

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

CHA REVIEWER _____

Date Received _____



Project Based Rental Assistance (PBRA) Application (Mary Walker Towers)

Thank you for your interest in the Chattanooga Housing Authority’s (“CHA”) Project Based Rental Assistance (PBRA) 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 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. Having this preference will allow your application to be considered sooner.

Do you wish to claim an Elderly/Near Elderly (age 62 & older/age 50-61) 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.

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:

Mary Walker Towers, 2501 South Market Street, 37408

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.

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