



# **Emerald Villages Waitlist Application**

Thank you for your interest in the Chattanooga Housing Authority’s (“CHA”) Emerald Villages. The first step in the process is to complete the attached application. You may submit the application to the Emerald Villages Management Office or CHA’s Central Office. You have an ongoing responsibility to update the CHA regarding any change in contact information (address, phone number) family composition, and preference eligibility.

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 and for additional information about Emerald Villages. This community is SMOKE FREE inside buildings and 25 feet from any building(s).

Emerald Villages is a designated Upward Mobility community. CHA provides extra support systems, family programming, counseling, and assistance for families at these sites, to help them move towards economic self-sufficiency. However, families must make a commitment to this program, and all adult household members must be engaged in self-sufficiency activities 30 hours per week or they will have to leave the site (activities include being employed, doing volunteer work, job training or education; persons aged 62 or older or with disabled excepted).

**\*\*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 **\*\***

**HEAD OF HOUSEHOLD:**

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

**ETHNICITY - DO YOU CONSIDER YOURSELF HISPANIC?** YES \_\_\_\_\_ NO \_\_\_\_\_

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

**Household Composition -- THIS DETERMINES YOUR BEDROOM SIZE**

(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, your application may be given preference.

Documentation qualifying you for a preference can also be submitted later, and your waitlist status can be upgraded. Please submit your additional documentation with a Preference Documentation Coversheet (CHA Form No. AP-102).

<p>____(1) First Generation RAD Residents living at Emerald Villages at the time of renovation completion.</p>	<p>____(3) Existing Waiting List Applicants at the Time of Conversion in date and time order within preference categories who meet Emerald Village’s eligibility/suitability requirements as detailed in the UMP for 1 year prior to date of application.</p>
<p>____(2) First Generation RAD Residents living off site from Emerald Villages (i.e. residents involved in the first phase of off-site relocation activities) at the time of renovation completion.</p>	<p>____(4) Administrative Transfers – The Executive Director or his/her designee may require a resident to transfer from one dwelling unit to another for a sound administrative reason as set forth in Section 10.2 of this Management Plan.</p>
<p>____5: Administrative Transfers -- When Upward Mobility determines that a participant in the LIPH Family Self-Sufficiency Program and/or other ROSS Program has demonstrated an interest and ability to successfully participate in the CHA’s Upward Mobility Program, is deemed by the CHA to be a tenant in good standing AND can demonstrate 2 or more of the following:</p> <ul style="list-style-type: none"> <li>a) Consistent full time employment of at least 30 hours per week for a 12-month period immediately preceding placement on the Administrative Transfer list or elderly/disabled status;</li> <li>b) Consistent full time schooling during the academic year immediately preceding placement on the Administrative Transfer list;</li> <li>c) Self-Sufficiency activities of at least 30 hours per week for a 12-month period immediately preceding placement on the Administrative Transfer list;</li> <li>d) Rent paid to CHA on-time for a 12-month period immediately preceding placement on the Administrative Transfer List; and/or</li> <li>e) Other activities as approved by the CHA.</li> </ul>	

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	Law Enforcement Agencies
Department of Public Welfare	Landlords: Past and Present
Veterans Administration	Schools and Colleges
Courts	Employers: Past and Present
Department of Defense	Pharmacies
Financial Institutions	Child Care Providers
U.S. Postal Service	Sources for Child Support & Alimony
Sources for Annuities/Pensions	Dept. of Employment and Training

I understand that the information, which will be collected by the CHA, is used to manage the housing program, 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.

By signing below, I hereby give my permission 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.

By signing below, you also 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 \_\_\_\_\_