



**KNOX HOUSING PARTNERSHIP, INC.
HOUSING RENTAL APPLICATION
Blueberry Ridge Apartments**

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. **This apartment complex is SMOKE-FREE and open to people who are sixty-two (62) years of age and above, who meet the income restrictions based upon the Housing and Urban Development's (HUD) average median income guidelines for Knox County, and other important eligibility guidelines. 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 (Co-Applicant) _____

Age _____ Social Security # _____ Birthdate _____

Do you anticipate additions to this household in the next twelve months? Yes No
Explain: _____

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 OR ANY MEMBER OF THE FAMILY APPLYING FOR THIS RENTAL A CURRENT ILLEGAL ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE?

HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN CONVICTED OF DRUG USE OR MANUFACTURE OR ANY OTHER FELONY? YES NO If Yes, please explain _____

HAVE YOU OR ANY MEMBER OF YOUR FAMILY EVER BEEN EVICTED FROM ANY HOUSING? YES NO If yes, describe: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO If yes, describe: _____

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.

INCOME: PLEASE ANSWER THE FOLLOWING QUESTIONS. FOR EACH "YES" ANSWER, PROVIDE DETAILS IN THE CHART BELOW:

- Is any household member employed full-time, part-time or seasonally? YES NO
- Does any household member expect to work for any period during the next 12 months? YES NO
- Does any member of your household work for anyone who pays them in cash? YES NO
- Is any household member on leave of absence from work due to lay-off, medical, maternity, or military leave? YES NO
- Does any household member now receive or expect to receive unemployment benefits? YES NO
- Does any household member now receive or expect to receive alimony? YES NO
- Is any household member entitled to alimony payments that he/she is now not receiving? YES NO
- Does any household member receive or expect to receive welfare assistance? YES NO
- Does any household member receive or expect to receive Social Security benefits? YES NO
- Does any household member receive or expect to receive income from a pension or an annuity? YES NO
- Does any household member receive regular cash contributions from individuals not living in the unit, or agency (s)? YES NO
- Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental property? YES NO

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source for the next 12 months.

Family Member	Employer's Name & Phone #	Annual Income
Family Member	Other Source of Income	Annual Income

Do you anticipate any changes in this income in the next 12 months? YES NO If yes, please explain _____

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

CO-APPLICANT EMPLOYER _____ Phone _____

Address _____

Supervisor _____ Pay \$ _____ Per _____

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

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

CO-APPLICANT 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 _____

Food Stamps \$ _____ per _____ Unemployment \$ _____ per _____

Worker's Comp \$ _____ per _____ Other-Specify: \$ _____ per _____

IV. ASSETS

DO YOU HAVE A CHECKING ACCOUNT? _____ Bank _____ Acct # _____

DO YOU HAVE A SAVINGS ACCOUNT? _____ Bank _____ Acct # _____

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

OTHER ASSETS: _____

List the value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? YES NO If yes, type of property & Location: _____

Appraised market value \$ _____ Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____ Amount of most recent tax bill \$ _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? YES NO If YES, please describe asset: _____

Date of disposition: _____

Amount disposed: \$ _____

Do you have any other assets not listed above (excluding personal property)? YES NO If yes, please list: _____

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

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:
KNOX HOUSING PARTNERSHIP, INC.
109 N. Winona Street
KNOXVILLE, TN 37917

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. (NON-REFUNDABLE)**
- 2. PART OF THE APPLICATION PROCESS IS A CRIMINAL BACKGROUND CHECK FOR EACH MEMBER 62 YEARS OF AGE AND OLDER WHO ARE APPLYING FOR HOUSING.**
3. 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
4. Bring a copy of your income tax form (1040, 1040ez, etc.)
5. Bring copies of social security cards for all household members.
6. Bring copies of birth certificates, proof of age, or written explanation of why birth certificates are unavailable.
7. Rent receipts or other verification of rent.
8. Information pertaining to your Section 8 Voucher or Certificate.
9. Other information or documents listed below:
