



Moderate Rehabilitation Applications are Taken Monday through Friday starting at 7:30 a.m. taking only the first Twelve applicants each day

To apply for rental assistance and to expedite the process of your application, you must provide KCDC with the following items at the time of your interview with a KCDC representative:

- **Verification that you qualify for no more than a two bedroom unit**
- **Social Security card or letter from the Social Security Administration office verifying the social security number for each household member**
- **Birth Certificate for all family members**
- **Proof of income received by each household member.**

Example:

- **Recent check stubs**
- **Statement from DHS, Social Security, Administration, Veterans Administration, Juvenile Court**
- **Signed statement from person paying child support**
- **Receipts from self employment, including babysitting, lawn mowing, donating plasma, collecting cans**
- **Bank statement showing balance and interest rate**





SECTION 8 DIVISION

400 Harriet Tubman Street • Knoxville, TN 37915
865.403.1258 • Fax 865.594.8790
800.848.0298 (Tennessee Relay Center)
www.kcdc.org

Citizenship Letter

Dear Applicant:

KCDC is required to inform you of Section 214 of the Housing and Community Development Act of 1980, as amended, which prohibits HUD from making financial assistance available to persons other than U.S. citizens, nationals, or certain categories of eligible noncitizens. The Noncitizens Rule, entitled Restrictions on Assistance to Noncitizens, was published in the Federal Register on March 20, 1995, and became effective on June 19, 1995. The rule applies to the Section 8 Rental Voucher and Moderate Rehabilitation Programs and Public and Indian Housing Programs.

In order to be eligible to receive housing assistance, each member of your household must be lawfully within the U.S. You will be asked to declare your citizenship during your application interview. Each family member, regardless of age, is required to submit the following evidence:

- For Citizens or Nationals: a signed declaration of U.S. citizenship (whether by birth or naturalization). No further documentation or verification is required.
- For Noncitizens (Eligible Immigrants) who are 62 years of age or older and were residents of a covered program (receiving housing assistance) on June 19, 1995: a signed declaration of eligible immigration status and proof of age; no further documentation or verification is needed.
- For All Other Noncitizens: (1) a signed declaration of eligible immigration status; (2) a signed verification consent form; and (3) the HUD required INS documents. (If you need more information on what immigration status is eligible and what INS documents are acceptable, ask the KCDC staff will verify INS status.

If a family member declares they are ineligible or chooses not to declare citizenship status, the head of household or spouse will sign the "Listing of Non-Contending Family Members" form. KCDC will not verify INS status.

Eligibility of assistance will be evaluated after your family type has been determined.

The family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

Three forms of appeal process are available. If you want more information on the appeal process or on the noncitizen law, let the KCDC staff know.



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An Equal Opportunity Employer

Alvin J. Nance
President/Chief Executive Officer

Certification of Application Information

I certify:

1. the information* given to Knoxville's Community Development Corporation (KCDC) by the household of _____ regarding household composition, income, net family assets, allowances and deductions has been verified as required by federal law;
2. the family was eligible at admission; and
3. the family has certified that it has given our agency accurate and complete information.

KCDC Representative

Date

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.





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Applicant/Tenant Certification Of Application Information

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify the following:

- an understanding of the questions asked to determine eligibility for housing
- the information*given to Knoxville's Community Development Corporation (KCDC) about household composition, income, and net family assets and allowances, and deductions is accurate and complete
- agreement for changes to be made to the application by KCDC based on verification of the information I/we provide
- an understanding that false statements of information are punishable under federal and state law, (T.C.A. section 39-14-104), termination of housing assistance and tenancy, AND make me/us ineligible in order to be on file for another type of housing.

Signature of Head of Household

Date

Signature of Spouse

Date

Other Adult Household Members:

Date

Date

Date

Date

KCDC Interviewer

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 800-424-8590. (Within the Washington D.C. Metropolitan area, call 426-3500).

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Date Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.





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Authorization to Release Records and Information

TO WHOM IT MAY CONCERN:

Please be advised that **KNOXVILLE'S COMMUNITY DEVELOPMENT CORPORATION** and any employee or agent thereof is authorized to inspect and copy or be furnished copies of any: (a) employment or unemployment records (other than salary and wage information which is subject to a separate authorization); (b) Social Security Administration records; (c) Department of Human Services records; (d) utility records; (e) police and sheriff's department records; (f) Veterans Administration records; (g) juvenile and circuit court records; (h) homeless shelter records; (i) child care provider records; (k) social worker records; (l) parole officer records; (m) drug treatment center records; (n) records from any landlord and all other records of any description or nature whatsoever from any agency or source which relate to the undersigned or to any minor child of the undersigned and which Knoxville's Community Development Corporation determines are necessary to permit it to determine the initial or continuing eligibility of the undersigned to receive benefits or the grant or denial of a federal preference under any public housing or Section 8 housing program or the level of benefits available to the undersigned under such program.

This authorization shall be considered as continuing, and you may rely on it in all respects unless you have previously been advised by me in writing to the contrary. It is expressly understood by the undersigned and you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though the original had been presented to you.

Dated this _____ day of _____, _____

Head of Household

Other Member Over 18

Spouse

Other Member Over 18



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Knoxville's Community Development Corporation
P. O. Box 3550
Knoxville, TN 37927-3550

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever 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:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



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Housing Selection Preferences

Knoxville's Community Development Corporation's (KCDC) housing selection preferences for Section 8 Housing Choice Voucher Program are listed below. It is the applicant's responsibility to provide sufficient documentation to establish qualification for the requested housing selection preference. Please review the following categories and select the one that applies to your situation.

1. Displaced by Government Action

Government Action (public improvement/development program)

Disaster (fire, flood, storm, etc., pursuant to federal relief laws)

Government department that can verify this information:

Name: _____

Address: _____

2. Involuntarily Displaced

Displaced (in need of immediate shelter by reasons of extreme hardship due to no fault of the family)

It is the applicant's responsibility to document to KCDC's satisfaction that the condition of being without or about to be without housing is caused by circumstances beyond the family's control.

Social service agency, government department, or property owner who can verify this information:

Name: _____

Address: _____

3. Substandard Housing

Substandard housing (dwelling that is unsafe, unsanitary, overcrowded, structural condition, or lack of utilities)

Homeless (without a fixed nighttime residence or staying in a supervised shelter)

Social service agency, government department, or property owner who can verify this information:

Name: _____

Address: _____

4. Disabled

A disabled family as defined in HUD regulations – a family whose head, spouse, or sole member is disabled.

Applicant Signature

Date



Knoxville's Community Development Corporation (KCDC)

MODERATE REHABILITATION - SUPPLEMENTAL APPLICATION FORM

Name: _____ Social Security Number: _____ Phone No.: _____

Emergency Contact Name: _____ Phone No.: _____

List all household members. (You must have custody of all minor children listed on application.)

Legal Name	Race	Social Security No.	Birth Date	Relationship

Current Address _____
(Street) (City) (State) (Zip Code)

Have you lived in Knox Co. for the past 12 months? Yes ___ No ___

Have other adults on this application lived in Knox Co. for the past 12 months? Yes ___ No ___

If no, list which adult(s). _____

Have you or any household member on this application ever received housing assistance from KCDC (i.e., Public Housing, Housing Voucher, Mod Rehab, Mechanicsville, and Passport-Hope 6)? _____ When? _____
 Where? _____ Do you currently owe KCDC money? Yes ___ No ___

Are you currently living in KCDC housing (Public Housing, Housing Voucher, Mod Rehab, Mechanicsville, or Passport-Hope 6)?
 If yes, where? _____

Have you ever been evicted from any KCDC Housing Program? _____ Where? _____
 Reason: _____

Have you ever received EID (income not counted for rent)? _____ When? _____ Where? _____

Marital History: Head _____ Separated _____ Divorced _____

Marital History: Spouse _____ Separated _____ Divorced _____

All applicants are checked through Knoxville's Police Department for criminal records. The Federal Government prohibits KCDC from providing assisted housing to individuals who have engaged in drug related or violent criminal activity. Do you or any member of your household have a criminal or drug related police report?
 Yes No

Are you or anyone in your household subject to a lifetime registration requirement under the sex offender registration program? **Failure to respond to this question may jeopardize the approval of the application.**
 Yes No **If yes, list family member** _____

WARNING: Intentional misrepresentation of family composition, income, present, or past tenant history, family allowances and deductions, or any other information affecting eligibility, will result in the family being declared ineligible. In the event the misrepresentations are discovered after admission, the lease will be terminated for such misrepresentation. False statements of information are punishable under federal and State law (T.C.A. section 39-14-104) and termination of housing agency.

NOTE: If you or anyone in your family is a person with disabilities, and you require a special accommodation in order to fully utilize our programs and services, please contact a KCDC staff member.

Signature _____

Date _____

Spouse/Other Adult _____

Date _____



1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully 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, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under §101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 OR 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. Permanent residence under §249 of INA. A non citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) for the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
7. Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
8. Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "v" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "v" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.