

Rental Application – Member Information
TO BE COMPLETED FOR EACH MINOR HOUSEHOLD MEMBER

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Head of Household Name _____

Member Name _____

- ☐ Check here if you are not contending eligible immigration status
☐ Check here if you don't have a SSN and you were 62 or older as of January 31, 2010 and part of a HUD Housing program.
☐ This person is considered disabled by a medical professional

Race* (Choose all that apply)

- ☐ American Indian ☐ Alaska Native ☐ Asian ☐ African American ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Other
☐ Choose not to disclose

Ethnicity* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Choose not to disclose

☐ Check here if member address is the same as Head of Household

Physical Street Address _____

City _____ State _____ Zip _____

INCOME

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Dual Entitlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	Claim Number _____
Federal SSI (Disability)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
SSP (State Portion of SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Long/Short Term Disability (Not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	Agency _____
Retirement/Annuity (Regular Monthly payments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	Agency _____
VA Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	Case Number _____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
TANF (Not Foodstamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Gifts (Not for major life events)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	
Business Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Net Monthly Amount _____	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Amount _____	

Is anyone helping you with paying bills on a regular basis? ☐ Yes ☐ No Monthly Amount _____



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ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____	
Savings	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____	
CD	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____	
Money Market	<input type="radio"/> Yes <input type="radio"/> No	Bank _____	Balance _____	
Revocable Trusts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____	
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____	
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____	
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	Financial Inst. _____	Balance _____	
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	Ins. Agency _____	Balance _____	
Prepaid Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance _____	
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance _____	

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand ☐ Yes ☐ No Amount _____

Do you own real Property (home, land, etc.)? ☐ Yes ☐ No Estimated Market Value _____

Do you own a Non-Necessary Personal Property? ☐ Yes ☐ No Estimated Market Value _____

Have you disposed of any assets for less than fair market value within the last two years? ☐ Yes ☐ No

If Yes, provide date of disposal _____ Amount Received _____ Estimated Market Value _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor

Date



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204

Oakland Court

TN43RD00028

402 Keeble Circle
Murfreesboro, TN 37130

Name of Property

Project No.

Address of Property

Murfreesboro Housing Authority

Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

_____ Choose not to disclose

Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



Citizenship Declaration

Property Name: Oakland Court Contract Number: TN43RD00028

Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Sex: **Male / Female / No Answer** Social Security #: _____
(Circle One) (If Applicable)

Nationality: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(print or type first name, middle initial, last name)

(print or type first name, middle initial, last name)

SECTION 1

☐ **1. A CITIZEN OR NATIONAL** of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

SECTION 2

☐ **2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

Citizenship Declaration

Property Name: Murfreesboro Housing Authority Contract Number: _____

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

☐ **3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.

If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension section below.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

☐ **Check box if adult is signing for child** _____
Signature Date