

If one or more preferences below apply to your situation and you have the verification that is required, please submit your preference verification to:

KCDC's Main Office at 901 N. Broadway Knoxville, TN 37917 so that the preference(s) may be added to your pre-application.

Ways to submit your preference verification:

Mail to KCDC's Main Office 901 N. Broadway Knoxville, TN 37917 to the attention of the Admissions Department

Email to admissions@kcdc.org. Fax to (865) 594-0271

Preference Definitions and Required Verifications:

Governmental Action/Involuntarily Displaced - You have lost your home due to one of the following issues: a disaster, housing owner action, no longer accessible, domestic violence. Verifications needed include: a letter on a social service or government agency's letterhead verifying that you have been displaced, due to no fault of your own, for one of the reasons listed above. For domestic violence, you may also complete a HUD self-certification at KCDC's Main Office or we can send one to you. Please email admissions@kcdc.org or call KCDC Admissions at (865) 403-1100, if you need a self-certification form sent to you.

Homeless/Elderly/Disabled - The Head of Household, Spouse or Co-Head of Household is Elderly (62 or older) and/or Disabled **AND** Homeless. Verifications needed include at least one of the following to verify disability: **1)** a letter from the Social Security Office showing the disability benefits issued to one of the above household members; **2)** a KCDC Disability Verification Form signed by a physician, or **3)** a letter from a physician declaring that one of these household members is disabled. **AND** a letter verifying your homeless status on a social service agency's letterhead.

Disabled - The Head of Household, Spouse or Co-Head of Household has a disability. Verifications needed include: **1)** a letter from the Social Security Office showing the disability benefits issued to one of the above household members; **2)** a KCDC Disability Verification Form signed by a physician, or **3)** a letter from a physician declaring that one of these household members is disabled.

Working - You work at least 20 hours or more per week. Verification needed includes: a recent pay check stub or a letter on your employer's letterhead.

Homeless - You lack a regular or fixed night time residence and are living in a shelter or other homeless circumstances that can be confirmed by a recognized social service agency. Verification needed includes a letter verifying your homeless status on a social service agency's letterhead