



MARYVILLE HOUSING AUTHORITY APPLICATION

311 ATLANTIC AVE MARYVILLE, TN 37801

OFFICE HOURS: 8-5 MONDAY-THURSDAY PHONE: (865) 983-4958 FAX: (865) 984-7513

www.mhatn.com

TODAY'S DATE _____

For Office Use Only
Date Received:

Applications are filed by date and time received by MHA. FAILURE TO COMPLETE ALL SECTIONS OF APPLICATION MAY RESULT IN DENIAL OF ASSISTANCE

✓ **SELECT THE PROGRAM(S) YOU ARE APPLYING FOR: All MHA Developments are Non-Smoking Units**

___ **PUBLIC HOUSING** (All MHA development Parkside, East Park, McGhee Terrace)

___ **BROADWAY TOWERS** (Elderly & Disabled/Handicapped High-Rise Complex. You must be 62 yrs of age or disabled)

___ **MARYVILLE TOWERS MULIFAMILY** (Elderly & Disabled/Handicapped High-Rise Complex. You must be 62 yrs of age or disabled)

___ **HOUSING CHOICE VOUCHER** (Section 8)

❖ Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this application. MHA does not discriminate based on race, religion, sex, handicap, familial status, or national origin.

❖ BROADWAY TOWERS & MARYVILLE TOWERS are NON-SMOKING facility.

❖ Rent is based on 30% of the adjusted income.

❖ Tenant are required to pay a security deposit upon moving.

❖ Person with disabilities who need to request reasonable accommodation to participate in the application process may contact Maryville Housing Authority

HOUSEHOLD COMPOSITION: PLEASE PRINT CLEARLY

LIST YOURSELF AS HEAD OF HOUSEHOLD then all other persons who shall reside in the residence with you, if more space is needed please attach an additional sheet.

FULL NAME (AS APPEARS ON SS CARD)	RELATION TO HEAD	AGE	DATE OF BIRTH mm/dd/yr	RACE (Optional)	SEX M/F (Optional)	SOCIAL SECURITY NUMBER
1. Head (Your Name)	self					
2. Spouse or Co-Head (Leave Blank if none)						
3. Other Adult or Child						
4. Other Adult or Child						
5. Other Adult or Child						

ADDRESS: All applicants must provide a mailing address. Do not use "homeless" as a mailing address

(If your mailing address changes you will need to update your information. Changes will only be accepted in person or by mail at the above address)

YOUR CURRENT STREET ADDRESS	CITY	ST	ZIP

MAILING ADDRESS IF DIFFERENT	CITY	ST	ZIP

YOUR PHONE NUMBER	MESSAGE NUMBER	CELL NUMBER	E-MAIL ADDRESS

HOUSEHOLD INCOME: List all income from each household member who will live in your unit.

NAME	MONTHLY Social Security	MONTHLY SSI	WAGES (Include name of employer)	MONTHLY RETIREMENT	MONTHLY CHILD SUP.	OTHER _____
	\$	\$	Employer: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> weekly <input type="checkbox"/> hourly- # hours worked per week	\$	\$	\$
	\$	\$	Employer: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> weekly <input type="checkbox"/> hourly- # hours worked per week	\$	\$	\$

THE INFORMATION BELOW IS ONLY REQUESTED TO COMPLY WITH EQUAL OPPORTUNITY REQUIREMENTS

ETHNICITY OF HEAD OF HOUSEHOLD (Optional)	DO YOU WISH TO CLAIM DISABILITY STATUS?	ANY OTHER HOUSEHOLD MEMBER WISH TO CLAIM DISABILITY STATUS
<input type="checkbox"/> HISPANIC <input type="checkbox"/> NONHISPANIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES WHO:	IF YES WHO:

Person with disabilities who need to request reasonable accommodation to participate in the application process may contact Maryville Housing Authority.

ARE YOU CURRENTLY ENROLLED IN A HOUSEHOLD SELF SUFFICIENCY PROGRAM WITH A CERTIFIED BLOUNT COUNTY AGENCY?	IF YES, AGENCY'S NAME:
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you or any household member ever been arrested? Yes No **If yes, complete the following:**

HOUSEHOLD MEMBER NAME	CHARGES: (ATTACH A SEPARATE SHEET IF NEEDED)	CONVICTED?	ARREST DATE	COUNTY	STATE
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			

Certification of Domestic Violence, Dating Violence or Stalking. Does not apply to me _____ Does apply to me _____

HOUSEHOLD ASSETS: List all Financial Assets held by each household member listed who will live in your unit.

List each Bank or institution on a separate line.

HOUSEHOLD MEMBER NAME	NAME OF BANK OR FINANCIAL INSTITUTION	CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER	INVESTMENT ACCOUNT TYPE & NUMBER	MONEY MARKET AMOUNT	CD AMOUNT
					\$	\$
					\$	\$

PROPERTY: List all property and vehicles owned by each household member listed who will live in the unit.

HOUSEHOLD MEMBER NAME	PROPERTY ADDRESS	TYPE:	PROPERTY VALUE	VEHICLE TYPE & HOW MANY
		<input type="checkbox"/> HOUSE <input type="checkbox"/> LAND <input type="checkbox"/> OTHER	\$	<input type="checkbox"/> CAR # _____ <input type="checkbox"/> TRUCK _____ <input type="checkbox"/> OTHER _____
		<input type="checkbox"/> HOUSE <input type="checkbox"/> LAND <input type="checkbox"/> OTHER	\$	<input type="checkbox"/> CAR # _____ <input type="checkbox"/> TRUCK _____ <input type="checkbox"/> OTHER _____

REFERENCES:

<u>CURRENT</u> LANDLORD NAME	PHONE NUMBER	RENT AMOUNT	SUBSIDIZED?	OWE MONEY
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>FORMER</u> LANDLORD NAME	PHONE NUMBER	RENT AMOUNT	SUBSIDIZED?	OWE MONEY
PERSONAL REFERENCE	PHONE NUMBER	ADDRESS	RELATIONSHIP	
PERSONAL REFERENCE	PHONE NUMBER	ADDRESS	RELATIONSHIP	

Have you or any member of your household ever lived in subsidized housing? No Yes. If yes, fill in information below:	
<input type="checkbox"/> <input type="checkbox"/>	
Name on Lease _____	Address _____
Housing Authority or Apartment Complex name _____	
Move Out Date _____	Evicted? _____ Do you owe them any money? _____ How Much \$ _____

I do hereby certify the information I provided on this application is true and complete to the best of my knowledge. I also authorize Maryville Housing Authority to make inquiries to verify the information I have provided including but not limited to criminal background screening through a 3rd party(s).

Signature of Head of Household _____ Date _____

Spouse/Co-Head Signature _____ Date _____

Other Adult (18 OR OLDER) Signature _____ Date _____

WARNING: Intentional misrepresentation of household composition, income, present or past tenant history, household allowances and deductions, criminal history, or any other information affecting eligibility, will result in the household being declared ineligible. In the event the misrepresentation is discovered after the 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 tenancy. Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.