

**LENOIR CITY HOUSING AUTHORITY (LCHA)
LENOIR CITY HOUSING & COMMUNITY DEV. CORP. (LCH&CDC)**

If you have any difficulty completing this application, please advise us of your needs when you receive this form. Our phone number is (865) 986-8707. Appropriate assistance will be provided in a confidential manner and setting.

HOUSING ASSISTANCE Applications are accepted between the 15th & 28th of each month

WHAT YOU NEED TO DO:

1. Complete the application and return it **along with copies of DRIVER'S LICENSE/PICTURE ID (16 YEARS OR OLDER), BIRTH CERTIFICATE OR MOTHER'S COPY OF BIRTH CERTIFICATE, AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS** to LCHA. If you must apply for a birth certificate, please make a copy of the application you will be sending to Vital Records. You must bring your completed application to our main office located at 101 Oakwood Drive Lenoir City TN 37771

It is extremely important that you **complete every question**. Incomplete applications will be returned to you and delay your admission to the program. We must know your circumstances in order to determine if you qualify for assistance.

2. **EVERY adult member of the household MUST SIGN THE APPLICATION and include the City and States each adult member has lived in since turning 18 years of age.**
3. If approved for assistance and your name comes to the top of the waiting list, you will be contacted regarding the next available unit.
4. If you have a child who is 18 or older and is a full time student, we will need proof from the school they are attending.

PLEASE NOTE THE FOLLOWING: Applications are accepted between the 15th & 28th of each month

1. Applications that are determined to qualify for assistance will be placed on the Waiting List in the order of Date and time the completed application is received in the office. There is no guarantee that you will receive assistance.
2. Current preferences are explained below:
INVOLUNTARY DISPLACEMENT DUE TO NATURAL DISASTER – Families who have been involuntarily displaced due to a natural disaster/fire, flood, tornado etc.), which occurred no more than six (6) months from the date of certification, and have not secured permanent replacement housing.
WHEELCHAIR ACCESSIBLE/HEARING/VISION IMPAIRED UNITS – As these units become available applicants qualifying/requiring these units will receive the first offer in the order of date and time received.
SPECIAL CIRCUMSTANCES: -- No entrance steps, no inside stairs etc.

You are responsible for notifying the office in writing of any changes to family composition, address changes, or phone numbers after you submit this form. You may drop a written notification in the door slot beside the Coca Cola machine, or fax or email.

WHO SHOULD APPLY?

You may qualify for the Program if:

- Two or more persons will be occupying a unit; **OR**
- You live alone and are at least 62 years of age or older; **OR**
- You are not age 62 or older, but are a person with a disability; **OR**
- You are a single person; **AND**
- Your total family income is below the income limits set by HUD.

HOW THE PROGRAMS WORK:

Public Housing/Rural Development process:

- ◆ Your will consist of a meeting with staff in person or via phone to determine and verify all information about your family, family income, and any preference(s).
- ◆ If you have provided all necessary documentation and have been approved you will be offered an appropriate unit according to the date/time of the completion of your application or according to any preferences for which you qualify. If you do not provide all documentation/information needed your application will be closed and you must resubmit a new application.
- ◆ When an appropriate unit becomes available those applicants who have been approved will be contacted by date/time/preference order and offered the next available unit. You may refuse offers up to three times, but upon refusal of the third offer your application will become inactive and you must submit another application.
- ◆ If you accept an offered unit you will be notified when the unit is ready for occupancy, when you may sign your lease and when your move-in inspection is scheduled.
- ◆ **Unless you have received an appointment letter, you may call (865) 986-8707 on Tuesdays only to check your application status.**
- ◆ All tenants must abide by all terms of their lease or are subject to eviction.
- ◆ All applications are subject to selection criteria including but not limited to credit checks obtained through Tenant PI a Lindsey Software Program using the following company:

Transunion
2 Baldwin Place, P.O. Box 1000
Chester, PA 19022
(800) 888-4213 or <http://www.transunion.com>

Adverse actions may be influenced in whole or in part by information obtained in such reports. Tenant PI or Transunion does not make the decision and cannot provide the reason for the decision. You may obtain a free copy of your credit report within 60 days from the date an adverse action is made by contacting Transunion. You also have the right to dispute directly with Transunion the accuracy or completeness of any information provided.

DOCUMENTS AND INFORMATION YOU WILL NEED WHEN YOU ARE OFFERED A UNIT

For each household member:

Documents:

Divorce papers (if within 10 years or pertains to custody issues)

Custody order or divorce papers with custodial designation

Adoption papers

Verification of disability from doctor (Request a special form from LCHA staff for you to sign and provide us with your doctors name, address and phone#)

Income verifications:

Job Employment (must sign a verification form to be sent to your employer)

Self Employment (we will need various documents, request from the staff)

Unemployment Compensation (Need documentation from unemployment office)

Social Security or SSI benefits (Need a letter of current amount) (We cannot use the bank statement as proof.)

Pension (need letter stating the monthly amount)

Child Support (provide case ID number if paid through child support division or letter from parent or court order)

TANF / Families First / Food Stamps (need letter from DHS)

Alimony (Need the court order)

Regular support from family/friends (Copy of bills that are paid by a family member or other person who will not be living with you, and a statement from family/friends that they are paying your bills) (Statement must include name, address, and phone #)

Educational Grants/Scholarships (copy of grant or scholarship letter)

Military or veterans pay (need letter of current amounts)

Assets:

Statements for past 6 months of all bank accounts (included checking, savings, Christmas Club, IRA and Keogh Accounts)

Verification of Value of any property owned (Need tax statement on mobile home, home, land etc.)

Value of stocks, bonds, trusts or other investments (Need bank statement)

Value of property sold or money given away in the past two years (Need paperwork when you sold)

Expenses:

Childcare expenses (Need consecutive receipts, or letter from day care provider. Letter must include name, address, phone number)

Care expenses for disabled family member (Need consecutive receipts, or letter from care provider when head/spouse is away)

Expenses for elderly/disabled families only: (these are amounts that you have to pay, but you get no money back from the insurance company)

Regular medical expenses, (receipts for dr. visits, parking receipts)

Prescriptions, paid out of pocket.(request a printout from your pharmacy for dates of Jan. 1 to Dec.31 of the current year)

Medical insurance premiums (does not include life insurance premiums)

Medicare payments (letters or receipts)

Preference Verification:

Displaced – verification from fire department or government agency

Natural Disaster – verification from Red Cross or FEMA

Wheelchair Accessible/Hearing/Vision Impaired—verification from physician

Special Circumstances—verification from Physician

Do you qualify for a preference? Yes No

Circle one or more:

Natural disaster, Accessible Unit, Special Circumstance

Please choose the program you are applying for:

- Public Housing-LCHA
- Public Housing-LCH&CDC

FOR OFFICE USE ONLY

Date/Time _____ Bedroom Size _____

List below each person who will live with you if you receive Assistance. List your name first.

MEMBER'S FULL NAME – FIRST – MI – LAST (must match name on Social Security Card)	AGE	DATE OF BIRTH AND COUNTY OF BIRTH	SOCIAL SECURITY NUMBER	RACE	CITIZEN Yes / No	RELATION TO HEAD
						Head of Household

RELATION: HEAD of household; MINOR under 18; SPOUSE; CO-HEAD; FOSTER CHILD; LIVE-IN AIDE ; OTHER ADULT; FULL-TIME STUDENT over age 18
RACE: WHITE; BLACK /AFRICAN AMERICAN; AMERICAN INDIAN/ALASKAN NATIVE; ASIAN; NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

- What is the address where you currently live? _____
 Street/Apt _____
 City _____ State _____ Zip _____
 County _____
- Mailing address (if different from where you currently live):
 Street/Apt _____
 City _____ State _____ Zip _____
 County _____
- Your current phone number () _____
 Is there another phone number where you can be reached? () _____
- Is any member of the household expecting a child? ____ Yes ____ No _____ When? _____
- Is there a current order for custody of any minors in the household? ____ Yes ____ No
- Do you or any person who will be living with you, require accommodations for a handicap or disability ____ Yes ____ No If yes, please list needed accommodations: _____
- Check the box which shows your present living arrangements: Renting Buying a house Living in Public Housing Living in other Subsidized Housing Living with Friends/Relatives Other _____
- Has any member of the household ever lived in public housing or received any type of housing assistance? Yes No If yes, Who? _____ Where? _____ When? _____
- Has anyone in the household ever been evicted from public housing? Yes No If yes, Who? _____ Where? _____ When? _____
- Does any member of the household currently owe any money to LCHA or another Public Housing Authority? Yes No If yes, Who? _____ Where? _____ When? _____
- Have you ever committed any fraud in a federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No If yes, please explain and give dates: _____
- List your current bills per month: Rent? \$ _____ Utilities? \$ _____ Phone? \$ _____ Internet? _____ Car Payment? \$ _____ Car Insurance? \$ _____ Other? \$ _____
- What is the total monthly income of the family? \$ _____ Has anyone filed bankruptcy in the last 60 days? Yes No
- If you have no income how will you pay your bills? _____

INCOME QUESTIONNAIRE

	Yes	No
1. Has any member of your household been employed within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does any member of your household expect to work for any period during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
4. Is any member of your household on leave of absence from work?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any member of your family now receive, or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
6. Does any member of your family now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
7. Is any member of your household entitled to child support that he/she is not currently receiving?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
9. Is any member of your household entitled to alimony that he/she is not currently receiving?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any member of your household receive FF/AFDC/TANF?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
11. Does any member of your household received food stamps?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
12. Does any member of your family receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
13. Does any member of your family receive or expect to receive SSI benefits?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
14. Does any member of your household receive or expect to receive income from pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
15. Does any member of your household receive regular cash from individuals or agencies?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
16. Does any member of your household receive income from any assets?	<input type="checkbox"/>	<input type="checkbox"/> Amount _____
17. Has any member of your household disposed of assets within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does any member of your household receive additional income or benefits from another source?	<input type="checkbox"/>	<input type="checkbox"/>

RENTAL HISTORY:

- Previous Landlord _____ Address _____
Contact # _____
- Previous Landlord _____ Address _____
Contact # _____
- Previous Landlord _____ Address _____
Contact # _____

14. Will you need any specific accommodations to attend an interview or participate in the program?
 _____ Yes _____ No Please explain: _____

15. Why are you seeking housing at this time? _____

16. Is anyone in your household subject to a lifetime registration requirement under any state sex offender registration program?
 _____ Yes _____ No If yes, name of the household member: _____

I understand 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. I understand that all changes to my current income status must be reported and verified promptly to the LCHA representative requesting the information. I further understand that failure to provide full information concerning my income will result in a back-charge and may result in the termination of my eligibility for housing assistance.

Applicant Signature: _____ Date: _____

Spouse/Other Adult Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any of Head of Household)		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will effect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

Hud, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purpose cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

LENOIR CITY HOUSING AUTHORITY/LENOIR CITY HOUSING & COMMUNITY DEVELOPMENT CORP.

101 OAKWOOD DRIVE, LENOIR CITY, TENNESSEE 37771

OFFICE: (865)986-8707 FAX: (865) 986-8725

EMAIL: LCHA@LCityHA.org SERVING: Sunset Hills, Oakwood, Oakwood Addition and Silver Hills

VERIFICATION OF FOOD STAMPS/AFDC

To: Department of Human Services
Lenoir City, TN 37771

RE: Applicant / Resident _____ SS# XXX-XX-_____

I, _____, hereby authorize the release of the requested information.

Applicant/Tenant Signature: _____ Date: _____

The Lenoir City Housing Authority/Lenoir City Housing & Community Development Corporation is required to verify the income of all family members who are applying for or living in, assisted housing.

We ask your cooperation by supply the information requested below. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We appreciate your prompt return of this information.

- 1. Number of persons in the family: _____
- 2. Reported income per month: \$ _____
- 3. Amount of AFDC: \$ _____ Date started to receive: _____
- 4. Amount of Food Stamps: \$ _____ Date started to receive: _____
- 5. Other assistance: \$ _____ Date started to receive: _____

Signature of person completing this form: _____

Printed name and title of person completing this form: _____

Date: _____

Lenoir City Housing Authority
Lenoir City Housing & Community Development Corporation

101 Oakwood Drive
Lenoir City, TN 37771
Office (865)986-8707 Fax (865)986-8725

Mary Sue Jordan, Executive Director

EMPLOYER'S REPORT

We are required by law to verify the income of all applicants for, and residents in, LCHA housing. This information will be held in confidence for use only in determining the family's eligibility and rent.

Employee Name: _____ Address: _____

* Occupation: _____ * Soc. Security #: XXX - XX - _____

* Date Employed: _____ * Effective Date of Present Rate of Pay: _____

* Hourly Based Rate: \$ _____ * Hours Worked Per Week: _____

* Overtime Rate: \$ _____ * Average Overtime Hours per week: _____

Total Earned PAST 12 MONTHS \$ _____ From _____ To _____
Date Date

* IF TERMINATED, STATE LAST DAY EMPLOYED _____

* Employer: _____ To Be Completed by LCHA:

* Address: _____ Applicant

* Telephone: _____ Resident

* Completed by: _____ Date _____

* Date: _____

****Please complete the "*" areas and fax back to (865) 986-8725 as quickly as possible. The resident's rent depends upon this verification. Thank you.**

I authorize the release of my employment records to LCHA so that my housing file and rent calculation may be updated per HUD guidelines.

Resident

Date

LENOIR CITY HOUSING AUTHORITY/LENOIR CITY HOUSING & COMMUNITY DEVELOPMENT CORP.

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POLICE RECORD VERIFICATION

For all persons who will be living in your unit:

- a. List any arrests, charges, and convictions in TN. Include the name of county and city;**
- b. List arrests, charges, and convictions that have occurred outside the state of Tennessee. Include the name of city, county, and state ; and**
- c. If you have copies of court records regarding an arrest, charge, or conviction you may bring copies to be attached to this application.**

Family Member Names	Other Last names used (maiden, married, or alias)	S.S #	D.O.B.	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any persons who will be living in your unit been required to register as a State Sex Offender?
Yes___ No___ Name: _____ City, County, State: _____
Date occurred: _____ (If person is a juvenile, you may bring copies of documents pertaining to case.)

All applicants 18 or older must sign below
APPLICANT /TENANT RELEASE

I hereby authorize the release of the information requested above.

Signature

Date

Signature

Date

Signature

Date

LENOIR CITY HOUSING AUTHORITY/LENOIR CITY HOUSING & COMMUNITY DEVELOPMENT CORP.

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EMAIL: LCHA@LCityHA.org SERVING: Sunset Hills, Oakwood, Oakwood Addition and Silver Hills

**LANDLORD RELEASE FORM
(NOT to be completed by Applicant)**

To: _____

RE: Applicant(s): _____ SS#: XXX-XX-_____
Applicant(s): _____ SS#: XXX-XX-_____
Applicant(s): _____ SS#: XXX-XX-_____

An application for housing has been placed with us by the above individual(s). He/She/They currently live or have previously lived at your property.
We would appreciate it if you would complete the information below.

The applicant(s) authorize(s) the release of this information.

Applicant Signature: _____ **Date:** _____
Applicant Signature: _____ **Date:** _____
Applicant Signature: _____ **Date:** _____

General Rental History:

The applicant resided in the property from _____ to _____
Does/did the applicant permit persons other than those listed on the lease to live in the unit? Yes _____ No _____
Does/did the applicant's conduct disturb his/her neighbors? Yes _____ No _____
If yes, please explain: _____

Was applicant evicted? Yes _____ No _____ If yes, reason: _____
Was applicant evicted within the past three years because of drug-related/ criminal activity? Yes _____ No _____
If yes, please give details _____

Rent Payment History:

Amount of monthly rent \$ _____ Current Amount Owed \$ _____
____ Excellent (pay on or before late date) ____ Fair (pays within the month) ____ Poor (frequently pays late)

Housekeeping History:

____ Satisfactory ____ Unsatisfactory

TO BE COMPLETED BY HUD HOUSING AGENCIES AS APPLICABLE

Does/did this household receive income exclusions? Yes _____ No _____
Does applicant owe Community Service hours? Yes _____ No _____
If yes, please indicate number of hours and dates owed _____

Name _____ **Title** _____

Contact # _____ **Date** _____

Apartments: Lenoir City

Elderly/Disabled/ 1 bedroom

Dogwood Terrace, 200 Dogwood Terrace:
986-0280

SpringPlace, 304 Locust Street:
986-6651

Family/Elderly/Disabled

Hines Valley Apartments, 1 Hines Court:
986-6425

McGhee Square, 225 Kelley Lane:
986-6955

River Manor, 6370 Industrial Park Blvd:
986-3472

Lenoir City Housing Authority, 101 Oakwood Drive:

986-8707 e-mail: LCHA@LCityHA.org

Apartments: Loudon

Elderly/Disabled/ 1 bedroom

Loudon Garden, 641 Clyde Street:
458-3716

Loudonview, 1521 Grove Street:
458-2780

Family/Elderly/Disabled

Loudon Housing Authority, 124 Pathkiller Trail:
458-2061

Westside Terrace, 939 Maremont Pkwy:
458-4035

(Area code is 865 unless specified)

Senior Services

Adult Protective Services: 594-5686 or
1-888-277-8366
Senior Citizens Home Assistance: 986-8000
ETAAD 1-866-836-6678 or
691-2551
Veterans Administration: 1-800-827-1000
Blind Services: 1-800-342-3308 or
1-615-74-3917
Deaf Impaired (interpretation): 579-0832
Social Security Adm.: 1-800-772-1213
Social Security (Knox): 1-866-331-8636
Social Security (Maryville): 1-866-331-9891

Social Services

Career Center (employment): 986-5506
Adult Basic Education: 988-0967
Vocational Rehab.: 354-1039
ETHRA (transportation): 1-800-232-1565
Adult Community Training: 986-6182
Legal Aid: 637-0484
Election Commission: 458-2560

Mental and Health Services

Suicide Hotline: 539-2409
Cherokee Health: 986-8082
Mental Health: 584-9125
Peninsula Outpatient: 970-9800
Alcohol & Drug Abuse: 1-800-809-9957
National Domestic Violence Hotline:
1-800-799-7233
Crisis & Recovery Center for Sexual Assault:
1-888-522-5244
Mobile Crisis: 539-2409

Section 8 : 594-6696

Mid-East (Homeless Only): 986-5212
Domestic Violence Shelter: 816-3481
Harriman Shelter: 423-882-0480
Veterans Only: 546-4813
HUD: (Tenant Complaints) 474-8233

Child & Parenting Services

Dept. Children's Services: 988-0398
Parent Helpline: 1-888-383-0994
Child Support: 376-0081
Child Support payment center: 1-800-838-6911
Head Start : 986-7162
Hope Resource Center: 986-7734
Teen Pregnancy Hotline: 1-800-255-4936
Break The Cycle: 458-1597
Healthy Families: 523-8695
Parent Pathway: 1-800-356-6767
Family Resource Center: 986-0518
Health Department: 458-2662
Loudon County Juvenile Office: 986-8696

Community Services

(Help with food, utilities, prescriptions, rent, etc.)
Good Samaritan: 986-1777 or
458-5541
Salvation Army : 986-1692
American Red Cross: 986-3468
Shriners: 524-3459
Mid-East: 986-5212
United Way: 986-4820
Habitat: 988-7427
Loudon County Resource Center: 986-8798 or
458-8502

Inside this Brochure:

- You will find useful information regarding Housing in the Lenoir City and Loudon County Area.
- Information regarding Senior Services.
- A list of Mental and Health Services.
- Community Service phone Numbers
- Child and Parenting Service Numbers.
- Phone numbers for the nearest Homeless Shelter, Domestic Violence Shelter, Section 8 and Veterans Shelter.
- Social Services phone numbers.

We will continue to update this brochure as needed and if you find an error please let us know so that it may be corrected!

Lenoir City Housing Authority
865-986-8707 or
LCHA@LCityHa.org

Department of Human Services

Lenoir City: 986-4749
FAX: 986-7798

Caseworkers

Cheatham, Ailene	988-0247
Huffman, Brandon	988-0248
Northrup, Deborah	988-0250
Talley, Deborah	988-0251
Mayfield, Dennis	988-0249
Zerrip, Glynda	988-0253
Rogers, Shannon	988-0258
Smallwood, Sharon	988-0259

The Lenoir City Housing Authority consists of 138 units of Public Housing in three complexes and manages “Silver Hills” Section 515 complex with 32 units under the name of Lenoir City Housing & Community Development Corp..

Sunset Hills: 68 Townhouse units

16 – 3 bedrooms (two levels)

40 – 2 bedrooms (two levels)

7 – 1 bedroom (one Level)

Wheelchair Accessible:

2— 3 bedrooms

2— 2 bedrooms

1— 1 bedroom

Oakwood: 40 duplex units

8— 1 bedroom

4— 4 bedrooms

14— 3 bedrooms

14— 2 bedrooms

Oakwood Addition: 30 Walk-up units

8- 3 bedrooms

22— 2 bedrooms

Silver Hills: Grade and top level apartments

30—2 bedroom units

2— Wheelchair accessible



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing



Homeless Definition

RECORDKEEPING REQUIREMENTS



<p>Category 1</p> <p>Literally Homeless</p>	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> ○ discharge paperwork <u>or</u> written/oral referral, <u>or</u> ○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution 	
	<p>Category 2</p> <p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a <u>hotel</u> or <u>motel</u>—evidence that they lack the financial resources to <u>stay</u>; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
	<p>Category 3</p> <p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> • Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> • Certification of no PH in last 60 days; <u>and</u> • Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> • Documentation of special needs <u>or</u> 2 or more barriers
	<p>Category 4</p> <p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.