ (check one) () Hourly () Weekly () Bi-weekly () Monthly

Average # of regular hours per week _____ Year to date earnings \$ _____

List any anticipated change in the employee's rate of pay within the next 12 months _____

If the employee's work is seasonal or sporadic, please indicated layoff period _____

I hereby certify that the information supplied in this section is true and complete.

Signature: _____

Completion Date: _____

Printed Name: _____

Title: _____

Company Name: _____

Phone Number: _____

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY

LANDLORD REFERENCE (1)

Fax: (423) 837-1136

Date: _____

Resident Name: _____

The South Pittsburg Housing Authority receives funding from a program which requires documentation of income as part of the qualification process for household residency.

_____ has applied for low income housing. Please complete the information below and return this form in the attached self-addressed envelope or you may fax the form back to the fax number above.

**** I authorize the release of the information requested below regarding my rental history****

Applicant
Are you a relative or friend of the applicant? _____ Yes _____ No If yes, describe the relationship: _____

Dates of residency: From: _____ To: _____

Did anyone other than the person(s) on the lease live in the unit? _____ Yes _____ No

If yes, please list: _____

Amount of Monthly Rent: _____ Was the tenant(s) prompt in paying rent? _____ Yes _____ No

Did the tenant(s) leave your unit owing money: _____ If yes, amount owed? _____

Any Damages or Other Charges owed to you and/or your agency? _____

Was (were) the tenant(s) in compliance with the rules and regulations? _____

Did you ever have to begin an eviction procedure for any reason? _____

Would you and/or your agency rent to him/her again? _____

Was the term of the lease fulfilled? _____ Reason for moving, if known: _____

Comments: _____

Name of Landlord _____

Phone Number _____

Signature _____

Date _____

SOUTH PITTSBURG ELDERLY HOUSING AUTHORITY

LANDLORD REFERENCE (2)

Fax: (423) 837-1136

Date: _____

Resident Name: _____

The South Pittsburg Housing Authority receives funding from a program which requires documentation of income as part of the qualification process for household residency.

_____ has applied for low income housing. Please complete the information below and return this form in the attached self-addressed envelope or you may fax the form back to the fax number above.

**** I authorize the release of the information requested below regarding my rental history****

Applicant
Are you a relative or friend of the applicant? _____ Yes _____ No If yes, describe the relationship: _____

Dates of residency: From: _____ To: _____

Did anyone other than the person(s) on the lease live in the unit? _____ Yes _____ No

If yes, please list: _____

Amount of Monthly Rent: _____ Was the tenant(s) prompt in paying rent? _____ Yes _____ No

Did the tenant(s) leave your unit owing money: _____ If yes, amount owed? _____

Any Damages or Other Charges owed to you and/or your agency? _____

Was (were) the tenant(s) in compliance with the rules and regulations? _____

Did you ever have to begin an eviction procedure for any reason? _____

Would you and/or your agency rent to him/her again? _____

Was the term of the lease fulfilled? _____ Reason for moving, if known: _____

Comments: _____

Name of Landlord _____

Phone Number _____

Signature _____

Date _____

I/ We have NOT disposed of any assets for less than Fair market value in the past two (2) years.

Applicant

Date

I/ We have disposed of any assets for less than Fair market value in the past two (2) years.

Applicant

Date

IF SO, PLEASE LIST ASSETS:

Were you or anyone in your household 62 or older on or before 1/31/2010 and did not provide a SSN? (Please circle one) Yes or No

Were you or anyone in your household receiving HUD rental assistance at another location on or before 1/31/2010? (Please circle one) Yes or No

TENNESSEE CODE ANNOTATED
TITLE 39 CRIMINAL OFFENSES

39-14-104. Theft of services (Effective November 1, 1989)- A person commits theft of services 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.

Signature of Applicant/Resident

Signature of Applicant/Resident

Date

Signature of PHS Representative

STATE/SEXOFFENDER REGISTRY QUESTIONNAIRE

Have you or any household member have a state lifetime sex offender registry requirement?

_____ YES

_____ NO

Please list all states that you and household member have lived:

State:_____ Member:_____

State:_____ Member:_____

State:_____ Member:_____

_____ (Date) _____ (Tenant)

_____ (Date) _____ (Co-Tenant) if applicable

_____ (Date) _____ (Management)