



phone: 865.828.5927
 toll-free: 800.814.6355
 fax: 865.828.5212
 www.clinchpowell.net

HOUSING ASSISTANCE APPLICATION

APPLICANT	CO-APPLICANT
Mr./Ms. Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">First Middle Last</small>	Mr./Ms. Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">First Middle Last</small>
Home/Cell Phone _____	Home/Cell Phone _____
E-mail Address _____ <small><i>By providing an e-mail address, you attest it's secure & you can & will check it regularly</i></small>	E-mail Address _____ <small><i>By providing an e-mail address, you attest it's secure & you can & will check it regularly</i></small>
Street Address _____ PO Box: _____	
City/State/Zip-Code _____ County _____	
How long at residence? _____	

¿Habla español? Póngase en contacto con nosotros para una cita.

AUTHORIZATION TO CONTACT AND RELEASE INFORMATION

I/We are authorizing communication with the following in order to receive housing assistance:

RENT

Landlord / Company Name: _____

Landlord Phone number: _____ Email: _____

Lease Agreement is in the name(s) of: _____

UTILITIES

ELECTRIC Comp: _____ WATER Comp: _____

Company phone # _____ Company phone # _____

Account Number: _____ Account Number: _____

I/We _____ hereby authorize agents of Clinch-Powell RC&D Council (Tax ID # 62-1396815), a HUD Certified Housing Counseling Agency (#82934), to discuss my account. Additionally, I authorize the sharing of any necessary information and documentation by any/all of the above referenced parties as needed for program participation and eligibility determination. Information and account history may be provided via the preferred communication channels of either party, including, but not limited to: verbally, electronically, and print. This authorization will expire 36 months from the date below.

 Applicant SIGNATURE Date Co-Applicant SIGNATURE Date

PO BOX 379 | 7995 RUTLEDGE PK | RUTLEDGE, TN 37861



Clinch-Powell Resource Conservation & Development Council, Inc. is a 501(C)(3) non-profit organization. Clinch-Powell is a Community Housing Development Organization and housing counseling agency primarily serving East Tennessee. All programs of Clinch-Powell are available without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status, because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission - 600 Pennsylvania Ave NW, Washington, DC 20580. NMLS# 195063 / S.Karge NMLS# 2403630



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DISCLOSURE & CONFLICT OF INTEREST

Clinch-Powell RC & D Council is a non-profit Community Housing Development Organization and a HUD-approved

counseling agency (82394) that, among other activities, helps families with affordable housing goals. Most services are available in alternative formats and locations upon request.

Clinch-Powell receives funding for its housing programs through grants and loans from a number of sources, including but not limited to: USDA Rural Development, US Dept. of Housing & Urban Development [HUD], US Dept. of Treasury, Corporation for National and Community Service, Federal Home Loan Bank, the Environmental Protection Agency, THDA, Fahe/Just Choice Lending, State of Tennessee, Citizens Bank & Trust Co. of Grainger County, Truist Bank, Regions Bank, Blue Cross, Blue Shield, Ballad Heath, Rural LISC, the East Tennessee Foundation, United Way, public fundraising, and private donations.

As a housing counseling agency, Clinch-Powell offers the following services: 1) Pre-Purchase Homebuyer Education Workshops-- utilizing the *Realizing the American Dream* curriculum; 2) Pre-Purchase Counseling--financial readiness to purchase/own an affordable home; 3) Non-Delinquency Post-Purchase Counseling and Workshops-- non-delinquency home improvement, energy efficiency; 4) Mortgage Delinquency and Default Resolution Counseling--assisting to resolve mortgage defaults; 5) Rental Housing Counseling--locating safe/decent rental housing; 6) Financial Management/Budget Counseling--personal money management and credit improvement; 7) Financial, Budgeting, and Credit Workshops—Financial Literacy; 8) Home Improvement and Rehabilitation Counseling—Homeownership counseling that sometimes includes High-Cost Mortgage Counseling--requirement of certain mortgage loans to ensure borrower's understanding of the risk of the loan. Clinch-Powell, along with Clinch-Powell Construction Company develops affordable single-family homes to sell to low- to moderate- income families. In addition to coordinating the packaging and servicing of select loan products, Clinch-Powell itself occasionally offers low-interest loans and grants for various affordable housing activities. Clinch-Powell NMLS# 195063 /S.Karge NMLS# 2403630. Please visit <http://mortgage.nationwidelicingsystem.org/> to find more information regarding history and profile as a mortgage lender. Lastly, Clinch-Powell is a property manager of multiple single-family rental housing units which it also owns.

In providing counseling services, Clinch-Powell housing counselors will present to their clients several options in the furtherance of their housing goal/service, possibly including recommendations of some of the above listed services. The Clinch-Powell housing counselor will recommend only services that are in the best interest of the client, and will inform the client of any interests the organization has in any particular product or service. Within the agency, individual housing counselors may perform multiple affordable housing activities within the scope of their regular job duties, and as such, will not receive any additional funds or incentives specifically for those activities. Moreover, as per HUD guidelines, housing counselors will not simultaneously participate in specific housing activities.

As the client, you have the right to inquire as to specific relationships Clinch-Powell or its employees have with other entities. You also have the right to choose (or not) the products or services that you feel are right for your household, regardless of any option presented or recommendation made by the housing counselor. **YOU ARE UNDER NO OBLIGATION TO UTILIZE/RECEIVE, OR EVEN CONTINUE WITH SERVICES THROUGH YOUR HOUSING COUNSELOR OR CLINCH-POWELL AS A WHOLE.** Your decision to utilize or not utilize certain programs and products will not in any way affect your housing counseling service. If you decide to discontinue services with Clinch-Powell, or if your need is beyond the scope of the agency's capabilities, Clinch-Powell staff will assist you locating a more suitable local agency.

If you/your housing situation meet certain criteria, we may collect personal information directly from you and enter into a computer system call HMIS (Homeless Management Information System). Many agencies that provide assistance use this computer system to gather information about clients that are homeless or at risk of homelessness. We only collect information that we consider to be appropriate. You are not required to provide this information. However, without your information we may not be able to fully assist your needs. All information provided to the HMIS system is safeguarded and held under tightest security.

PRIVACY POLICY NOTICE

We may collect non-public personal information about you from the following sources: A) Information you provide to us orally or written, such as on applications or other forms; B) Information about your transaction with us or others; and C) Information from others, such as credit bureaus, real estate appraisers, lenders and employers.

We do not disclose any non-public personal information about you without your consent to anyone, except:

- information provided to your lender as required to gain approval for a loan or protect your current home,
- to government agencies and grantors in compliance with their respective monitoring and reporting requirements,
- in broader forms to partnering agencies for reporting purposes, joint applications, and/or compilation of statistical data,
- as required by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information in order to provide you products and services requested with this application. We may disclose certain limited information to relevant third parties as part of a particular service as further described in the specific program authorization. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information. As a client, you have the right to opt-out and direct us to withhold non-public personal information from third parties, or to specify/limit to whom such information is provided. If you choose to opt-out, we will not be able to answer questions from third parties. To opt-out, you will need to make special note of this on this page, written separately, or explicitly stated to your counselor; not signing this page is not sufficient to opt-out. If at any time, you wish to change your decision with regard to your opt-out, you may call us at 865-828-5927 and do so.

If you decide to discontinue services through Clinch-Powell, we will still adhere to the policies and practices as described in this notice. The agency will continue to safely maintain your records for a period of time, of at least three (3) years, after which all digital files will be purged and paper documents will be shredded and destroyed.

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SELF-CERTIFICATION & AUTHORIZATION to RELEASE INFORMATION

-I/We certify that all the information provided above is complete, correct, and true to the best of my knowledge. I understand that providing false or misleading information will result in the rejection of my application for assistance, as will not providing requested/required information or documentation. I understand that withholding or providing vague information on this application or to agents of Clinch-Powell may result in a delay of my application process, and funding is awarded on a first-come, first-serve basis following the approval of their application. Thusly, I understand that it is my responsibility to provide Clinch-Powell with the requested information in a timely fashion. I authorize Clinch-Powell to contact me by any method I have provided. I understand Clinch-Powell has no control over the security of communication methods outside of its internally owned communication portals, and is therefore not responsible for external security breaches. I understand and acknowledge that it is my sole responsibility to provide Clinch-Powell with up-to-date and reliable contact information; consequently, my failure to do so may result in the delay and/or disqualification of my application. If my application is incomplete, it will expire after thirty (30) days. After such time, my application may be destroyed.

-It is also understood that completion of this application in no way guarantees that I will be approved to receive assistance. I understand Clinch-Powell has no control over an outside Utility company, Mortgage company, or Landlord, and cannot compel them to participate in the program and accept outside payments from the program/Clinch-Powell on my behalf.

-I/We authorize Clinch-Powell to communicate with our mortgage servicer, landlord, utility provider, state agencies, social service agencies, or my employer on my behalf as part of the application process, program payment execution and/or in assisting me with finding other services/ resources I may be eligible for. I/We hereby authorize Clinch-Powell, when appropriate, to share information with the State of Tennessee, TN Department of Human Services, Department of Housing & Urban Development, or another relevant third party or partnering agency for the purposes of program monitoring, compliance, and evaluation. And for these purposes, I authorize Clinch-Powell to contact me at a later date to update the information in my file.

-I certify that I understand the assistance I am applying for through Clinch-Powell is comprised of Federal funds received by the state of Tennessee, AND that that it is a crime to knowingly cause the misuse of federal or state funds. I/We authorize Clinch-Powell RC & D Council, Inc. to check any and all information and/or references provided, including but not limited to my household, employers, current benefits received, utility provider(s), mortgage servicers and landlords. I also give permission to use my Social Security number and birth date in order to check the credit information contained herein either directly or through a credit reporting agency.

I/we/our household certify that I/we have been significantly and negatively (in) directly impacted by the COVID-19 Pandemic. I/we/our household is not presently receiving similar monetary assistance for our housing or utilities, as it relates to a COVID-19 hardship, or otherwise.

I/we/our household will provide all supporting documentation as requested by Clinch-Powell Staff, including, but not limited to copies of: ID's of all adults, current lease agreement, notice of eviction, proof of current income, proof of income prior to the hardship, proof of hardship.

I/we/our household understand that we are applying for assistance through Clinch-Powell, and that assistance whether monetary or otherwise, is governed under the regulations set further by the funder, and is beyond Clinch-Powell's control.

I/we/our household understands that an incomplete application (including supporting documentation requested) will result in a denial of assistance. Moreover, completing this application, it in NO way guarantees or promises assistance. Assistance is provided based on program eligibility and availability of funding.

I/we/our household understands that failing to disclose or withholding information will result in an automatic denial of our application.

I/we/our household understands that is a HUD-approved housing counseling agency, and as such, some measure of housing counseling will be provided to my household.

I/We have read, understand, and agree to the attached Privacy Policy and agency Disclosure.

Applicant SIGNATURE

Applicant PRINTED NAME

DATE

Co-Applicant SIGNATURE

Co-Applicant PRINTED NAME

DATE



DETERMINATION OF ELIGIBILITY FOR ERA-EPP

PART I: PRIMARY HOUSEHOLD MEMBER CONTACT INFORMATION – (This person must be on the lease)

First Name

Last Name

Street Address

City

State

Zip Code

Apt/Unit #

Email

Phone Number

PART II: BASIC ELIGIBILITY DETERMINATION QUESTIONS

The following questions will help determine whether your household meets basic eligibility for Financial Assistance under the ERA-EPP Program.

A.1. Are you seeking Financial Assistance for rent or utilities associated with a unit located in Tennessee?
 Yes No

A.2. Are/Were you obligated to pay rent under a lease for that unit?
 Yes No

A.3. Is your household income at or below the 80% area median income level for your county? *(SKIP for now)*
 Yes No

A.4. Do you hereby certify that someone in your household qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic and such financial hardship occurred after March 13, 2020?
 Yes No

Describe your household's financial hardship:

A.5. Do you hereby certify that someone in your household can demonstrate a risk of homelessness or housing instability (this can be due to past due utility or rent notices, notices to vacate, eviction notices, or the household being cost-burden (where at least 30% of your household income is spent on rent, etc.)?
 Yes No

Describe your household's risk of homelessness or instability:



IF YOU ANSWERED "NO" TO ANY OF THE QUESTIONS A.1 - A.5, YOU ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT CAN STILL RECEIVE HOUSING STABILITY SERVICES. PLEASE COMPLETE PARTS III, IV, IX, & X.

IF YOU ANSWERED "YES" TO ALL OF THESE QUESTIONS, YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. PLEASE COMPLETE ALL REMAINING SECTIONS.

PART III: HOUSING UNIT INFORMATION

Is the housing unit you are seeking financial assistance or housing stability for the same as the address you provided in Part I?

Yes No If yes, please write same as above. If no, please provide the address.

Street Address City State Zip Code Apt/Unit #

Name of Apartment Complex Property Manager Telephone Email Address

Lease Start Date Rent Per Month Have you received a late rent notice or detainer warrant? Yes No

Has the landlord received a judgment for eviction? Yes No

If you answered yes to either question, please provide the document.

Do you give permission for your information to be provided to legal aid? Yes No

Date Rent Became Delinquent Total Amount of Rent Owed Court Date/Date You Must Vacate By

PART IV: HOUSEHOLD MEMBER INFORMATION – list all household members starting with the Head

1) NUMBER OF PEOPLE WITHIN YOUR HOUSEHOLD: _____

2) NAME OF HEAD OF HOUSEHOLD:

First Name Middle Name Last Name

Birthdate: _____ Check here if no income

Head of Household's Income: \$_____ per month/year (circle one)

Source of Income: Wages Self-Employment Social Security Child Support Alimony Unemployment Pension/Retirement

Race:
 American Indian or Alaska Native
 Asian
 Black or African American
 Mixed Race
 Native Hawaiian or Other Pacific Islander
 White
 Decline to Answer

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
 Decline to Answer

Gender:
 Female
 Male
 Non-binary
 Decline to Answer

3) NAME OF OTHER HOUSEHOLD MEMBER:

First Name

Middle Name

Last Name

Birthdate: _____

Check here if no income

Other Household Member's Income: \$_____ per month/year (circle one)

Source of Income: Wages Self-Employment Social Security Child Support
 Alimony Unemployment Pension/Retirement

4) ATTACH A SEPARATE SHEET OF PAPER FOR EACH ADDITIONAL HOUSEHOLD MEMBER.

PART V: TOTAL HOUSEHOLD INCOME CERTIFICATION – choose one

I hereby self-certify that my total annual household income is as listed and that I have attached documentation proving such. **Enter Annual Household Income: \$ _____**

I hereby self-certify that my total annual household income is as listed, but I am currently unable to provide such documentation. **Enter Annual Household Income: \$ _____**

PART VI: UTILITY INFORMATION

Utility Provider Telephone Current Amount Owed

Utility Provider Telephone Current Amount Owed

PART VII: REQUIRED DOCUMENTS

The following document must be verified:

Valid government-issued identification for the Head of Household ***Required**

PART VIII: OTHER ASSISTANCE

My household has received all of the following types of state or federal housing, rent, or utility assistance between 2020 and now:

Public Housing Housing/Rent Voucher Rental Assistance Utility

To the best of my knowledge I have have not received assistance under an ERA 1 or ERA 2 program.

Please list the name of the entity that provided the assistance, how much assistance you received, and what it was for:

PART IX: CERTIFICATION

By submitting this Determination of Eligibility, I hereby certify that:

- All information I provided is true, accurate, and complete, and if requested, I shall provide further documentation or self-attestations to support any representations.
- I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I understand that I am particularly put on notice that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statement to any U.S. Department or Agency. Further, Title 13, Chapter 23, Section 133 of the Tennessee Code Annotated states that it is unlawful for any person to knowingly make, utter, or publish a false statement of substance for the purpose of influencing the agent to allow participation in any of its programs and such violation is a Class E felony.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

PART X: AUTHORIZATION FOR RELEASE OF INFORMATION

Authority & Purpose: The rules that govern the ERA-EPP Program require the Tennessee Housing Development Agency (“THDA”) and/or its grantees to determine eligibility under the program for financial assistance. This release allows THDA and/or its grantee to obtain certain information to assist in the determination of the amount of assistance a household is eligible for.

By signing this consent form, you are authorizing THDA and its grantee to request information from the sources listed on this form in order for the THDA and/or its grantee to make determinations regarding aspects of your eligibility for the ERA-EPP Program.

Use of the Income Information to be Obtained: THDA and its grantees are required to protect the information obtained in accordance with the Privacy Act of 1974, U.S.C. 552a. THDA and its grantees are required to protect the information under any State privacy laws. THDA, its grantees, and their employees may be subject to penalties for unauthorized disclosures or improper use of certain information that is obtained based on this consent form.

Sources of Information to be Obtained: Leases, Rent Rolls/Ledgers, Rent Amounts, Rent Arrearages, Detainer Warrants, Eviction Notices, Lease Terminations and other Landlord Notices, Utility Information and Arrearages.

Individuals or organizations that may release information: Landlords, Management Companies, Utility Providers.

Consent: I consent to allow THDA and its grantee to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under the ERA-EPP Program.

This consent form expires 6 months after being signed.

THDA Grantee Name (“Grantee”)

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

PART XI: DETERMINATION OF ELIGIBILITY (to be completed by THDA’s Grantee)

Household is: Eligible for Financial Assistance
 Not eligible for Financial Assistance Reason: _____

NAME OF GRANTEE:

SIGNATURE OF EMPLOYEE OF GRANTEE

DATE