

Priority Code:		Previous Waiting List:	Yes No
Bedroom Size:		Previous Date/Time:	



**CHATTANOOGA HOUSING AUTHORITY
APPLICATION FOR HOUSING**

Community Name: _____

Applicant's Name: _____ **AKA** _____

Mailing Address: _____ **Apt. Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____ - _____ - _____ **Birth Date:** _____

Driver's License/State I.D. Information: State: _____ Number: _____ I.D. or Driver's License: _____

Home Telephone Number:(____) _____ **Work Telephone Number:**(____) _____

Cell Phone/Page Number:(____) _____ **Other Contact Number:**(____) _____

If living with someone: Name: _____ Address: _____

List other household members who will be living in the apartment. Give the relationship of each family member to the Applicant along with their date of birth, age, sex, and social security number. Please include yourself on this list.

Family Member's Name	Relationship to Applicant	Date of Birth	Age	Sex	Social Security Number
	<i>self</i>				

Race of Applicant:

White Black African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander

Ethnicity of Applicant: Hispanic Non-Hispanic Language, if not English: _____

Are you a citizen of the United States of America: Yes No

If no, explain residence status: _____

Does any household member require a special needs apartment because of a disability or handicap? Yes No

If yes, please specify need(s): _____

Are you a former resident? Yes No If yes, move out date? _____

Initials _____
Initials _____

SOURCE OF INCOME:

For each type of income that any family member receives, give the source of the income and the amount of income expected from the source during the next twelve (12) months. (Example: employment (name of employer), social security pensions, TANF, social security, disability, child support, family contributions, interest, alimony, baby sitting, caretaking, annuities, dividends, income from rental properties, scholarships and/or grants, etc.)

Family Member	Source of Income	Monthly Amount
Applicant		

ASSET INFORMATION:

List all checking and savings accounts including IRS's, Keogh accounts and certificate of deposit of all household members, including amounts disposed of during the past two years.

Family Member	Source of Income	Monthly Amount
Applicant		

List the value of all stocks, bonds, trusts, pension contributions or other assets: \$ _____

Do you own a home or other real estate? YES NO Market Value: \$ _____

EXPENSES:

Do you pay for childcare which enables you or another family member to work or to school? YES NO
If yes, complete the following:

Name of Childcare Provider	Address of Childcare Provider	Weekly Cost	Name of Child(ren) Cared For
		\$	
		\$	
		\$	

Do you pay for a care attendant or for any equipment for a disabled member(s) of the family necessary to permit that person or someone else in the family to work? YES NO

LANDLORD INFORMATION

Name of Landlord	Address of Landlord	Phone Number	Fax Number

ELDERLY FAMILIES (age 62 and older):

Do you have Medicare? YES NO If yes, describe your expenses: _____

Do you have any other kind of medical insurance? YES NO If yes, please specify: _____

Do you have any outstanding medical bills on which you are paying? YES NO Amount: \$ _____

Do you expect to have any medical expenses during the next twelve (12) months? YES NO Amount: \$ _____

Initials: _____

Initials: _____

EDUCATION:

Highest grade completed (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 GED

College (circle one): 1 2 3 4 Post Graduate Degree: _____

Technical Institute: _____ Date(s) attended: _____

LOCAL PREFERENCE CERTIFICATION:

This community selects applicants for housing by priority status related to the applicant’s selection of a local preference and other ranking criteria. Applicants with a verified local preference are assisted before other applicants.

I, the undersigned applicant, do hereby certify that I believe my family is eligible for the local preference checked below:

Check all that apply

I request that my name be placed of the Public Housing Waiting List. I claim the following preferences:

Working Preference:

_____ I represent a household with at least one adult member who is employed and has been employed for 12 consecutive months and/or has been enrolled in family self-sufficiency activities for one year.

_____ Household whose head & spouse or sole member is 62 years of age or older or is a person with disabilities.

_____ I represent a household with at least one adult member who is employed and has been employed fulltime for six (6) consecutive months; and/or has been enrolled in family self-sufficiency activities for six (6) months.

_____ I represent a household with at least one adult member who is employed and has been employed full-time for a minimum of one year in a part-time capacity (20 hours or more) or has been enrolled in family self-sufficiency activities for one (1) year.

_____ I represent a household with at least one adult member who is employed and has been employed for a minimum of six (7) months in a part-time capacity (20 hours or more) or has been enrolled in family self-sufficiency activities for six (6) months.

None of the above:

I do not claim any of the preferences listed above. _____

Check all that apply

I request that my name be placed on the Public Housing Waiting List. I claim the following priorities:

_____ **Involuntarily Displaced.**

I have been involuntarily displaced (or will become displaced within the next six (6) months) due to:

_____ **Government Action.**

(i.e., required to move by any level of government—Federal, State or local)

_____ **Natural Disaster.**

Formally declared or recognized by the government that has resulted in damage or destruction of a dwelling.

_____ **Hate Crime.**

Actual or threatened physical violence of intimidation that is directed against a person or his/her property. Must be based on race, color, religion, sex, national origin, handicap or familial status.

_____ **Hope Six.**

Relocation efforts, modernization work or other HCA initiative that require tenant relocation.

_____ **None of the above.** I do not claim any of the preference listed above.

CRIMINAL ACTIVITY:

- A. Have you or any family member(s) listed on your Application been involved in any criminal activity or criminal conduct? YES NO
- B. Are you or is anyone listed on your Application currently facing any criminal charges? YES NO
- C. Have you or has anyone listed on your Application been convicted within the last five (5) years of a crime? YES NO
- D. Have you or anyone listed on your Application been involved in any of the following crimes? YES NO

If Yes, check all which apply:

- | | | |
|---|-------------------------------|----------------------|
| 1. Homicide/Murder | 8. Rape/Sexual Assault | 14. Fraud |
| 2. Burglary/Larceny | 9. Destruction of Property | 15. Vandalism |
| 3. Prostitution | 10. Threats/Harassment | 16. Assault/Fighting |
| 4. Disorderly Conduct | 11. Public Intoxication/Drunk | 17. Robbery |
| 5. Child Abuse | 12. Domestic Violence | 18. Drug Trafficking |
| 6. Drug Use/Possession | 13. Receiving Stolen Goods | 19. Theft |
| 7. Other Criminal Activity (specify): _____ | | |

E. Have you or has anyone listed on your application been accused of, convicted of, pled guilty to, or found guilty of any of the crimes listed above? YES NO

F. If you answered "Yes" to any of the above criminal activity questions, please list the criminal charges or activity, who was involved, the date, and the court's disposition (for example: waiting for court date, dismissed continued, probation, sentence served, etc.). If additional space is needed, please write on the back of this page or attach additional sheets: _____

G. Explain why the criminal activity listed above does not show that you are a threat to the health, safety, or welfare of other residents. You may explain the circumstances of the case, that the case is so old or is not serious enough to show that you are a threat, that you have been rehabilitated, or any other favorable information. If additional space is needed, please write on the back of this page or attach additional sheets: _____

Initials: _____
Initials: _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION:

I do hereby authorize the management of the community listed in my Application to obtain information about me or my family that is pertinent to determine my eligibility and suitability for an apartment in this housing community. I understand that any misrepresentation of information or failure to disclose information requested on this Application may disqualify me for consideration of admission or participation, and may be grounds for eviction, non-renewal or termination of assistance. I also understand that false statements of information are punishable under Federal and State laws, and that I may be denied housing for any false statements.

Applicant's signature: _____ Date: _____

Spouse's signature: _____ Date: _____

Other adult's signature: _____ Date: _____

Management Representative: _____ Date: _____

Initials: _____

Initials: _____

