

Oak Ridge Housing Authority

Application for Housing Assistance

For the Public Housing and Section 8/Housing Choice Voucher Programs

STEP 1:

COMPLETE THE APPLICATION AND GATHER THE FOLLOWING DOCUMENTS:

- BIRTH CERTIFICATES FOR EVERY HOUSEHOLD MEMBER
- SOCIAL SECURITY CARDS FOR EVERY HOUSEHOLD MEMBER
- PROOF OF ALL INCOME FOR EVERY HOUSEHOLD MEMBER
- PHOTO ID'S FOR EVERY HOUSEHOLD MEMBER 18 YEARS OLD AND OLDER

STEP 2:

MAKE AN APPOINTMENT: CALL 865-482-1006 EXT. 122

We want to make sure someone is available to help you when you bring your application back. All applicants are required to have an interview in order to be placed on the waiting list. You must have all documents listed in Step 1 in at your interview. If you don't, you may be told that you will have to reschedule your interview.

OTHER IMPORTANT INFORMATION:

WE WORK FROM A WAITING LIST: We do not have emergency housing. If you are eligible, we will help you as soon as possible.

WE DO CRIMINAL BACKGROUND CHECKS: If you have a criminal background, report it on your application.

IF YOU ARE APPLYING FOR PUBLIC HOUSING:

WE CHECK CREDIT REPORTS: If you have outstanding bills with landlords or utility companies, work with your creditors on a payment plan BEFORE your name comes to the top of the waiting list.

WHEN WE HAVE A VACANCY, WE FILL IT AS SOON AS POSSIBLE.

Please try to have your deposit money set aside, so that you will not be delayed in receiving housing. Here is what you will need in order to sign a lease for an apartment in Public Housing:

- 1) Security Deposit---\$200.00
- 2) Pro-rated rent---we will be able to tell you this amount when we let you know that we have an apartment available for you.
- 3) Utility Deposits---You will need to check with ORUD (483-1377) to have gas turned on and the City of Oak Ridge for the electricity, water and sewer (425-3400). Depending on your credit score there may be utility deposits required these can range from \$100-\$600.



OAK RIDGE HOUSING AUTHORITY APPLICATION

10 VAN HICKS ROAD OAK RIDGE, TN 37830
OFFICE HOURS: 8:30-12 1:00-5 MONDAY, TUESDAY, THURSDAY, FRIDAY 8:30-12 WEDNESDAY
PHONE: (865) 482-1006 FAX: (865) 482-2463

TODAY'S DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE ENTERED: _____

APPLIED FOR : SECTION 8 /HCV PUBLIC HOUSING
APPLICATION NUMBER: _____

Applications are filed by date and time received by ORHA.

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

PUBLIC HOUSING

HOUSING CHOICE VOUCHER (Section 8)

❖ Applications are placed in order of date and time received. Applications are accepted by appointment only. Appointments can be made by calling 865-482-1006 ext. 122. ORHA does not discriminate based on race, religion, sex, handicap, familial status, or national origin.

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

❖ Tenant are required to pay a security deposit of \$200 upon moving.

❖ Person with disabilities who need to request reasonable accommodation to participate in the application process may contact Oak Ridge 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	SEX M/F	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.)

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	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 Oak Ridge Housing Authority.

ARE YOU CURRENTLY HOMELESS AND WORKING WITH A LOCAL SERVICE PROVIDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AGENCY'S NAME:
FOR OFFICE USE ONLY:	<input type="checkbox"/> Elderly/Disabled/Working <input type="checkbox"/> Permanently Laid Off <input type="checkbox"/> Currently in Subsidized Housing	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced by Government Action <input type="checkbox"/> Displaced from HCV Reduction
		PH Preference: _____ Bedroom Size: _____ S8 Preference: _____

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

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 Oak Ridge 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.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

OMB Approval No. 2577-0249
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

ACCESSIBLE LIVING CONDITIONS

1. PLEASE PUT AN "X" BY ALL OF THESE THINGS THAT YOU HAVE OR NEED IN YOUR HOME.

- DESIGNATED HANDICAPPED PARKING SPACES
- BETTER ACCESS TO PARKING, ETC.
- CURB RAMPS OR CURB CUTS
- RAMPS AT ENTRYWAYS
- WIDER ENTRANCES
- WIDER DOORWAYS
- WIDER HALLWAYS
- CONTROLS (SUCH AS LIGHT SWITCHES) THAT ARE EASIER TO REACH
- ADEQUATE FLOOR SPACE FOR WHEELCHAIR TO MOVE AROUND
- GRAB BARS AT BATHTUB
- GRAB BARS AT TOILET
- LOWER BATHROOM SINK
- LOWER BATHROOM MIRROR
- LOWER KITCHEN CABINETS AND COUNTERS
- LOWER RANGE OR COOKTOP

PLEASE LIST ANY OTHER ACCESS FEATURES THAT WOULD BE OF BENEFIT TO YOU.

2. PRESENTLY, DO YOU NEED ANY OF THE FOLLOWING AIDS TO HELP YOU GET AROUND YOUR HOME?

- WHEELCHAIR
- CRUTCHES
- WALKER
- OTHER (PLEASE LIST) _____

3. I DO NOT NEED SPECIAL AIDS TO GET AROUND MY HOME.

SIGNATURE

DATE