



Section 8 Application for Continued Occupancy/Recertification

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ClevelandHousingAuthority.org   

Head of Household: _____ Phone: _____

Address: _____
 [Street Name and Number] [City] [State] [Zip]

Contact Person: _____ Phone: _____

Head of Household - Check One (Voluntary Information):

- White Black American Indian or Alaskan Native Asian or Pacific Islander Hispanic
 Female Head of Household Veteran Head of Household

IMPORTANT - The following information is voluntary and must be asked of all applicants:

Does any member of your family require a handicap accessible unit or any other handicap accommodations?

Yes No If Yes, Explain: _____

The following information on disability is voluntary:

Does a member of your household qualify for disability under Section 504 of the Rehabilitation Act of 1973 or the Federal Fair Housing Act as amended in 1988 and the Americans with Disabilities Act?

Yes No If Yes, Explain: _____

A. Household Composition

Family Mem. No.	Persons to Reside in Unit	Relationship	Sex (M/F)	Birthdate	SSN	Legal Citizen
Adults (Legal Names)						
1		Head of House				
2		Co-Head Spouse				
3						
4						
5						
Children (Legal Names)						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						



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A. Household Composition (Continued)

List all persons who moved out in the past 12 months (Including Deaths, Marriages, Permanent Placement in Nursing Home, etc.)

Full Name	Relationship	Date of Move Out	Reason

Do you anticipate any changes to your family composition?

Yes No If Yes, Explain: _____

B. Household Income / Employment

For each family member (where applicable), show source and anticipated income as indicated.

(List all income sources for verification during the recertification process.)

Family Mem. No.	Source of Income, Employer/Other	Current Wages: Monthly	Current Wages: Weekly	Hourly Rate	Hours Worked	Annual Earnings	Anticipated Next 12 Months
		\$	\$	\$		\$	\$
		\$	\$	\$		\$	\$
		\$	\$	\$		\$	\$
		\$	\$	\$		\$	\$
		\$	\$	\$		\$	\$

Does any family member work for anyone who pays them cash?

Yes No If Yes, Explain: _____

Have you or any other family member received any lump sum payments in the past year?

Yes No If Yes, Explain: _____

Financial Assistance

Family Mem. No.		Child Support	Veterans	SSI	SSA	Unemployment	Work First	Other	Anticipated Next 12 Months
	Monthly	\$	\$	\$	\$	\$	\$	\$	\$
	Weekly	\$	\$	\$	\$	\$	\$	\$	\$
	Monthly	\$	\$	\$	\$	\$	\$	\$	\$
	Weekly	\$	\$	\$	\$	\$	\$	\$	\$
	Monthly	\$	\$	\$	\$	\$	\$	\$	\$
	Weekly	\$	\$	\$	\$	\$	\$	\$	\$
	Monthly	\$	\$	\$	\$	\$	\$	\$	\$
	Weekly	\$	\$	\$	\$	\$	\$	\$	\$



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C. Assets - Cash

Family Member Number: _____	Checking Account #: _____ Amount: \$ _____ Bank Name: _____ Is checking account interest bearing? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Address: _____ City: _____ State: _____ Zip: _____
	Savings Account #: _____ Amount: \$ _____ Bank Address: _____ City: _____ State: _____ Zip: _____
	Other Assets: \$ _____ Details: _____ Bank Address: _____ City: _____ State: _____ Zip: _____
Family Member Number: _____	Checking Account #: _____ Amount: \$ _____ Bank Name: _____ Is checking account interest bearing? <input type="checkbox"/> Yes <input type="checkbox"/> No Bank Address: _____ City: _____ State: _____ Zip: _____
	Savings Account #: _____ Amount: \$ _____ Bank Address: _____ City: _____ State: _____ Zip: _____
	Other Assets: \$ _____ Details: _____ Bank Address: _____ City: _____ State: _____ Zip: _____

Assets-Other

Does any member of your household own any other assets (real estate, cars, certificates of deposit, stocks, bonds, or other investments? Describe: _____

D. Expenses

Have there been any changes during the past 12 months in your household expenses involving medical expenses?
(include expenses related to the care of a disabled member, Medicare, medical insurance, medical assistance from the Welfare department and outstanding medical bills to doctors, pharmacies or other medical facilities)

Expenses for child care of a child aged 12 years or younger: \$ _____ per week
(include name, address and phone number of the care provider and the weekly cost to you for child care)

Care Provider Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



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E. Arrests/ Convictions

Have you or any member of your household ever been arrested or convicted of any crime other than a traffic violation? Yes No If yes, explain: _____

F. Applicant Certification

I/we certify that the information given above is accurate and complete to the best of my knowledge and belief. I/we understand any attempt to obtain Section 8 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/we also understand that all changes in the income of any family member of the household as well as any changes in the household members must be reported to the Section 8 agency in writing within 10 days from the date of the change.

Head-of-Household Signature

Date

Spouse/Co-Head

Date

Agency Representative

Signature

Date

This Section for Agency Use Only Annual/Monthly Income Summary & Payment (Estimates)

	Annual	Monthly
Gross Income Estimated From Above (Unverified)		
Qualified Family & Medical Deductions (Unverified)		
Adjusted Income (Unverified)		

Total Tenant Payment

30% of Monthly Adjusted Income	(A)
10% of Monthly Gross Income	(B)
Total TTP (Larger of A or B)	(C)
PHA Min. Rent (if applicable)	

Tenant should never pay less than this amount.

Maximum Initial Rent Burden

Payment Standard	
Total Tenant Payment (TTP from C)	
40% of Monthly Adjusted Income (Family Total Housing Cost Limit)	(D)
Plus Maximum Subsidy	
Equals Max Gross Rent for Family	

Maximum Subsidy

Payment Standard	
Minus TTP (C)	
Equals Max. Subsidy	