

Name: _____

SUPPORTING DOCUMENTATION FOR RE-EXAMINATION

HUD requires an Annual Review of your household information. Please put a check mark beside each item that pertains to your household. You MUST provide ALL updated documentation for your household that is marked for your household with your recertification packet. Failure to do so could result in termination of your assistance.

INCOME: (Social Security amounts are typically on EIV reports, unless we contact you for a printout, you don't have to provide one)

Paystubs (last 4-6 weeks consecutive stubs) **Child Support (State and case number, award letter,**

Families First or letter from support parent)

Pension Award Letters Unemployment Benefit Letter

Unemployment Zero Income Checklist (support from family/friend)

Military /VA Benefits Other: _____

CHILD CARE

Written statement from childcare provider documenting weekly/monthly out of pocket expenses.

ASSETS

Bank Statements (Most recent bank statement - all accounts, CD's, IRA, etc.)

Whole Life Insurance Policies (with cash surrender value or schedule included)

Real Estate (if you own property)

MEDICAL

Last 12-month printout from Pharmacy/Physician showing out of pocket expenses (only disabled and/or over age 62) Bills that do not show the actual payment received by the provider can not be used. HUD requires proof of payment from the Pharmacy or Provider.

SCHOOL ENROLLMENT

Student status and financial documentation (for household members over 18 years of age)

OTHER

Failure to provide this information could result in the loss of your assistance. If you have any questions, please call us at (423) 586-5115 ext. **8009**.

Please return to the attention of:

Public Housing or

Section 8



Tennessee Valley Housing Authority

P.O. Box 497

Morristown, TN 37815-0497

Important: Verify Your Email in the Tenant Portal

To ensure you continue receiving rent payment confirmations and other important notifications, please take a moment to verify that your email address on file is still valid. If your email inbox is full or inactive, you may not receive important updates.



1 Log in to your Tenant Portal at tvhstn.org or scan the QR code provided.



2 Navigate to the "Tenant" Tab in the portal menu.

3 Click on "Update Contact" (as shown in the image on the left).

Tennessee Valley Housing Services

Update My Information

Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Tennessee
Zip-Code	<input type="text"/> 00000-0000
E-mail	<input type="text"/>
Cell Phone Number	<input type="text"/> (000) 000-0000
Home Phone Number	<input type="text"/> (000) 000-0000

4 The update screen (shown on the right) will appear.

5 Review and update your information, including your email address.

6 Click "Submit Changes" to save your updates.

By keeping your contact details up to date, you ensure seamless communication and timely rent payment confirmations. Thank you for your attention to this matter!



SECTION 8 PERSONAL DECLARATION

Head of Household: _____ **Phone:** _____

Phone: _____

Mailing Address (City, State, Zip): _____

Email address: _____

You must use the correct legal name for each member of your household. All adult members of this household must sign below certifying the information pertaining to them. **PLEASE PRINT** in blue or black ink only.

List all persons who will be living in your home (include yourself). Children listed must live in the household at least 50% of the time (documentation will be required).

Adults (18 years and older - legal name as listed on Social Security Card)	DOB	Relationship to Head of Household	Social Security Number	Race & Ethnicity

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Workers Compensation, Retirement Benefits, Food Stamps, Families First, Veteran's Benefits, Rental Property Income, Stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Employer or Agency income is received from	Income Type	Monthly Income

ASSETS: List all checking, savings for all household members (including online bank accounts, IRAs, stocks, bonds, Keogh accounts, and CODs

Household Member	Financial Institution	Type of Asset	Current Balance

MEDICAL EXPENSES (Elderly, Handicapped, or disabled families only): If the head of household or spouse of the head of household is 62 years of age or older; handicapped, and if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed.

Household Member	Provider Name	Monthly Cost

Authorizations, Representations, and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other disclose or other fraud, and any act of assistance to such attempt is a crime under T.C.A. 39-3-94.5.

I certify that the above information is complete and accurate. I hereby authorize TVHS to verify any information regarding criminal activity, including obtaining a consumer or investigative report.	
Head of Household Signature:	Date:
Spouse / Co-Head Signature:	Date:
Other Adult Signature:	Date:
Other Adult Signature:	Date:
PHA Representative:	Date:

Important Information for Applicants/Tenants and/or Program Participants

Reasonable Accommodation

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact/notify the TVHS. A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. Since rules, policies, practices and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling (Joint Statement of the Department of HUD and Justice: Reasonable Accommodations under the Fair Housing Act).

Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the TVHS, or result in a "fundamental alteration" in the nature of the program or service offered. A fundamental alteration is a modification that alters the essential nature of a provider's operations.

Persons requesting a reasonable accommodation may do so by contacting TVHS office personnel at 423-586-5115 or in writing to P.O. Box 497, Morristown, TN 37815-0497.

VAWA -Violence Against Women Act

VAWA's primary objective is to reduce violence against women (or men) and to protect, or increase the protection of, the safety and confidentiality of women (or men) who are victims of abuse. VAWA prohibits public housing agencies (PHAs) from denying public housing or housing choice voucher assistance because an applicant has been a victim of domestic violence or stalking, provided that such person is otherwise qualified for admission/participation. VAWA also prohibits private landlords from refusing to rent to an individual because the person is a victim. VAWA ensures that victims of abuse in public housing or subsidized housing will not risk homelessness when they seek assistance to end a violent relationship. The TVHS or subsidized landlords can request proof that the applicant/tenant is a victim. The victim has 14 business days to provide such documentation or proof. If you are a victim of domestic violence, dating violence, or stalking and are seeking housing assistance please notify our office. HUD requires TVHS to comply with VAWA and to maintain confidentiality of tenant records relating to victims of abuse.

I certify I have read and understand the information contained on this form.

Signature head of household

Date

PUBLIC CHAPTER #608
HOUSE BILL #1630 by Bell (Knox)
Substituted for: Senate Bill #1828 by Atchley

AN ACT to provide criminal penalties for certain acts of fraud relative to obtaining certain housing benefits; and to amend Tennessee Code Annotated, Title 39, Chapter 19.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

Section 1. Tennessee Code Annotated, Title 39, Chapter 19 is amended by adding the following new section:

Section

(a) Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in (i) a housing project provided by a housing authority established under the Housing Authority Law, (ii) a housing project provided by a housing authority established under any special statute, or (iii) a unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.

(b) Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Section 2. This Act takes effect upon becoming a law, the public welfare requiring it.

TENNESSEE CODE ANNOTATED TITLE 39
CRIMINAL OFFENSES

39-14-104. Theft of services (Effective November 1, 1989) — A person commits theft of service who:

- (1) Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services.
- (2) Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels and restaurants, without payment or a bona fide offer to pay.
(Acts 1989, ch. 591, Section 1).

I also understand that Section 1001 to Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant/resident

Date

Applicant/resident

Date

PHA Representative

Date



P.O. Box 497
600 Sulphur Springs Rd.
Morristown, TN 37815-0497
Telephone (423) 586-5115, Fax (423) 586-3014
TN Relay 711 www.tvhstn.org

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE: The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

INQUIRIES MAY BE MADE ABOUT:

CHILD CARE EXPENSES
CREDIT HISTORY
CRIMINAL ACTIVITY
FAMILY COMPOSITION
EMPLOYMENT, INCOME, PENSIONS, AND ASSETS
FEDERAL, STATE, TRIBAL, OR LOCAL BENEFITS
HANDICAPPED ASSISTANCE EXPENSES
IDENTITY AND MARITAL STATUS
MEDICAL EXPENSES
SOCIAL SECURITY NUMBERS
RESIDENCES AND RENTAL HISTORY

INDIVIDUALS OR ORGANIZATION THAT MAY RELEASE INFORMATION

BANKS AND OTHER FINANCIAL INSTITUTIONS COURTS
LAW ENFORCEMENT AGENCIES
CREDIT BUREAUS
EMPLOYERS, PAST AND PRESENT LANDLORDS
PROVIDERS OF:

ALIMONY	WELFARE AGENCIES
CHILD CARE	CHILD SUPPORT
CREDIT	HANDICAPPED ASSISTANCE
MEDICAL CARE	PENSIONS/ANNUITIES
SCHOOLS AND COLLEGES	
U.S. SOCIAL SECURITY ADMINISTRATION	
U.S. DEPARTMENT OF VETERANS AFFAIRS	
UTILITY COMPANIES	

**I AUTHORIZE TVHS TO OBTAIN INFORMATION ABOUT ME OR MY FAMILY THAT IS PERTINENT TO
ELIGIBILITY FOR PARTICIPATION IN ASSISTED HOUSING PROGRAMS.**

I AUTHORIZE THE RELEASE OF ANY INFORMATION (INCLUDING DOCUMENTATION AND OTHER MATERIALS) PERTINENT TO ELIGIBILITY FOR PARTICIPATION UNDER THE PROGRAM.

I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSE STATED ABOVE.

Print Name _____ Signature: _____ Date: _____

Original is retained by the requesting organization who must sign: Head of household and spouse, all adult household members over age of 18 living in the household.



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

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.