

**\*\*FOR OFFICE USE ONLY – DO NOT WRITE\***

**CHA REVIEWER** \_\_\_\_\_

**Date Received** \_\_\_\_\_



# Public Housing Application (Gateway Towers)

Thank you for your interest in the Chattanooga Housing Authority's ("CHA") Low Income Public Housing Program. You may submit the application to the site you are applying for or at our central office located at 801 North Holtzclaw Avenue, Chattanooga, TN 37404. You must be 18 or older to apply. Please see the CHA's website at [www.chahousing.org](http://www.chahousing.org) regarding the status of waiting lists. All of CHA's communities are SMOKE FREE inside buildings and 25 feet from the building.

### HEAD OF HOUSEHOLD INFORMATION (All fields required; please print very legibly)

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ Male \_\_\_\_\_ Female

**Do you consider yourself as having a DISABILITY?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**RACE:**  
 Black / African American  
 White  
 American Indian / Alaska Native  
 Asian  
 Other  
 I do not wish to report

**ETHNICITY - Do you consider yourself Hispanic?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**CURRENT MAILING ADDRESS:**

**Street / Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **ALTERNATE PHONE NUMBER:** \_\_\_\_\_  
(if primary line is disconnected)

**EMAIL:** \_\_\_\_\_

**WHAT IS THE PRIMARY LANGUAGE SPOKEN BY THE HEAD OF HOUSEHOLD?** \_\_\_\_\_

**OTHER Household Members**

*(Please list the names and information for all additional persons who will be included in the household)*

Name	Male/ Female	Social Security Number	Date of Birth	Relationship (Spouse, Child, Live-In-Aide, etc.)

**Preferences:**

**If you submit additional documentation with your application, you may be given preference.**

It is not necessary to provide any documentation other than this application, UNLESS you wish to claim eligibility for the Elderly (age 62 and older) or Near Elderly (age 50-61) Preference or the Displaced Preference. Having this preference will allow your application to be considered sooner. The Preferences available to applicants who have been displaced from their housing for the any of the following reasons (eviction by your landlord is NOT a qualifying reason):

**Do you wish to claim an Elderly/Near Elderly (age 62 & older/age 50-61) Preference? \_\_\_\_\_ Yes**

**Do you wish to claim a Displaced Preference? \_\_\_\_\_ Yes**

**Note:** Applicants aged 62 and older will receive the highest preference, applicants aged 50-61 will receive a lower preference, applicants less than age 50 will receive the lowest preference.

**Displaced preference documentation requirements:**

- Government action (i.e. required to move by any level of government: federal, state or local) – submit displacement or condemnation letter from government;
- Refugees as defined by federal law – submit evidence of refugee status;
- The inaccessibility of a unit including fire/flood or other casualty to a non-CHA managed unit (CHA Operations Director’s Office approval required);
- HUD disposition of a HUD multi-family project (CHA Operations Director’s Office approval required);
- Natural disaster, as declared by federal, state and/or local officials (CHA Operations Director’s Office approval required);
- Witness protection: when a local, state and/or federal law enforcement organization requests that CHA house a witness or other person involved in an investigation or pending criminal action. The law enforcement organization must provide compelling written justification for the request, which must be approved by the Executive Director or his/her designee; and
- Applicants referred by an organization in good standing of the CHA's Housing First Program.

If you choose to claim and receive the preference on the application, you must submit supporting documentation to prove the preference. Otherwise, you will be considered a standard applicant.

**Waiting Lists: Gateway Towers 1100 Gateway Avenue, 37402**

*Do you require a unit with mobility accessible features (handicapped)? \_\_\_\_\_ Yes*

*Do you require a unit with features for those with audio/visual disabilities? \_\_\_\_\_ Yes*

*Note: Special units with accessibility features are only available for 1-bedroom units.*

**0-Bedroom Waitlist Closed      1-Bedroom \_\_\_\_\_**

**2-Bedroom Waitlist Closed**

**Information Release and Consent to Perform Credit, Background and Reference Checks:**

I, the above named individual, hereby authorize the Chattanooga Housing Authority (“CHA”) to verify the accuracy of information that I have provided, from the following sources:

Social Security Administration  
Veterans Administration  
Department of Defense  
U.S. Postal Service  
Law Enforcement Agencies  
Schools and Colleges  
Pharmacies  
Sources for Child Support & Alimony

Department of Public Welfare  
Courts  
Financial Institutions  
Sources for Annuities/Pensions  
Landlords: Past and Present  
Employers: Past and Present  
Child Care Providers  
Dept. of Employment and Training

I understand that the information, which will be collected by the CHA, is used to manage the housing programs, to protect the public’s financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities and to court or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and used only by the CHA staff in the course of their duties.

I authorize and permit Chattanooga Housing Authority to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above.

By signing below, I hereby give my permission for 3rd parties, including landlord screening services and credit reporting agencies, to release information, subject to the conditions listed above. This authorization is valid for a period of one year from the date noted with signature. I understand that a photocopy of this authorization is as valid as the original.

**\*\*Please Note: Completion of this application does not guarantee that you will receive housing. All eligibility criteria must be met for you to qualify and receive housing. You have an ongoing responsibility to update the CHA regarding any change in contact information (address, phone number) and in family composition. Failure to do so can result in your name being removed from the waiting list(s) in which you have applied \*\***

**By signing below, you acknowledge you have read, understand, and certify that the information provided herein is complete and accurate to the best of your knowledge. Falsification will be grounds for disqualification from housing.**

**Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_**