



ACCEPTING APPLICATIONS 1/31/25-2/28/25

\$50 application fee plus \$30 for each additional adult (18+)

Mercury Court

3 2-bedrooms @ 50% AMI—\$1,203 less Utility Allowance \$183 = \$1,020

11 2-bedrooms @ 60% AMI—\$1,444 less Utility Allowance \$183 = \$1,261

4 3-bedrooms @ 50% AMI—\$1,390 less Utility Allowance \$231 = \$1,159

16 3-bedrooms @ 60% AMI—\$1,668 less Utility Allowance \$231 = \$1,437

Eligibility is based on income, rents are the flat set amounts listed above

Amenities:

Highly energy efficient, all electric units with Energy Star Range/Refrigerator/Dishwasher/Central HVAC Washer & Dryer Connection/Covered Porches/Window Blinds/Utility Room Storage/Playground/Pickleball Court

MERCURY COURT IS A SMOKE-FREE PROPERTY

Income Limits: Gross annual income cannot exceed the amount based on household size

1-person: \$44,940	2-person: \$51,360	3-person: \$57,780	4-person: \$64,140
5-person: \$69,300	6-person: \$74,460	7-person: \$79,560	8-person: \$84,720

Property Information:

Mercury Court, L.P.

mha-tn.org

Minor Street

Murfreesboro, TN 37130

Managed by Murfreesboro Housing Authority

How to Apply:

*Print application from our website www.mha-tn.org

*Pick one up at 415 N. Maple St., Murfreesboro, TN 37130

*Return completed application to above address



Mercury Court, L.P.

Managed by the Murfreesboro Housing Authority

APPLICATION FOR RESIDENCY

Mercury Court is a smoke-free property

If any error occurs on application, please put **one** line through it, make correction, initial correction, and date it.

Providing or certifying false information is fraud and among other consequences you could face eviction, imprisonment for up to 5 years and fines for committing housing fraud.

Therefore, please be careful when you fill out this application. You must list:

1. All sources of income for all household members including money received on behalf of your dependents.
2. All assets and income from assets.
3. Any business or asset that you sold in the last two years for less than full value.
4. Accurate student information for all household members.
5. **Each family member, 18 and older, must fill out the four-page Rental Application – Member Information section.** Example: If you have 3 people over 18, you will turn in 3 of the four-page section of the app.
6. **An adult must also complete the two-page Rental Application – Member Information section for every dependent in the household under the age of 18.** Example: If you have 6 children (under age 18), you will turn in 6 of the two-page section of the app.

YOUR APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. IF IT IS NOT COMPLETED, IT WILL NOT BE ACCEPTED. ANY QUESTIONS NOT ANSWERED ACCURATELY WILL BE CAUSE FOR DENIAL. IF A QUESTION DOES NOT APPLY TO YOUR FAMILY, PLEASE PUT N/A. Applications returned to MHA by USPS must be postmarked by February 28, 2025 or will not be accepted.

The application fee is \$50, plus \$30 for each additional adult (age 18+) in the household. Eligibility is based on income and rents are flat set amounts.

I/We understand that ALL CHANGES to the INCOME of ANY member of the household, as well as ANY CHANGES in HOUSEHOLD MEMBERS or STUDENT STATUS, must be reported to the Management in writing immediately.

I/We understand that should we be placed on a waiting list because no units are available, and I/We am/are later called to fill a vacant unit, I/We will be withdrawn from the waiting list should I/We decide not to lease the unit at that time. I/We will be required to fill out another application and pay another application fee should I/We decide to reapply with this complex.

I/We have read and understand the above requirements.

Applicant Signature

Co-Applicant Signature

Co-Applicant Signature



Property Name Mercury Court, L.P. Address 415 N. Maple Street City/State/Zip Murfreesboro, TN 37130 Phone/Fax 615-893-9414 or 711 National Relay	FOR OFFICE USE ONLY Date Received _____ Time Received _____ Received By _____ Apt. Size Requested/Qualified for _____
RENTAL APPLICATION FOR HOUSING- LIHTC	

Applicant Name _____
 First _____ Middle _____ Last _____
 Cell Phone _____

Physical Address _____ Home Phone _____
 City/State/Zip _____ Email Address _____

Mailing Address if different _____

Apartment size being requested (Circle Only One): 2 3

How did you hear about us? _____

Does your household receive or in the process of receiving assistance from Section 8 Housing Choice Voucher Program? Yes No
 If yes, which agency? _____

What date would you like to move? _____

What is your reason for moving? _____

HOUSEHOLD SUMMARY INFORMATION

List all persons who will occupy the apartment during the next 12 months. List only dependents who will live in this household at least 50% of the time and dependents who are currently away at school but plan to occupy the apartment.

Please complete and attach a separate Rental Application - Member Information form for each household member.

Full Name As on Social Security Card	Date of Birth	Social Security Number	Relationship to Head of Household	Sex*	Student P-Part time F-Full time
			Head of Household		<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No
					<input type="radio"/> Yes P/F <input type="radio"/> No

Options Relationship- Spouse, Co-Head, Daughter, Son, Live in Aide, Foster, etc. Sexes are (M)-Male, (F)-Female or (ND)- choose not to disclose

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next year? Yes No
 If yes, explain: _____

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status



Rental Application – Member Information

To be completed by all household members 18 and older

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

Head of Household Name _____

Adult Member Name _____

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 Part/Full

Marital Status* Single (Never Married) Married Separated Divorced Widowed

Other Names Used (alias, maiden, nickname) _____

Disabled Yes No

**This optional information is gathered for statistical purposes only. It has no role in determining eligibility*

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

Physical Street Address _____ **Home Phone** _____ N/A

City _____ **Work Phone** _____ N/A

State _____ **Zip** _____ **Cell Phone** _____ N/A

Email Address: _____

Is your physical address the same as your mailing address? Yes No If No, please provide your mailing address below.

-List all states you have ever resided in (regardless of duration) _____

-Are you temporarily displaced due to a disaster? Yes No

-Are you homeless or lacking a fixed nighttime residence? Yes No

Do you require an accessible unit due to a disability? Yes No

BACKGROUND AND CRIMINAL HISTORY

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If yes, identify the year the incident occurred.

Sexual misconduct? Yes No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Are you currently engaged in illegal drug use or abuse alcohol? Yes No

Have you been convicted of manufacturing methamphetamine? Yes No

Are you subject to a state sex offender lifetime registration requirement? Yes No If Yes, which state? _____

Have you been evicted from a rental unit for any reason? Yes No Reason _____



Rental Application – Member Information

To be completed by all household members 18 and older

RENTAL HISTORY

Complete a Rental History for every household member that is 18 years of age and older

Does your household have 2 years positive rental history? Yes No

List addresses resided in the last 2 years and provide owner/landlord information.

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

Current Address Do you rent or own this property? Rent or Own _____ Payment Per Month _____

Apartment Complex Name _____ ON/A

Street Address _____

City, State, Zip _____

Phone Number _____ Move in Date _____

Do you live in subsidized housing? Yes No

If Yes, are you currently receiving assistance? Yes No

Previous Addresses

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

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own _____ Payment Per Month _____

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

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own _____ Payment Per Month _____

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

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you rent or own this property? Rent Own _____ Payment Per Month _____

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

Street Address _____

City, State, Zip _____

Landlord Name _____

Phone Number _____ Move In Date _____ Move Out Date _____

Did you Rent or Own this property? Rent Own _____ Payment Per Month _____



Rental Application – Member Information

To be completed by all household members 18 and older

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

INCOME

Income source(s) for this member *(indicate gross income before any deductions/gamishments occur)*.

Employment Income Yes No If Yes, Full Time Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Additional Employment Income, Other Sources Yes No

If Yes, Full Time Part Time Start Date _____ Monthly Amount _____

Employer _____ Employer Phone _____

Full Street Address _____

Unemployment Yes No

If Yes, Issuing Government Agency _____ Monthly Amount _____

Social Security Yes No Monthly Amount _____

Dual Entitlement Yes No Monthly Amount _____ Claim Number _____

Federal SSI (**Disability**) Yes No Monthly Amount _____

SSP (State Portion of SSI) Yes No Monthly Amount _____

Long/Short Term Disability
(**Not SSI**) Yes No Monthly Amount _____ Agency _____

Retirement/Annuity
(**Regular Monthly payments**) Yes No Monthly Amount _____ Agency _____

VA Benefit Yes No Monthly Amount _____

Pension Yes No Monthly Amount _____

Child Support Yes No Monthly Amount _____ Case Number _____

Alimony Yes No Monthly Amount _____

TANF (**Not Foodstamps**) Yes No Monthly Amount _____

Gifts
(**Not for major life events**) Yes No Monthly Amount _____

Rental Income Yes No Monthly Amount _____

Business Income Yes No Net Monthly Amount _____

Other Yes No Monthly Amount _____

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

What is your annual gross income from all sources? \$ _____



Rental Application – Member Information

To be completed by all household members 18 and older

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

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 _____
Cash on Hand	<input type="radio"/> Yes <input type="radio"/> No		Amount _____

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

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
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I certify the information given in this application is accurate and complete. I understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

Signature _____

Date _____



Rental Application – Member Information

TO BE COMPLETED FOR EACH MINOR HOUSEHOLD MEMBER UNDER THE AGE OF 18

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

Head of Household Name _____

Minor Member Name _____

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 Part/Full

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	_____	



Rental Application – Member Information

TO BE COMPLETED FOR EACH MINOR HOUSEHOLD MEMBER UNDER THE AGE OF 18

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	<input type="radio"/> Yes <input type="radio"/> No		Amount _____
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Do you own real Property (home, land, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	Estimated Market Value _____
Do you own a Non-Necessary Personal Property?	<input type="radio"/> Yes <input type="radio"/> 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
--

I certify the information given in this application is accurate and complete. I understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed to the following person, responsible for related policies: 504 Coordinator.

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

Mercury Court, L.P.

TENANT RELEASE AND CONSENT

I/We, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets, credit history to Mercury Court, L.P. for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/ We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my legibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past & Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support & Alimony Providers	Social Security Administration	Banks & Financial Institutions
Credit References	Medical & Childcare Providers	
	Criminal History	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES:

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Spouse or Other Adult	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

In the sale or rental of housing or
residential lots

In the provision of real estate
brokerage services

In advertising the sale or rental
of housing

In the appraisal of housing

In the financing of housing

Blockbusting is also illegal

**Anyone who feels he or she has been
discriminated against may file a complaint of
housing discrimination:**

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**

I am aware of my rights to Fair Housing.

Tenant Signature

Date

Tenant Signature

Date