

Oakland Court I Application

*Please return the applications to 402 Keeble Circle, Murfreesboro Tn 37130
Office hours are 8am-12pm and 1pm -3pm Monday – Friday.*

*All applications must be received by the office or post marked by a mailing service
no later than June 15, 2025.*

*The attached form(s) must be completed in its entirety.
Incomplete applications will not be accepted.*

-Each adult in the household must complete their own application.
Applications for each child must be completed by the parent/guardian.

-If any assistance is needed completing the application, please inform the
office.

-Minimum Occupancy standards- One person required for each bedroom or a
eligible reasonable accommodation.

- Prequalification- All applications will be screened to ensure the household
size meets the occupancy standards for that bedroom size. Background
checks and Income eligibility will be determined when applications are being
processed.

-Eligibility requirements are found on the attached Tenant Selection Plan
Summary.

-All changes and updates are the responsibility of the applicant to report to
Oakland Court I. All changes must be done in writing. Changes and updates
will not be accepted over the phone.

-**Preferences**- please ensure you review and check the preferences that refer
to your family. All preferences will be verified when applications are
processed.

Rental Application

	FOR OFFICE USE ONLY
Property Name <u>Oakland Court</u>	Date Received _____
Address <u>402 Keeble Circle</u>	Time Received _____
City/State/Zip <u>Murfreesboro, TN 37130</u>	Received By _____
Phone/Fax <u>615-225-9483 or 711 National Relay</u>	Apt. Size Requested/Qualified for _____

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.

Please complete and attach a separate Rental Application - Member Information form for each household member.

Full Name As on Social Security Card	Date of Birth	Social Security Number	Relationship to Head of Household	Sex*	Are you enrolled as student at an institute of higher education?
			Head of Household		

Options Relationship- Spouse, Co-Head, Daughter, Son, Live in Aide, Foster, etc. Sex are (M)-Male, (F)-Female or (ND)- choose not to disclose

Apartment size being requested (Circle Only One) 2 3

How did you hear about us? _____

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? ☐ Yes ☐ No

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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 use 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status



Rental Application – Member Information
TO BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Head of Household Name _____

Member Name _____

- ☐ Check here if you are not contending eligible immigration status
☐ Check here if you don't have a SSN and you were 62 or older as of January 31, 2010 and part of a HUD Housing program.
☐ This person is considered disabled by a medical professional

Race* (Choose all that apply)

- ☐ American Indian ☐ Alaska Native ☐ Asian ☐ African American ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Other
☐ Choose not to disclose

Ethnicity* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to disclose

Marital Status* ☐ Single (Never Married) ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ***This is for LITCH Purposes ONLY***

**This optional information is gathered for statistical purposes only. It has no role in determining eligibility*

☐ Check here if member address is the same as Head of Household

Physical Street Address _____ Home Phone _____ ☐ N/A

City _____ Work Phone _____ ☐ N/A

State _____ Zip _____ Cell Phone _____ ☐ N/A

Email Address: _____

Is your physical address the same as your mailing address? ☐ Yes ☐ No If No, please provide your mailing address below.

List all states you have ever resided in (regardless of duration) _____

Are you temporarily displaced due to a disaster? ☐ Yes ☐ No

Are you homeless or lacking a fixed nighttime residence? ☐ Yes ☐ No

Do you require an accessible unit due to a disability? ☐ Yes ☐ No

Are you a U.S. military veteran? ☐ Yes ☐ No

BACKGROUND AND CRIMINAL HISTORY

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred.

Sexual misconduct? ☐ Yes ☐ No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? ☐ Yes ☐ No Year _____

Physical crime against a person or persons and/or another person's property? ☐ Yes ☐ No Year _____

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? ☐ Yes ☐ No

Are you currently engaged in illegal drug use? ☐ Yes ☐ No

Have you been convicted of manufacturing methamphetamine? ☐ Yes ☐ No

Are you subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No If Yes, which state? _____



Rental Application – Member Information

RENTAL HISTORY

Complete a Rental History for every household member that is 18 years of age and older

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.

☐ Check here if member address is the same as Head of Household

Current Address Do you rent or own this property? Rent or Own Payment Per Month _____

Apartment Complex Name _____ ☐ N/A

Street Address _____

City, State, Zip _____

Phone Number _____ Move in Date _____

Do you live in subsidized housing? ☐ Yes ☐ No

If Yes, are you currently receiving assistance? ☐ Yes ☐ No

Previous Addresses

☐ Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month _____

☐ Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month _____

☐ Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? ☐ Rent ☐ Own Payment Per Month _____

☐ Check here if member address is the same as Head of Household

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you Rent or Own this property? ☐ Rent ☐ Own Payment Per Month _____



Rental Application – Member Information

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

INCOME

Income source(s) for this member *(indicate gross income before any deductions/garnishments occur)*.

Employment Income ☐ Yes ☐ No If Yes, ☐ Full Time ☐ Part Time Start Date _____ Monthly Amount _____
Employer _____ Employer Phone _____
Full Street Address _____

Additional Employment Income, Other Sources ☐ Yes ☐ No
If Yes, ☐ Full Time ☐ Part Time Start Date _____ Monthly Amount _____
Employer _____ Employer Phone _____
Full Street Address _____

Unemployment ☐ Yes ☐ No
If Yes, Issuing Government Agency _____ Monthly Amount _____

Social Security	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Dual Entitlement	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Claim Number _____
Federal SSI (Disability)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
SSP (State Portion of SSI)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Long/Short Term Disability (Not SSI)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Agency _____
Retirement/Annuity (Regular Monthly payments)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Agency _____
VA Benefit	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Pension	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Child Support	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Case Number _____
Alimony	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
TANF (Not Foodstamps)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Gifts (Not for major life events)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Rental Income	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Business Income	<input type="radio"/> Yes <input type="radio"/> No	Net Monthly Amount _____	
Other	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	

Is anyone helping you with paying bills on a regular basis? ☐ Yes ☐ No Monthly Amount _____



Rental Application – Member Information

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Savings	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
CD	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____
Revocable Trusts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	Ins. Agency _____	Balance _____
Prepaid Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance _____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance _____

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand ☐ Yes ☐ No Amount _____

Do you own real Property (home, land, etc.)? ☐ Yes ☐ No Estimated Market Value _____

Do you own a Non-Necessary Personal Property? ☐ Yes ☐ No Estimated Market Value _____

Have you disposed of any assets for less than fair market value within the last two years? ☐ Yes ☐ No

If Yes, provide date of disposal _____ Amount Received _____ Estimated Market Value _____

EXPENSES

Health and Medical Care, Attendant Care, and Auxiliary Apparatus Expenses

Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? ☐ Yes ☐ No If No, go to the next section

If you answered Yes, only list out-of-pocket expenses the member completing this form pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part D) _____

Monthly prescription copay costs _____

Monthly Medical Insurance _____

Childcare

Is the member completing this form paying expenses for the care of a child under age 13? ☐ Yes ☐ No If No, go to the next section

Does this care allow you to ☐ Work ☐ Seek Employment or ☐ Further your academic or vocational education?

Child Care Provider _____ Monthly Payment _____

List Child provided for _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor _____

Date _____



APPLICANT/TENANT CERTIFICATION & NOTICE

Read each statement below and initial that you understand and agree.

- _____ I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.
- _____ I have read and understand the Tenant Selection Plan, that was provided with the application.
- _____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in occurred, terminate my lease and evict me and my household.
- _____ 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 Management **in writing immediately**.
- _____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
- _____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
- _____ I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, state or local agencies.
- _____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.
- _____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date



TENANCY HISTORY/INFORMATION SHEET

NAME _____

HOME TELEPHONE _____

(Check One)

1. Are you visually impaired? (optional) Yes _____ No _____
2. Are you hearing impaired? (optional) Yes _____ No _____
3. Does anyone in your family need a wheelchair unit? (optional) Yes _____ No _____
5. Will you have any pets? Yes _____ No _____
6. Do you require a service animal or ESA? Yes _____ No _____
7. Have you or any member of your household live or have lived in subsidized housing?
- Yes _____ No _____

If yes, give name of agency and address _____

8. Has anyone on this application been evicted from a rental unit within the last five (5) years?
- Yes _____ No _____



(APPLICATION)
REQUEST FOR REASONABLE ACCOMMODATIONS
APPLICANT/RESIDENT

I (Applicant/Tenant), _____ request that reasonable accommodations are made in order for me to accurately complete the application/re-exam process. I do hereby certify that without the reasonable accommodations requested I will not be able to complete my application/reexamination.

- 1) ___ Translator (language) 1a) Type (English, French, Spanish, etc.) _____
- 2) ___ Sign language interpreter (hearing impaired)
- 3) ___ Power of Attorney
- 4) ___ Brail or bold print (vision)
- 5) ___ Other _____
- 6) ___ No accommodation requested/needed

Applicant/Resident's Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.



Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

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.

Attachment to forms HUD-9887 & 9887-A (02/2007)

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.): 235 Cumberland Bend, Suite 200 Nashville, TN 37228	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Murfreesboro Housing Authority 415 N. Maple Street Murfreesboro, TN 37130	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.): Tennessee Housing Development Agency (THDA) 502 Deaderick St FL 3, Nashville TN 37243
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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 verify 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: GTD 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 Barter 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.

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 circum-

stances, 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.

Kaleena Sierra

Name of Project Owner or his/her representative

Community Manager

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.

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 HUD-9887/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

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)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

Form HUD- 92006 (05/09)



Citizenship Declaration

Property Name: Oakland Court

Contract Number: TN43RD00028

Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Sex: Male / Female / No Answer Social Security #: _____
(Circle One) (If Applicable)

Nationality: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(print or type first name, middle initial, last name)

(print or type first name, middle initial, last name)

SECTION 1

☐ **1. A CITIZEN OR NATIONAL** of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child**

Signature _____

Date _____

SECTION 2

☐ **2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child**

Signature _____

Date _____

Citizenship Declaration

Property Name: Murfreesboro Housing Authority Contract Number: _____

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

- ☐ **3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

AND

- b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

- (a) "Admitted as Refugee Pursuant to section 207";
- (b) "Section 208" or "Asylum";
- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension section below.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

☐ **Check box if adult is signing for child** _____
Signature Date

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204

Oakland Court

TN43RD00028

402 Keeble Circle
Murfreesboro, TN 37130

Name of Property

Project No.

Address of Property

Murfreesboro Housing Authority

Section 8

Name of Owner/Managing Agent

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*	One or More
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.

____ Choose not to disclose

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 in compliance 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 provided 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 not require any special protection.

Oakland Court
402 KEEBLE CIRCLE, MURFREESBORO, TN 37130

LOCAL PREFERENCE ELECTION

PREFERENCE **ALL PREFERENCES CHECKED WILL BE VERIFIED WHEN PROCESSING APPLICATION**

ELECTION

Head/Co-Head/ Spouse Elderly(62) or persons with disabilities who are residents of Rutherford county

Applicants with an Head/Co-Head/ Spouse who is a resident of Rutherford County **and** employed in Rutherford County or the surrounding counties and employed full-time (30 hours/week or more) **and** whose employment must have been held continuously for a minimum of six (6) months within the twelve (12) month period prior to the time the preference is claimed and if not current, the employment was terminated solely due to an involuntary layoff of the employee by the employer. (Employed means where the head, spouse, or sole member is employed by a third party for at least minimum wage for a minimum of thirty (30) hours a week for a minimum of the six (6) months within the twelve (12) month period prior to the time the preference is claimed).

Applicants who are victims of domestic violence as defined by the Violence Against Women's Act (VAWA) and have documentation to support such.

Applicants who Head/Co-Head/ Spouse are homeless verifiable through a support organization for homeless persons

Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. (ex-Tornados, Hurricane)

Any applicant who does not meet the definitions in the above preference categories, 1, 2, or 3, or is not receiving housing assistance under a federally subsidized housing program.

All other applicants by date and time of application

I CERTIFY THAT THE ABOVE ELECTION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

SPOUSE/OTHER ADULT SIGNATURE

DATE

OTHER ADULT SIGNATURE

DATE

OTHER ADULT SIGNATURE

DATE



ACKNOWLEDGMENT OF RECEIPT

THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF OAKLAND
COURT I TENANT SELECTION PLAN.

HEAD OF HOUSEHOLD

DATE

Oakland Court

TENANT SELECTION PLAN SUMMARY

The detailed Tenant Selection Plan is offered to anyone that would like to have it. Please contact our office if you would like a copy.

Murfreesboro Housing
Authority Managing
Agent

Affordable Housing Tax Credit Property

Fair Housing and Equal Opportunity Requirements

It is the policy of the property to abide by all Federal laws regarding Fair Housing and Equal Opportunity Requirements. These practices apply to accepting and processing application, selecting tenants from the waitlist, assigning housing, and certifying/recertifying eligibility for assistance. Reasonable accommodations for individuals with disabilities will be made.

Qualifying for Admission

Only qualified families will be admitted. Qualified individuals, families as defined in the TSP, must be income eligible for the program for the family size, family social security numbers and citizenship status have been verified, and student status has been determined eligible for the family.

All adults are subject to a credit check, criminal background check, and verification of landlord references. The applicant will be judged on past habits and practices, and are able to comply with essential lease provisions and any other rules governing tenancy.

Occupancy Standard

A two person per bedroom standard is applied to avoid overcrowding. Guidelines in the HUD 4350.3 Chapter 3 Section 3-23 are followed. Bedrooms will be provided to all household members except adult children on active military duty, permanently institutionalized family members, and visitors/guest.

Waiting List Procedure

Applications are considered received when the office is given a completed and signed application. The application will be date and time stamped. Applications will go on the waitlist by bedroom size, preferences, and date and time of the receipt of the application.

Applicants will be removed from the waitlist if the:

- applicant requests to be removed
- applicant failed to provide documentation of continued interest

Oakland Court

- property has made several attempts to contact applicant unsuccessfully
- applicant is not qualified
- applicant failed to provide required/requested documentation
- the applicant rejected two (2) unit offers. If the applicant rejects a unit offer, the applicant will be placed on the bottom of the waitlist. if an applicant rejects a second offer, the applicant will be removed from the waitlist.

Preferences and Resident Selection

Preferences must be met before an applicant is selected to move in. Preferences will be evaluated when they are certified. Preferences are listed in the application.

Verification Requirements

All information listed in the application will be verified to determine eligibility. Acceptable forms of verification can be found in the HUD 4350.3 appendix 3. Any verification information provided by the applicant that proves to be untrue may be used to disqualify the applicant on the basis of attempted fraud.

Victims of Domestic Violence

Applicants may not be denied admission or evict a resident if they were a victim of domestic violence, dating violence, sexual assault, or stalking. Eviction can occur if there is an imminent threat to other tenants or staff. Procedure and definitions can be found in the detailed TSP.

Applicant Screening

The following is screened:

- Income eligibility- family income must be within the HUD income limits Household size meets occupancy standards
- Credit screening- past performance of meeting financial responsibility
- Landlord Verification- meeting financial responsibility, disturbances, destruction, and housekeeping habits
- Evictions
- Debts owed to MHA or other Housing Agencies
- Criminal Background - State and Lifetime Sex Offenders will not be admitted. Record of Five (5) years will be screened for all adult family members. Offenses screened will be violent crimes, sexually oriented offenses, gang violence, burglary, robbery, abuse/assault battery, murder/homicide, arson and other indictable offenses. Drug activity reported in the last five (5) years will result in denial of the application.
- Existing Tenant Search- A current resident of subsidized housing agency is unable to move into another housing agency unless properly moved out first.

Oakland Court

Reasonable Accommodations

It is illegal to reject an applicant because they have a disability, or for reasons that could be overcome by the property making a reasonable accommodation of the applicant's disability. If, even with reasonable accommodation, applicants with disabilities cannot meet essential program requirements, it is permissible to reject them.

Rejection of ineligible or unqualified applicants

Applicants who do not pass the eligibility or screening criteria will be sent a rejection letter. The letter will include the reason(s) for rejection. Such applicant's will be notified of their right to schedule an informal meeting within 14 days of the receipt of the letter to discuss the rejection and present additional information. The meeting will be conducted by a representative who is not staff who processed the application.

Acceptance and move-in eligible and qualified applicants

Rents will be determined in accordance with HUD 4350.3 regulations, IRS Section 42 regulations, and State Law. An available unit will be offered to the household at the top of the waitlist. The offer will be cancelled after five (5) business days of being unable to contact applicant and offer will go to the next applicant. The first family will be sent a letter requesting confirmation of its interest in remaining on the waiting list. A negative response will result in the applicant being withdrawn after five (5) business days.

Move in process

During the move in process:

- All adults must be present and sign all necessary documents
- Move-in Inspection will be completed and signed as well as an orientation of the property/unit.
- Applicant will provide verification Utilities have been transferred to their name, if applicable
- Applicant will pay the security deposit, Pet deposit if applicable and first month's rent.
- Applicant will receive a copy of the lease and other policies attached. Applicant will be given the keys