



phone: 865.828.5927
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www.clinchpowell.net

HOUSING ASSISTANCE APPLICATION

APPLICANT	CO-APPLICANT
Mr./Ms. Name _____ First Middle Last	Mr./Ms. Name _____ First Middle Last
Home/Cell Phone _____	Home/Cell Phone _____
E-mail Address _____ <small>By providing an e-mail address, you attest it's secure & you can & will check it regularly</small>	E-mail Address _____ <small>By providing an e-mail address, you attest it's secure & you can & will check it regularly</small>
# of people in the household: _____ # children: _____ Primary language spoken: _____	
<input type="checkbox"/> Are you seeking assistance to move into a new place to live? OR	
<input type="checkbox"/> Are you seeking assistance to be able to stay at your current rental housing? _____	

¿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:

☐ REFERRAL AGENCY

Company: _____ Contact person: _____

Phone number(s): _____ Email: _____

☐ 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, or initiation of. Additionally, I authorize the sharing of any necessary household information and documentation as needed for program participation and eligibility determination. Information may be provided via 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

Verbal authorization was obtained by a Clinch-Powell employee during phone intake / assessment of client needs.

Staff Initials: _____

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 this creditor is the Federal Trade Commission- 600 Pennsylvania Avenue, NW, Washington DC 20580.

NMLS#195063; A. Karr NMLS#1553157



Name: _____ Phone: _____ Birth date _____ Social Security or TIN Number _____ <div style="text-align: center; font-weight: bold; font-size: small;">OPTIONAL DEMOGRAPHIC INFO:</div> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <u>Race:</u> <input type="checkbox"/> Native-American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <u>Ethnicity:</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <u>Veteran:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active duty <u>Highest Level of Edu:</u> _____ <u>In School or Training Program:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <u>Disabled:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes</i> <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health condition: _____ <input type="checkbox"/> Substance abuse or recovery <input type="checkbox"/> Other: _____	Name: _____ Phone: _____ Birth date _____ Social Security or TIN Number _____ <div style="text-align: center; font-weight: bold; font-size: small;">OPTIONAL DEMOGRAPHIC INFO:</div> Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <u>Race:</u> <input type="checkbox"/> Native-American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <u>Ethnicity:</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <u>Veteran:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active duty <u>Highest Level of Edu:</u> _____ <u>In School or Training Program:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <u>Disabled:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes</i> <input type="checkbox"/> Physical <input type="checkbox"/> Mental Illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Chronic Health condition: _____ <input type="checkbox"/> Substance abuse or recovery <input type="checkbox"/> Other: _____
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☐ I/We have read, understand, and agree to the attached Privacy Policy and agency Disclosure.

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 or Landlord, and cannot compel them to participate in the program and accept outside payments from the program/Clinch-Powell on my behalf. I understand the funds of this program is limited to the counties of Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, and Union Counties for moderate living expenses. There is no guarantee that even if approved, an acceptable unit will be available. I understand that if approved, and after receipt of initial funds, subsequent payments are not guaranteed at all or for any length of time. I understand that monthly follow-up will be expected during the duration of assistance and my failure to communicate with Clinch-Powell for that monthly follow-up may result in the discontinuation of monthly assistance.

-I/We authorize Clinch-Powell to communicate with our current/prospective, 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 Tennessee Housing Development Agency [THDA], Tennessee Valley Coalition on Homeless and Continuum of Care, Department of Human Services, Department of Housing & Urban Development, the Homeless Information Management System, 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/We understand that Clinch-Powell will make available to me other programs while I receive financial assistance, but I am not obligated to participate.

-I certify that I understand the assistance I am applying for through Clinch-Powell is funded by HUD's Emergency Solutions Grant and administered by THDA. I understand 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 or other federally issued identification number and birth date in order to check the criminal history and/or credit information contained herein either directly or through a credit reporting agency.

☐ I/we/our household certify that I/we are experiencing housing instability to the degree of meeting one of HUD's categories for homelessness, and have been further negatively impacted by the COVID-19 Pandemic. I/we/our household is not presently receiving similar monetary assistance for our housing or utilities, nor do we have other financial or in-kind resources to secure safe affordable housing on our own.

- ☐ Category 1 – Literally Homeless Individual or family who lacks a fixed, regular, and adequate nighttime residence
- ☐ Category 2 – Imminent Risk of Homelessness Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain permanent housing
- ☐ Category 3 – Homeless Under Other Federal Statutes 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: (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 the preceding 60 days; and
- ☐ Category 4 – Fleeing/Attempting to Flee Domestic Violence

_____ Applicant SIGNATURE	_____ Applicant PRINTED NAME	_____ Interviewer Initials
_____ Co-Applicant SIGNATURE	_____ Co-Applicant PRINTED NAME	_____ Interviewer Initials

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NMLS#195063; A. Karr NMLS#1553157



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, Rural LISC, Fannie Mae, Freddie Mac, 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) Post-Purchase Counseling and Workshops-- non-delinquency home improvement, energy efficiency; 4) Foreclosure Prevention/Loss Mitigation Counseling--assisting to resolve mortgage defaults; 5) Rental Counseling--locating safe/decent rental housing; 6) Household Budgeting & Credit Repair Counseling and Workshops--financial literacy and personal money management; 7) 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; Andrea Karr NMLS#1553157. Please visit <http://mortgage.nationwidelicensingsystem.org/> to find more information regarding history and profile as a mortgage lender. Lastly, Clinch-Powell is a property manager for a multi-family low-income apartment building, as well as, 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.



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 applicants 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 this creditor is the Federal Trade Commission- 600 Pennsylvania Avenue, NW, Washington DC 20580.



PRIVACY POLICY NOTICE

We may collect non-public personal information about you from the following sources: A) Information that 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.