



**Moderate Rehabilitation Applications are
Taken Monday through Friday starting at
7:30 a.m. taking only the first
Twelve applicants each day**

To apply for rental assistance and to expedite the process of your application, you must provide KCDC with the following items at the time of your interview with a KCDC representative:

- **Verification that you qualify for no more than a two bedroom unit**
- **Social Security card or letter from the Social Security Administration office verifying the social security number for each household member**
- **Birth Certificate for all family members**
- **Proof of income received by each household member.**

Example:

- **Recent check stubs**
- **Statement from DHS, Social Security, Administration, Veterans Administration, Juvenile Court**
- **Signed statement from person paying child support**
- **Receipts from self employment, including babysitting, lawn mowing, donating plasma, collecting cans**
- **Bank statement showing balance and interest rate**





SECTION 8 DIVISION

400 Harriet Tubman Street • Knoxville, TN 37915
865.403.1258 • Fax 865.594.8790
800.848.0298 (Tennessee Relay Center)
www.kcdc.org

Citizenship Letter

Dear Applicant:

KCDC is required to inform you of Section 214 of the Housing and Community Development Act of 1980, as amended, which prohibits HUD from making financial assistance available to persons other than U.S. citizens, nationals, or certain categories of eligible noncitizens. The Noncitizens Rule, entitled Restrictions on Assistance to Noncitizens, was published in the Federal Register on March 20, 1995, and became effective on June 19, 1995. The rule applies to the Section 8 Rental Voucher and Moderate Rehabilitation Programs and Public and Indian Housing Programs.

In order to be eligible to receive housing assistance, each member of your household must be lawfully within the U.S. You will be asked to declare your citizenship during your application interview. Each family member, regardless of age, is required to submit the following evidence:

- For Citizens or Nationals: a signed declaration of U.S. citizenship (whether by birth or naturalization). No further documentation or verification is required.
- For Noncitizens (Eligible Immigrants) who are 62 years of age or older and were residents of a covered program (receiving housing assistance) on June 19, 1995: a signed declaration of eligible immigration status and proof of age; no further documentation or verification is needed.
- For All Other Noncitizens: (1) a signed declaration of eligible immigration status; (2) a signed verification consent form; and (3) the HUD required INS documents. (If you need more information on what immigration status is eligible and what INS documents are acceptable, ask the KCDC staff will verify INS status.

If a family member declares they are ineligible or chooses not to declare citizenship status, the head of household or spouse will sign the "Listing of Non-Contending Family Members" form. KCDC will not verify INS status.

Eligibility of assistance will be evaluated after your family type has been determined.

The family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

Three forms of appeal process are available. If you want more information on the appeal process or on the noncitizen law, let the KCDC staff know.



KNOXVILLE'S COMMUNITY DEVELOPMENT CORPORATION

Rental Assistance Program, 400 Harriet Tubman Street, Knoxville, TN 37915

865-403-1258

865-594-8790 Fax

1-800-848-0298 Tennessee Relay Center (TRC)

An Equal Opportunity Employer

Alvin J. Nance
Executive Director/CEO

Certification of Application Information

I certify:

1. the information* given to Knoxville's Community Development Corporation (KCDC) by the household of _____ regarding household composition, income, net family assets, allowances and deductions has been verified as required by federal law;
2. the family was eligible at admission; and
3. the family has certified that it has given our agency accurate and complete information.

KCDC Representative

Date

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.





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Applicant/Tenant Certification Of Application Information

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify the following:

- an understanding of the questions asked to determine eligibility for housing
- the information*given to Knoxville's Community Development Corporation (KCDC) about household composition, income, and net family assets and allowances, and deductions is accurate and complete
- agreement for changes to be made to the application by KCDC based on verification of the information I/we provide
- an understanding that false statements of information are punishable under federal and state law, (T.C.A. section 39-14-104), termination of housing assistance and tenancy, AND make me/us ineligible in order to be on file for another type of housing.

Signature of Head of Household

Date

Signature of Spouse

Date

Other Adult Household Members:

Date

Date

Date

Date

KCDC Interviewer

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 800-424-8590. (Within the Washington D.C. Metropolitan area, call 426-3500).

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Authorization to Release Records and Information

TO WHOM IT MAY CONCERN:

Please be advised that **KNOXVILLE'S COMMUNITY DEVELOPMENT CORPORATION** and any employee or agent thereof is authorized to inspect and copy or be furnished copies of any: (a) employment or unemployment records (other than salary and wage information which is subject to a separate authorization); (b) Social Security Administration records; (c) Department of Human Services records; (d) utility records; (e) police and sheriff's department records; (f) Veterans Administration records; (g) juvenile and circuit court records; (h) homeless shelter records; (i) child care provider records; (k) social worker records; (l) parole officer records; (m) drug treatment center records; (n) records from any landlord and all other records of any description or nature whatsoever from any agency or source which relate to the undersigned or to any minor child of the undersigned and which Knoxville's Community Development Corporation determines are necessary to permit it to determine the initial or continuing eligibility of the undersigned to receive benefits or the grant or denial of a federal preference under any public housing or Section 8 housing program or the level of benefits available to the undersigned under such program.

This authorization shall be considered as continuing, and you may rely on it in all respects unless you have previously been advised by me in writing to the contrary. It is expressly understood by the undersigned and you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though the original had been presented to you.

Dated this _____ day of _____, _____

Head of Household

Other Member Over 18

Spouse

Other Member Over 18





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Housing Selection Preferences

Knoxville's Community Development Corporation's (KCDC) housing selection preferences for Section 8 Housing Choice Voucher Program are listed below. It is the applicant's responsibility to provide sufficient documentation to establish qualification for the requested housing selection preference. Please review the following categories and select the one that applies to your situation.

1. Displaced by Government Action

Government Action (public improvement/development program)

Disaster (fire, flood, storm, etc., pursuant to federal relief laws)

Government department that can verify this information:

Name: _____

Address: _____

2. Involuntarily Displaced

Displaced (in need of immediate shelter by reasons of extreme hardship due to no fault of the family)

It is the applicant's responsibility to document to KCDC's satisfaction that the condition of being without or about to be without housing is caused by circumstances beyond the family's control.

Social service agency, government department, or property owner who can verify this information:

Name: _____

Address: _____

3. Substandard Housing

Substandard housing (dwelling that is unsafe, unsanitary, overcrowded, structural condition, or lack of utilities)

Homeless (without a fixed nighttime residence or staying in a supervised shelter)

Social service agency, government department, or property owner who can verify this information:

Name: _____

Address: _____

4. Disabled

A disabled family as defined in HUD regulations – a family whose head, spouse, or sole member is disabled.

Applicant Signature

Date



DECLARATION OF CITIZENSHIP (SECTION 214) STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to KCDC's Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Name of Head of Household

SS# of Head of Household

I, _____ certify, under penalty of perjury (refer to #1 on back of form), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States, or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (refer to #2 on back of form); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §101(a)(15) or 101(1)(20) of the Immigration and Nationality Act (INA) (refer to #3 on back of form) or
 - Permanent residence under §249 of INA (refer to #4 on back of form) or
 - Refugee, asylum, or conditional entry status under §§207, 208, 94 203 of the INA (refer to #5 on back of form) or
 - Parole status under §§212(d)(5) of the INA (refer to #6 on back of form) or
 - Threat to life or freedom under §243(h) of the INA (refer to #7 on back) or
 - Amnesty under §245A of the INA (refer to #8 on back of form)

Signature of Family Member

Date

- Check here if you are signing for minor child listed above and you are an adult residing in the unit who is responsible for that child.

HA: Enter INS/SAVE Primary Verification #:

Date:

[See reverse side for footnotes and instructions]

1. **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under §101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 OR 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
4. Permanent residence under §249 of INA. A non citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
6. Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) for the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
7. Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
8. Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "v" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "v" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.