



Shallowford Pointe  
2244 Teton Trail  
Chattanooga, TN 37421

Dear Applicant:

Thank you for your interest in an apartment home here at Shallowford Pointe. Shallowford Pointe is operated under multiple programs. Applicants must qualify for both the HUD Section 8 or 236 programs and the Low-Income Housing Credit program. Applicant households must meet income limits and student eligibility to qualify. Before we can accept and process your application, we must determine program and property eligibility. In order to assist in this process, you must provide the following documents and or contact information with your application.

- Each member 18 & older must sign the application. Each question must be answered. Please sign and date **All** application forms.
- You must disclose household member social security numbers and provide documentation of each SSN (i.e., copy social security card, print out from Social Security Administration). HUD allows **exemptions** for:
  - a)** Seniors aged 62 and older. Only when the applicant is 62 years of age or older on January 31, 2010, and their initial determination of eligibility is in process before January 31, 2010. A senior satisfying both above noted requirements is exempt from the SSN requirements for all future income examinations, even if the senior moves to another HUD-assisted property.
  - b)** A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90-days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.
  - c)** Individuals who do not contend eligible immigration status.
- All members 18 and older must provide a photo ID or Driver's license.
- All members, regardless of age, must provide a Certificate of Birth (Birth certificate each member) or other acceptable proof of age.
- All applicants with minor children must provide a copy of all court documents for child support and provide case number information to verify child support payments.
- Family Summary form must be completed by the head of household disclosing all members that will reside in the household.
- Citizenship Declaration must be executed for each household member.
- Each member eighteen and older must sign the HUD 9887.
- Each Member eighteen (18) and older must sign the HUD form 9887A Consent for Release of Information.



- Each member 18 & older must sign Consent for Release of Credit & Criminal Background check.
- Each Member eighteen 18 & older must provide contact information and sign a release form for all income and assets. If you receive Social Security, SSI, Veterans Benefits, Workman's Compensation or Unemployment, please bring in a current award letter, court documents, and or check stubs. Asset's- checking, savings, CD's IRA, 401K, Real Estate, please provide contact information or the last six months of bank statements.
- Head and Co-head must provide information and or verification for all unearned income and assets for all members under 18.
- Landlord References must be provided for the past five (5) years. If you have any questions, or need assistance with your application, please feel free to contact our office during normal business hours.
- Applicant household **must contact management every 6 months** and update application information (i.e., telephone number, changes in address, income, or family composition. If applicant household fails to meet this requirement, the application will be considered inactive and removed from the waiting list.

If you have any questions, please contact our office at (0) 0-0 or via email insert email address during normal business hours and we will be glad to assist you.

#### Preferences

*Owner Agent must select preferences as listed in Resident Selection Plan. Delete those that are not applicable.*

These preferences may affect the order of applicants on the waiting list. All preferences must be Verifiable.

Yes  No  Working Families Preference



# Rental Application

**Office Staff:** Property Name: Shallowford Pointe **Initial Application**  
 Date Received \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Unit size: \_\_\_\_\_

**Head of Household Name:** \_\_\_\_\_ **Number of Household Members** \_\_\_\_\_

**Current mailing address:** \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_ Message Contact: \_\_\_\_\_

*Please list household members starting with Head of household on line 1, then in order of oldest to youngest*

HOUSEHOLD NAME (First, Middle, Last)	SEX Male Female Decline	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	AGE	BIRTH DATE	STUDENT Yes / No	VETERAN Yes / No
		Head of Household					

**\*\*Student Status includes Elementary through Higher Education\*\***

- Do you anticipate any changes in the size of your household *within the next 12 months*?  YES  NO  
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)  
 If yes, please describe any changes here; \_\_\_\_\_
- Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months?  YES  NO  
 If yes, please explain here: \_\_\_\_\_
- Is any adult member of your household separated, but not divorced?  YES  NO  
 If yes, who? \_\_\_\_\_
- Have you or any member of your household ever been convicted of illegal use, manufacturing, or distribution of a controlled substance, alcohol abuse (3 or more DUI convictions) or any other *felony*?  YES  NO  
 If yes, describe: \_\_\_\_\_ When: \_\_\_\_\_
- Have you or any other member 18 or older of your household ever been convicted of a misdemeanor?  YES  NO  
 If yes, describe: \_\_\_\_\_ When: \_\_\_\_\_
- Are you or any other household member currently using an illegal substance or abusing alcohol?  YES  NO  
 If yes, \_\_\_\_\_ Who: \_\_\_\_\_



# Rental Application

7) Are you or any other member of your household subject to Lifetime registration under a State Sex Offender Program?  YES  NO  
 If yes, who: \_\_\_\_\_ State: \_\_\_\_\_

8) Do you understand you must report any changes in household income or changes in household composition, including adding or removing household members in a timely manner?  YES  NO

**If you or the co-head are 62 years of age or older or if you or the co-head are disabled, please answer the following questions.**

9) Are you or any adult member of your household disabled? Who? \_\_\_\_\_  YES  NO

10) Do you pay out of pocket medical expenses that are not covered by insurance?  N/A  YES  NO  
 (Examples: copays for medicine, eyecare, dental care, Doctors, and insurance premiums)  
 If yes, please list who you pay. **See #63 below if additional space is needed:**

Name of Provider	Telephone #, Fax # or email address	Address if known

11) Are all household members eligible citizens or eligible non-citizens?  YES  NO

12) Does your household contain member(s) who do not contend eligible immigration status?  YES  NO  
 If yes, who? \_\_\_\_\_

13) If you are 62 years of age or older as of 1/31/2010 and do not have a Social Security Number, were you receiving HUD rental assistance at another location 1/31/2010?  YES  NO  
 If yes, where? \_\_\_\_\_

14) Do you or any other household member require the features of an accessible unit?  YES  NO  
 If yes, please describe: \_\_\_\_\_

15) Will you or anyone in your household require a live-in aid?  YES  NO  
 If yes, please describe: \_\_\_\_\_

16) Does your household contain or will contain member(s) who are under the age of six (6) years added to the applicant household within the 6-month period prior to the household's date of admission?  YES  NO  
 If yes, who? \_\_\_\_\_

17) Do you pay childcare to work, look for work or go to school?  YES  NO  
 If yes, Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Monthly cost: \_\_\_\_\_

## RENTAL HISTORY

18) Have you or any other member 18 or older been evicted from an apartment or home for any reason?  YES  NO  
 If yes, Explain: \_\_\_\_\_

19) Have you or any other member ever been asked to enter a repayment agreement to refund over payment of assistance due to unreported income?  YES  NO  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_



# Rental Application

- 20) Are you or any other member currently living in Section 8 Housing?  YES  NO  
 If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_  
 Landlords Contact #: \_\_\_\_\_ Address: \_\_\_\_\_
- 21) Do you or any other adult member owe a balance to a current or previous landlord?  YES  NO  
 If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_
- 22) Do you or any other adult member owe a balance to a utility company?  YES  NO  
 If yes, what company? \_\_\_\_\_ Balance owed \$ \_\_\_\_\_
- 23) Are you or any other household member currently homeless, living in a shelter or other non-residential circumstance?  YES  NO  
 If yes, who? \_\_\_\_\_ How long? \_\_\_\_\_

*Please provide 3 to 5 years per RSP, starting with your current landlord. Please fill in all information  
 \*\*If more space is needed for you or other household members, please see #63 below\*\**

<b><u>CURRENT FULL STREET ADDRESS:</u></b>				<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>
<b>CITY:</b>			<b>STATE:</b>	<b>ZIP CODE:</b>		
<b>HOME PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	<b>MOVE IN DATE:</b>	<b>MOVE OUT DATE:</b>		
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT:</b>		
<b><u>PAST FULL STREET ADDRESS:</u></b>				<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>Move in Date:</b>	<b>Move Out Date:</b>	
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT:</b>		
<b><u>PAST FULL STREET ADDRESS:</u></b>				<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>Move in Date:</b>	<b>Move Out Date:</b>	
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT:</b>		
<b><u>PAST FULL STREET ADDRESS:</u></b>				<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>Move in Date:</b>	<b>Move Out Date:</b>	
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT:</b>		
<b><u>PAST FULL STREET ADDRESS:</u></b>				<b>OWN</b>	<b>RENT</b>	<b>OTHER</b>
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>Move in Date:</b>	<b>Move Out Date:</b>	
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT:</b>		



# Rental Application

Please list all states lived for each household member 18 and over:

Name of household member over 18	All states lived

## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

**\*\*If more space is needed for you or other household members, please see #63 below\*\***

24) Are any members of the household employed?  YES  NO

Job 1) Who is employed? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
What Company? \_\_\_\_\_ Phone: \_\_\_\_\_

Job 2) Who is employed? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
What Company? \_\_\_\_\_ Phone: \_\_\_\_\_

Check if there are any additional jobs in the household. (List additional information in section #63 below)

25) Are any members of the household Self-employed?  YES  NO

Who is self-employed? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
What type of work does this person do? \_\_\_\_\_

26) Are any household members receiving payments from an Unemployment Agency?  YES  NO

Who is receiving unemployment benefits? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
What State: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

27) Does anyone in the household receive income from an owned business?  YES  NO

Who owns the business? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

28) Are any household members receiving payments from the Social Security Administration?  YES  NO

Which type:  SS  SSI  SSDI  Other?  
Who receives payments? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Other household member: \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

29) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payments, even if no child support or alimony is being received?  YES  NO

(Case ID # or #'s) \_\_\_\_\_ Ordering State: \_\_\_\_\_  
\*\*\*complete Child Support Affidavit for each child\*\*\* \*\*\*complete Alimony Affidavit if receiving alimony\*\*\*

30) Does any member of your household receive Child Support or Alimony payments that is NOT COURT ORDERED?  YES  NO

(This includes help from children's father or mother for clothes, food, or other monetary items).  
Average Monthly Amount being contributed \$ \_\_\_\_\_  
Name of person(s) contributing \_\_\_\_\_ For Child \_\_\_\_\_  
Name of person(s) contributing \_\_\_\_\_ For Child \_\_\_\_\_  
\*\*\*complete Shared Custody / Child Support Verification form and Zero Income Questionnaire\*\*\*

31) Does any household member receive Public Assistance payments such as TANF or AFDC?  YES  NO  
(Please do not include Food Stamp benefits).

Who is receiving TANF or AFDC benefits? \_\_\_\_\_  
Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_



# Rental Application

- 32) Does any household member receive pay from the military?  YES  NO  
 Who is paid by the military? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
 Which branch of the military? \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
- 33) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?  YES  NO  
 Please check one:  Pension  Annuity  Other Retirement  
 Who receives these benefits? \_\_\_\_\_ What company pays this person? \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
- 34) Does any household member receive severance pay or worker's compensation?  YES  NO  
 Who is receiving severance pay or worker's compensation? \_\_\_\_\_  
 What company pays them? \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
- 35) Does anyone outside of your household provide you with cash or monetary contributions to help pay expenses that a household would normally pay?  YES  NO  
*\*\* If yes, complete the Zero Income Questionnaire.2103ver (b) \*\**  
 What is the name of the person that pays you? \_\_\_\_\_  
 What is their address? \_\_\_\_\_ Phone number? \_\_\_\_\_
- 36) Does any member of your household receive any Educational Financial Aid?  YES  NO  
 Who receives the financial aid? \_\_\_\_\_ Amount per semester? \$ \_\_\_\_\_
- 37) Does any member of your household receive any income not listed above?  YES  NO  
 Who receives the income? \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
 Source of income? \_\_\_\_\_
- 38) Do you or any household member expect any significant changes in income within the next 12 Months?  YES  NO  
 Who expects a change? \_\_\_\_\_ Type of change expected. \_\_\_\_\_
- 39) Do any adult members of your household have zero income?  YES  NO  
 Which adult members have zero income? \_\_\_\_\_

*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

## ASSET INFORMATION

*The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.*

*\*\*If more space is needed for you or other household members, please see #63 below\*\**

- 40) Do any household members have a Checking account?  YES  NO  
**Account 1** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Average balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_  
**Account 2** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Average balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_
- 41) Do any household members have a savings or holiday account?  YES  NO  
**Account 1** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Current balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_  
**Account 2** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Current balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_
- 42) Do any household members have a Money Markey account or CD?  YES  NO  
**Account 1** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Current balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_  
**Account 2** - Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Current balance \$ \_\_\_\_\_ Interest rate \$ \_\_\_\_\_



# Rental Application

43) Do any household members have a Direct Express or any other pay card(s) to receive money on?  YES  NO

Card 1 - Household name on the card: \_\_\_\_\_ Name of card: \_\_\_\_\_

Type of pay card (SS payments, child support, employment unemployment etc.): \_\_\_\_\_

Current balance on card: \$ \_\_\_\_\_

Card 2 - Household name on the card: \_\_\_\_\_ Name of card: \_\_\_\_\_

Type of pay card (SS payments, child support, employment unemployment etc.): \_\_\_\_\_

Current balance on card: \$ \_\_\_\_\_

Check if there are additional accounts of the above types belonging to the household.  
Please list in #63 below.

44) Does any household member have Stocks, Bonds, Mutual Funds, or Capital Investments?  YES  NO

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds

45) Does any household member have Whole or universal Life Insurance?  YES  NO

(life insurance that you can make withdrawals from even if there is not a death. We do not count TERM insurance)

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

46) Does any household member have an IRA, Keogh, 401K, Annuity, or similar retirement account?  YES  NO

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_

47) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K, or Annuity accounts)?  YES  NO

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

48) Does any household member have a Trust Account?  YES  NO

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

49) Does any household member have any Treasury Bills or Government Savings Bonds?  YES  NO

Which household member: \_\_\_\_\_

Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

50) Does any household member own any Real Estate?  YES  NO

(Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

51) Does any household member have personal property that they hold for investment purposes, that they plan to sell at a later date for profit?  YES  NO

(Examples include coin or stamp collections, antique cars, jewelry, etc.)

Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

52) Does any household member have cash on hand or a safe deposit box?  YES  NO

Which household member has cash on hand? \_\_\_\_\_ Amount of cash on hand \$ \_\_\_\_\_

Which household member has a safe deposit box? \_\_\_\_\_ Cash value of contents \$ \_\_\_\_\_

53) Does any household member have any accounts or assets that were not described above?  YES  NO

(Please DO NOT include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? \_\_\_\_\_ Estimated cash value \$ \_\_\_\_\_





# Rental Application

54) In the past two years, has any household member sold or given away any asset(s) for less than they were worth?  YES  NO

(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

Type of asset was sold or given away? \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

How much were you paid for the asset? \_\_\_\_\_ Date asset disposed: \_\_\_\_\_

*Please read each question carefully, answer each question completely and be prepared to verify items checked yes.*

## STUDENT ELIGIBILITY QUESTIONS

**\*\*Student Status includes Elementary through Higher Education\*\***

55) Are ALL members of your household Full-Time students?  YES  NO

56) Will ALL members of your household be full-time students during any 5 months of this year?  YES  NO  
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)

57) Will ALL members of your household be full-time students during any 5 months of next year?  YES  NO

58) Is ANY ADULT member of your household a part or full time student in an institute of higher education?  YES  NO  
If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_

59) Does ANY ADULT member of your household intend to become a student *within the next 12 months*?  YES  NO

If yes, who will be enrolling in school? \_\_\_\_\_ Name of School \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

*Please complete the appropriate Applicant / Resident Student Questionnaire, Certification Forms and Student Affidavits*

## RACE / ETHNICITY QUESTIONS

60) Ethnicity and Racial Data is for statistical purposes only. Providing this information is voluntary.

Race of Head of Household:  I prefer not to answer  White  Black or African American  
 Asian  Alaska Native  American Indian  Pacific Islander  Other

Ethnicity of Head of Household:  Hispanic or Latino  Not Hispanic or Latino  Decline to report

What is your marital status? Married / Single / Divorced / Separated / Widowed (Circle)

## DISPLACEMENT INFORMATION

61) Are you a victim of displacement of government action or a victim of a Presidentially declared disaster?  YES  NO

If Yes, please provide details below:

**Member Names**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Displacement caused by**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Rental Application

## VEHICLE INFORMATION

62) Do you have a vehicle(s)?  YES  NO  
If yes, please provide information:

<b>Make/Model</b>	<b>License Number/State</b>	<b>Year</b>
_____	_____	_____
_____	_____	_____

## MARKETING INFORMATION

63) How did you hear about our community? Resident Referral, Who? \_\_\_\_\_

Yellow Pages   
 News Paper   
 Sign   
 Flyer   
 Brochure  
 Internet   
 Word of Mouth   
 Other \_\_\_\_\_

64) Please use this section for answering questions where you have run out of space in that section.  
(Enter the section heading and number of the question that coincides with your answer)

Section	Number	Answer

## PETS

**Pets are allowed at this property. Pet owners must agree to and follow pet regulations. There is a \$300 pet deposit. Pet's must have all vaccines and be spayed or neutered. Request for an assistance animal must be verifiable and all requests are submitted to the 504 Coordinator for approval before an assistance animal is allowed on site.**

## APPLICANT ACKNOWLEDGEMENT

I/we will inform management of any changes on my/our contact address and telephone number that is given for the head of household on this application.

I/we understand this is necessary to allow management to update the waiting list. If management is unable to reach me/us by telephone after two attempts that management will mail a letter stating that I/we have fourteen days to contact management if I/we are still interested in an apartment home. I/we understand that if I/we do not respond in the time allowed my/our name will be removed from the waiting list.



# Rental Application

## APPLICANT ACKNOWLEDGEMENT CONTINUED

I/we understand I/ we must contact management and update my/our information. This includes changes in telephone numbers, income, and household composition every six months or my/our application will be inactive and removed from the waiting list.

Owner Agents are required to run an Existing Tenant Search for all household members to determine if any household members are currently receiving section 8 assistance. Identity verification reports for all household members within 90 days after initial occupancy. EIV Income Reports for all members 18 and older within 90 days after initial occupancy and at required certifications. For additional information on the Secure System EIV, refer to the *EIV & You* brochure provided by management. I/we understand the above information is being collected to determine my/our household’s eligibility for Federal Assistance as well as eligibility for the program. I/we will provide all information to expedite the approval process in a timely manner. I/we understand that my/our eligibility is contingent on meeting all program requirements and the Resident Selection Criteria. I/we understand this application is subject to approval and does not constitute an agreement to lease and that all information must be verified before this application can be processed.

I/we understand that if selected to move into this property, the unit I/we occupy will be my/our permanent residence.

**Sworn Statement/Certification:** I/we understand and have answered all questions on the Application and Update form. I/we certify that all answers are true to the best of my/our knowledge and understand that any false, misleading, incomplete statements or misrepresentation of information is punishable under Federal Law and may result in rejection of my/our application for housing and or termination of my/our lease agreement.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FAIR HOUSING

The Owner of this Apartment Community does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, sexual orientation, gender identity or marital status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504.

Stephanie Haynes  
Section 504 Coordinator  
DGA Management, LLC  
6305 Kingston Pike  
Knoxville, TN 37919  
Phone: (865) 409-5477



Telecommunications: **Dial 711** (Nationwide number)

**PENALTIES FOR MISUSING CONSENT:** Title 18, Section 1001 of the U.S. Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willing requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negative disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at\*\* 208 (a) (6), (7) and (8). \*\*Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8). \*\*

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# CREDIT, CRIMINAL AND SEX OFFENDER CONSENT FORM

Shallowford Pointe  
2244 Teton Trail  
Chattanooga, TN 37421

<b>PHONE: (865) 409-5477</b>	<b>FAX: (865) 999-7052</b>	<b>TDD: 711</b>
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**A separate form must be completed for each household member 18 years of age and older.**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby give consent to Management of the above-named apartment community to obtain reports and to access any records pertaining to me, which may be on file at any:

- Credit Agency
- Law Enforcement Agency
- City, State or Federal Court
- Local, State or Federal Agency
- State or Local Repository
- State or Local Sexual Offender Registry

I do understand the investigation will include information from law enforcement agencies, credit reporting agencies, and other documents of public records, and these reports will be used in making decisions about my potential tenancy. I hereby authorize any agency contacted to furnish any and all information required. This releases the aforesaid parties from any liability and responsibility for providing the above information at any time.

I further understand that this report will not be used in violation of any Federal or State Equal Opportunity Law or Regulation, and that, if any adverse action is to be taken based on the Consumer Report, a summary of my rights under the Fair Credit Reporting Act will be provided to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**PENALTIES FOR MISUSING THIS CONSENT:** 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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

**Shallowford Pointe does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.**

**The person named below has been designated to coordinate compliance with the nondiscrimination requirements against persons with disabilities.**

**Stephanie Haynes**  
Name  
**6305 Kingston Pike**  
Address  
**Knoxville TN 37919**  
City State Zip  
**(865) 409-5477**  
Telephone - Voice  
**711**  
Telephone - TTY



**STATE SEX OFFENDER  
REGISTRY CHECK**

**ACKNOWLEDGEMENT FORM**

Shallowford Pointe  
2244 Teton Trail  
Chattanooga, TN 37421  
(865) 409-5477  
TDD 711

This property's eligibility criteria, excludes housing to individuals and households with specific types of criminal activity in their history. HUD requires state sex offender registry checks to be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided. The sex offender registration check will be completed on all applicant household members to the extent as allowed by state and local law.

I understand the Dru Sjodin National Sex Offender Public Website will be used as part of the application screening in making decisions about our potential tenancy.

List each applicant household member "fourteen and older" below.

\_\_\_\_\_  
Head of Household Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

NOTE: If during the applicant screening process, it is determined that a member of the applicant household is subject to a state sex offender registry, the application will be rejected. There is an option to rejection of the application. If you and your household wish to live here and receive federal HUD assistance, the applicant household member whose name appears on the state sex offender registry must be removed from the household. Documentation, including but not limited to, legal lease signed by parties; utilities in their name; US Postal service certified mailing address change, etc., must be provided that the household member has moved.

PENALTIES FOR MISUSING THIS CONSENT: 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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).







**VERIFICATION OF ANNUAL INCOME, HOUSEHOLD SIZE, AND UTILITY ALLOWANCE  
BY THE SECTION 8 ADMINISTRATIVE AGENCY FOR SECTION 8 ASSISTED APPLICANTS**

APPLICANT: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAMILY SIZE: \_\_\_\_\_

I authorize the owner/manager of the Low Income Housing Credit property identified below to make inquires regarding my income, household size, and utility allowance for determining occupancy within the guidelines of IRC Section 42. I further authorize the Section 8 Administrative Agency to release a copy of my signed application for rental assistance, and/or any information contained within that application which will verify my eligibility for occupancy.

APPLICANT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO THE SECTION 8 ADMINISTRATIVE AGENCY:**

The applicant identified above has indicated that he/she is receiving Section 8 assistance from your agency. Information provided will remain confidential and will be to determining eligibility for occupancy in a Low Income Housing Credit property as required by IRC Section 42.

OWNER/MANAGER  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This is to certify that the applicant identified above is a recipient of Section 8 Rental Assistance from this Section 8 Administrative Agency. The following information has been verified by the Agency and certified by the applicant.

Family Gross Annual Income: \_\_\_\_\_

Number of Persons in Family: \_\_\_\_\_

Monthly Utility Allowance Calculation for the Unit: \_\_\_\_\_

Signature of Certifying Official: \_\_\_\_\_

Section 8 Administrative Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_