

**APPLICATION FOR HOUSING**

**Sherwood Forest  
Smyrna, TN 37167**

**Please return this completed application to:**

**Smyrna Housing Authority  
701 Stan Circle  
Smyrna, TN 37167**

**Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this completed tenant application, including proof of income, assets and age.**

**ELIGIBILITY FOR OCCUPANCY**

- 1. Single persons 62 years of age or older.**
- 2. Married couples, provided at least one person is 62.**

**GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No of BR's in  
current unit: \_\_\_\_\_ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \_\_\_\_\_

If owned, do you receive monthly rental income from property? Yes No

Circle utilities paid by you: Heat Electricity Gas Other(Specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \_\_\_\_\_

Bedroom size requested: One BR Two BR Handicap BR

### HOUSEHOLD COMPOSITION

#### HEAD OF HOUSEHOLD:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age (optional): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

#### CO-TENANT:

Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age (optional): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have there been any changes in household composition in the last twelve months? Yes No (Circle One)

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_

Do you anticipate any changes in household composition in the next twelve months? Yes No (Circle One)

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_

Is there someone not listed above who would normally be living with the household? Yes No (Circle One)

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_

**INCOME**

Household Member Name	Source of Income	Gross Monthly Amount
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<hr/> <hr/> Social Security Number _____	Social Security	<hr/> <hr/>
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<hr/> <hr/> Social Security Number _____	Social Security	<hr/> <hr/>
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<hr/> <hr/>	SSI Benefits	<hr/> <hr/>
	SSI Benefits	

<hr/> <hr/>	Pension	<hr/> <hr/>
	Pension	

<hr/> <hr/> List Claim Number _____	Veteran's Benefits	<hr/> <hr/>
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<hr/> <hr/> List Claim Number _____	Veteran's Benefits	<hr/> <hr/>
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<hr/> <hr/> List Source _____	Interest Income	<hr/> <hr/>
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<hr/> <hr/> List Source _____	Interest Income	<hr/> <hr/>
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**CONTRIBUTIONS TO THE HOUSEHOLD (Monetary or not):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***TOTAL GROSS ANNUAL INCOME*** \_\_\_\_\_

(Based on the monthly amounts listed above x 12)

Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2? Yes No (Circle One)

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Is the income or assistance received? Yes No (Circle One)

**PROVIDE PROOF OF ALL INCOME SHOWN**

**ASSETS**

**If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross it out or write "NA".**

**CHECKING ACCOUNTS**

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

## SAVINGS ACCOUNTS

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

## TRUST ACCOUNTS

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

## CERTIFICATES OF DEPOSIT (C.D.)

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

## CREDIT UNION

Account Number: \_\_\_\_\_  
Name of Credit Union: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Name of Credit Union: \_\_\_\_\_  
Balance of Account: \_\_\_\_\_

## SAVINGS BONDS

Account Number: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Value: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Value: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Value: \_\_\_\_\_

## LIFE INSURANCE POLICY

Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Cash Value: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Cash Value: \_\_\_\_\_

## MUTUAL FUNDS

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Interest or Dividend: \_\_\_\_\_  
Value: \_\_\_\_\_

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Interest or Dividend: \_\_\_\_\_  
Value: \_\_\_\_\_

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Interest or Dividend: \_\_\_\_\_  
Value: \_\_\_\_\_

## STOCKS

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Dividend Paid: \_\_\_\_\_  
Value: \_\_\_\_\_

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Dividend Paid: \_\_\_\_\_  
Value: \_\_\_\_\_

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Dividend Paid: \_\_\_\_\_  
Value: \_\_\_\_\_

## BONDS

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Interest or Dividend: \_\_\_\_\_  
Value: \_\_\_\_\_

Name: \_\_\_\_\_  
# of Shares: \_\_\_\_\_  
Interest or Dividend: \_\_\_\_\_  
Value: \_\_\_\_\_

## INVESTMENT PROPERTY

Appraised Value: \_\_\_\_\_

Real Estate Property: *Do you own any property?* Yes No

*If yes*, type of property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Mortgage or outstanding loans – balance due: \_\_\_\_\_

Does any member of the household have an asset(s) owned jointly with a person who is ***NOT*** a member of the household as listed on Page 2?

*If yes*, describe: \_\_\_\_\_

Do they have access to the asset(s)? Yes No (Circle One)

Have you sold/dispensed of any property in the last 2 years? Yes No

*If yes*, type of property: \_\_\_\_\_

Market Value when sold/dispensed: \_\_\_\_\_

Amount sold/dispensed for: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relative, set up Irrevocable Trust Accounts?) Yes No

*If yes*, describe the asset: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Amount Disposed: \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)?

Yes No (Circle One)

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?

Yes No (Circle One)

Have you or any member of your family ever been convicted of a felony?

Yes No (Circle One)

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family ever been evicted from any housing? Yes No (Circle One)

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed for bankruptcy? Yes No (Circle One)

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Will you take an apartment when one is available? Yes No

**REFERENCE INFORMATION**

**CURRENT LANDLORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How Long? \_\_\_\_\_

**PRIOR LANDLORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How Long? \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### VEHICLE AND PET INFORMATION

List any cars, trucks, or other vehicles owned. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year/Make: \_\_\_\_\_ Color: \_\_\_\_\_

**Proof of insurance is required for all vehicles driven/ parked on site.  
Rutherford County Tags will be required within 30 days of move-in.**

Do you own a pet? Yes No (Circle One)

*If yes*, describe: \_\_\_\_\_

Pets must weigh 20 pounds or less at maturity, be spayed or neutered and currently immunized. Documentation is required. A pet deposit must be paid **PRIOR** to the arrival of the pet on site.

**CERTIFICATION**

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

I/We hereby certify that I/We do not/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by Management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application.

SIGNATURE(S):

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

I have reviewed this application in its entirety with the Head of Household/Co-Tenant and verify by my signature that this application is complete.

SHA Employee: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INFORMATION / NOTES**