



Meadowlawn Manor
701 Stan Circle
Smyrna, TN 37167
Phone (615) 459-8866
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1-800-848-0298 tt
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SMYRNA
HOUSING AUTHORITY



EQUAL HOUSING
OPPORTUNITY

Mayfield Manor
400 Mayfield Circle
Smyrna, TN 37167
Phone (615) 459-6668
Fax (615) 459-2177

JACK RALEIGH, *Executive Director*
COMMISSIONERS

Thomas T. Francis, Chairman
Paul Lamb *Glenn A. Foutch*
Dan Whittle *J. Steven Barnes*

www.smymahousingauthority.org

Please answer all questions, as this information will be used to determine your eligibility and placement on the waiting list. Your answers will be held in confidence. If you fail to answer any questions, the Management of Smyrna Housing Authority will use its best judgment in answering these questions. Any false answers may be used as a basis for rejection of this application.

Upon completion, the application may be mailed to Smyrna Housing Authority, 701 Stan Circle, Smyrna, Tennessee 37167 or it may be returned to the office at that address Monday through Friday between 8 AM and 4 PM.

Eligibility for Occupancy

1. Single persons 62 years of age or older or disabled.
2. Married couples, provided at least one person is 62 or disabled.
3. All residents must be capable of independent living. The cost to resolve a difference of opinion in this matter is the responsibility of the applicant.

Requirements for Occupancy

Please attach a copy of photo ID to this application for each applicant.

1. Proof of age or disability and income must be established to the satisfaction of the Management. Income and medical expenses are verified annually as part of the recertification process to determine the proper rate of rent.

2. All residents will be required to sign a one-year lease.

Name: Mr. _____ Date of Birth _____

Mrs./Ms. _____ Date of Birth _____

Address: _____

_____ Telephone Number _____

Will you require a disabled-accessible unit? Yes/No

Do you have a pet? Yes/No

Financial Information

Social Security Number _____ & _____

List all your gross income, giving the source and approximate monthly amounts.

Social Security _____

Supplemental Security Income _____

Pension _____

Other Income _____

Do you have a Section 8 Voucher? _____

Do you own or have an interest in any property (real estate, mobile home and/or land)? _____

Real Estate Address: _____

Real Estate Value: _____

Have you sold, given away, or placed any property in another person's name (real estate, mobile home, and/or land) in the last two years? Yes/No

If yes, describe: _____

Do you own any stocks or bonds? Yes/No If yes, describe below:

Where do you bank?

Bank Name/Address: _____

Type of Account: _____

Account Number: _____

Bank Name/Address: _____

Type of Account: _____

Account Number: _____

Do you have any savings certificates, money market funds or trust funds? Yes/No

If yes, please describe: _____

Do you have any type of retirement account (Company, IRA, Keough)? Yes/No

If yes, please describe: _____

Do you have any inheritances, lottery winnings, or lump sum payments? Yes/No

If yes, please describe: _____

Do you have Medicare? Yes/No If yes, what is your monthly premium? _____

Do you pay for any other kind of medical insurance? Yes/No
If yes, provide:

Insurance Company: _____

Monthly Premium: _____

What are the approximate monthly medical expenses you pay
(doctor's copay, prescriptions, dentist, eye doctor)? _____

If you are renting, give the name and address of the landlord. We
will contact this person to determine payment and residency
history at the time an apartment is offered to you.

General Information

Are you capable of independent living? Yes/No

Have you been convicted of a felony? Yes/No

If yes, explain: _____

Are you a current illegal drug user of a controlled substance or do
you have a previous conviction of the same? Yes/No

If yes, when: _____

Have you been convicted on the illegal manufacture or distribution
of a controlled substance? Yes/No

If yes, when and where: _____

If you answered positively to the prior two questions, have you
completed a controlled substance abuse recovery program or are
you presently enrolled in such a program? Yes/No

Disclosure Notice Required by USDA Rural Development.

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through USDA Rural Development, that the federal laws prohibiting discrimination against tenant applicants on the basis of race, color, ethnicity, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

I certify that the unit applied for will be my primary residence and I will not maintain a separate subsidized rental unit in a different location. This application is made with the understanding that it is subject to acceptance by Smyrna Housing Authority.

Household Head: _____ Date: _____

Spouse: _____ Date: _____

Race: Mark one or more:

1. American Indian/Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian/Pacific Islander
5. White

Ethnicity:

1. Hispanic or Latino
2. Not Hispanic or Latino

I have no objection to inquiries for the purpose of verification on the statements made in this application. I certify that the information given to Smyrna Housing Authority on this application is accurate and complete. I understand false statements or information are punishable under Federal Law and are grounds for denial or termination of housing assistance. I understand that no one is permitted to move into my unit without prior written approval of Smyrna Housing Authority. I understand any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under Federal Law.

I authorize release of information to Smyrna Housing Authority for the purpose of verification of statements made on this application.

Name: _____ Date: _____
Gender: Male _____ Female _____
Name: _____ Date: _____
Gender: Male _____ Female _____

.....
I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the head of Household/Spouse and myself.

SHA Employee: _____
Date: _____

Approved by USDA Rural Development 4-5-06
Approved by Legal Counsel 4-6-06