



**KNOX HOUSING PARTNERSHIP, INC.
RENTAL HOUSING APPLICATION**

This is a preliminary application for rental housing from Knox Housing Partnership (KHP). It holds no lease or rent obligations. All information will be verified by the KHP staff or KHP's management agent prior to an applicant being placed on our waiting list for consideration. All applicants must meet established selection criteria. **PLEASE NOTIFY MANAGEMENT IMMEDIATELY IF YOU DO NOT RECEIVE A RECEIPT FOR YOUR APPLICATION FEE.**

I. PERSONAL INFORMATION

HEAD OF HOUSEHOLD (Applicant): _____

Age _____ Social Security # _____ Birthdate _____

Address _____ Phone _____

City _____ State _____ Zip _____

MARITAL STATUS (circle one): Single Married Divorced Other: _____

NAME OF SPOUSE (Co-Applicant) _____

Age _____ Social Security# _____ Birthdate _____

CHILDREN'S NAMES (List only if living with you)	M/F	AGE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE A DISABILITY/HANDICAP FOR WHICH AN ACCOMMODATION OR MODIFICATION MIGHT BE NEEDED?

____ Yes ____ No If you answered yes, what type of accommodation will you need? _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? _____ **If Yes, please explain** _____

ARE YOU A CURRENT ILLEGAL ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE?

WHOM SHOULD WE CONTACT IN AN EMERGENCY?

1. Name: _____ Phone – Home _____

Relationship to you: _____ Work _____

2. Name: _____ Phone – Home _____

Relationship to you: _____ Work _____

II. PRESENT HOUSING INFORMATION

I / We OWN _____ RENT _____ My / Our PRESENT HOME at _____

How long have you lived at your present address? _____

IF YOU RENT, HOW MUCH IS YOUR RENT? \$ _____ Per _____

LANDLORD'S NAME _____ Phone _____

Address _____

IF YOU HAVE LIVED AT YOUR PRESENT ADDRESS LESS THAN TWO (2) YEARS, GIVE NAME OF PREVIOUS LANDLORD:

LANDLORD'S NAME _____ Phone _____

Address _____

ARE YOU CLAIMING A FEDERAL HOUSING PREFERENCE? YES NO

If so, on what basis? Circle all that apply:

- A. My family currently occupies substandard housing.
- B. My family is currently homeless or resides in a shelter for the homeless.
- C. My family is currently paying more than 50% of its gross family income for rent and utilities.
- D. My family has been involuntarily displaced as the result of a federal housing program.

III. EMPLOYMENT /INCOME INFORMATION

EMPLOYER _____ Phone _____

Address _____

Supervisor _____ Pay \$ _____ Per _____

Length of Employment _____ Years / Months (circle one) @ _____ Hours per week

IF EMPLOYED LESS THAN ONE (1) FULL YEAR OR HAVE A SECOND JOB, GIVE PREVIOUS OR SECOND EMPLOYER INFORMATION:

EMPLOYER _____ Phone _____

Address _____

Supervisor _____ Pay \$ _____ Per _____

Length of Employment _____ Years / Months (circle one) @ _____ Hours per week

SPOUSE'S EMPLOYER _____ Phone _____

Address _____

Supervisor _____ Pay \$ _____ Per _____

Length of Employment _____ Years/ Months (circle one) @ _____ Hours per week

IF SPOUSE EMPLOYED LESS THAN ONE (1) FULL YEAR OR HAS A SECOND JOB, GIVE PREVIOUS OR SECOND EMPLOYER INFORMATION;

SPOUSE'S EMPLOYER _____ Phone _____

Address _____

Supervisor _____ Pay \$ _____ Per _____

Length of Employment _____ Years / Months (circle one) @ _____ Hours per week

LIST ANY OTHER INCOME YOU RECEIVE BELOW:

Social Security	\$ _____ per _____	SSI	\$ _____ per _____
AFDC	\$ _____ per _____	Food Stamps	\$ _____ per _____
Child Support	\$ _____ per _____	Unemployment	\$ _____ per _____
Worker's Comp	\$ _____ per _____	Other-Specify:	\$ _____ per _____

IV. ASSETS

DO YOU HAVE A CHECKING ACCOUNT? _____ Bank _____

DO YOU HAVE A SAVINGS ACCOUNT? _____ Bank _____

DO YOU OWN A CAR OR TRUCK? _____ MODEL _____ YEAR _____ LIC# _____

OTHER ASSETS: _____

V. DEBTS

List all current debts, including loans, credit purchases, credit cards, hospital/doctor bills, etc. Attach a separate sheet if necessary.

COMPANY/LENDER	AMT OWED	PAYMENT / FREQUENCY (Week/Month)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

If you have ever failed to pay a debt, had a foreclosures, taken bankruptcy, or had a judgement against you for any debt, attach a paper explaining the details.

VI. REFERENCES

List three (3) people **not related** to you by blood or marriage whom we may contact as references:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

APPLICANT		CO-APPLICANT
()	MALE	()
()	FEMALE	()
()	AMERICAN INDIAN OR ALASKAN NATIVE	()
()	ASIAN	()
()	HISPANIC	()
()	BLACK/AFRICAN AMERICAN	()
()	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	()
()	WHITE	()
() specify: _____	MULTI RACE specify: _____	()
()	AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE	()
()	ASIAN AND WHITE	()
()	BLACK OR AFRICAN AMERICAN AND WHITE	()
()	AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR	()
()	AFRICAN AMERICAN	()
() specify: _____	OTHER MULTI RACE specify: _____	()

_____ (initial) I/WE DO NOT WISH TO SUPPLY THIS INFORMATION _____ (initial)

VII. CERTIFICATION AND AGREEMENT

I/ we certify that all the information above is complete, correct and true to the best of my /our knowledge. I/we understand that false or misleading information may result in the rejection of my/our application. I/we also understand that completion of this application in no way guarantees me/us that I/we receive rental housing. Further, I/we give permission to check any and all information and/or references containing herein, including but not limited to employers and landlords. **Further, I/we give permission to check criminal and police records; and further, I/we also give permission to check my/our credit rating and the credit information contained herein either directly or through a credit reporting agency.**

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

DATE

KNOX HOUSING PARTNERSHIP, INC.
109 N. Winona Street
Knoxville, TN 37917
(865) 637-1679
(865) 637-9713 FAX

INTERNAL USE ONLY

Date Received: _____ Processed By: _____ Score/Ranking: _____

Comments: _____

Prior Residence Check: _____

Credit Check: _____

Police Check: _____

DISPOSITION:

Approved/Date _____ Date Notified _____

Disapproved/Date _____ Date Notified _____ Reason _____

Applicant Checklist

PLEASE BRING:

- 1. PLEASE BRING OR MAIL THIS APPLICATION WITH AN APPLICATION FEE OF \$35 TO COVER CREDIT REFERENCE CHECK & BACKGROUND CHECK.**
2. Bring copies of pay check stubs for the past two months or eligibility letters from social security or the department of human services, bank statements or other verification of income
3. Bring a copy of your income tax form (1040, 1040ez, etc.)
4. Bring copies of social security cards for all household members.
5. Bring copies of birth certificates for children, or written explanation of why birth certificates are unavailable.
6. Rent receipts or other verification of rent.
7. Information pertaining to your Section 8 Voucher or Certificate.
8. Other information or documents listed below:
