



# Public Housing Application (East Lake Courts)

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 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 a Displaced Preference? \_\_\_\_\_ Yes**

**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:**

**East Lake Courts, 2600 4<sup>th</sup> Avenue, 37407**

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

*Note: Special units with mobility accessibility features are only available for 1-bedroom units. For a unit with audio/visual accessible features, please apply to another site.*

**1-Bedroom                      Waitlist Closed**

**2-Bedroom                      \_\_\_\_\_**

**3-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 \_\_\_\_\_**

# Program Overview



Tre Hargett  
Secretary of State

## Safe at Home Address Confidentiality Program

### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

[sos.tn.gov/safeathome](http://sos.tn.gov/safeathome)

This document will provide a basic overview of the Safe At Home Address Confidentiality Program.

The Safe at Home Address Confidentiality Program is open to all victims of domestic abuse, stalking, human trafficking, rape, sexual battery, or any other sexual offense who satisfy eligibility and application requirements at no cost.

### **What is the Purpose of the Program? How does the Program accomplish this purpose?**

The purpose of the Safe At Home Program is to protect the confidentiality of a program participant's confidential address, which will most often be their residential address. Once a program participant has been approved to participate in the program, they will be provided with a 'substitute' address. The program participant will then be able to use 'substitute' address as their official mailing address for all state and local government purposes and for their children, including public school or public benefits enrollment, subject only to a few limited exceptions. By doing so, the participant's confidential address will not appear in public records relating to either themselves or their children.

### **What happens to mail sent to the substitute address?**

The Safe At Home Program will receive all first class and certified mail sent to the substitute address and then forward that mail to the participant at their designated mailing address.

### **Why is the program necessary? What is the Tennessee Public Records Act?**

Under the Tennessee Public Records Act, T.C.A. § 10-7-501 *et. seq.*, all state or local government records are considered public and are available for public inspection and copying, unless specifically protected by other law. This means that any member of the public can request that a state or local government official allow them to inspect and/or take a copy of certain records, which may contain another individual's name, address, or phone number. This means that an abuser may be able to track or discover the residential address of a victim through public records. The primary goal of the Safe at Home Address Confidentiality Program is to prevent this from happening and provide victims of domestic violence and other crimes with a sense of security in their own homes and freedom from intimidation or further abuse.

### **Who should consider applying to participate in the program?**

Victims of domestic abuse, stalking, human trafficking, or any sexual offense,

- Who are currently residing in a domestic violence shelter or other crisis shelter;
- Who are currently temporarily residing with family or friends;
- Who have moved to a new home within the previous 30 days;
- Who are attempting to escape an abuser, stalker, or other aggressor;
- Who have children; or
- Who rely upon, or will need to rely upon, public assistance programs.

**Chattanooga Housing Authority Applicants or Transferring Residents - Please contact Abby Nipp at 423-752-4820 to initiate your enrollment process or for any questions concerning this program.**

For more information about the Safe At Home Program, or to find a list of Certified Application Assistants in your area, visit [sos.tn.gov/safeathome](http://sos.tn.gov/safeathome) or contact the Safe At Home Program at (615) 253-3043.