

PROVIDE COPIES OF THE INFORMATION BELOW

Applicant Name: _____

- Birth Certificates for you and all household members
- Social Security Cards **FRONT AND BACK** for you and all household members
- Form I-94 or Green Card **FRONT AND BACK** if born outside of the United States
- Picture ID for you and all adult household members

IF YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING PROVIDE COPIES OF THE DOCUMENTATION BELOW

- Social Security or Supplemental Security Award Letter (**DATED WITHIN LAST 60 DAYS**)
- Employment (**PROVIDE LAST 4 CHECK STUBS. IF THE PERSON IS NEWLY EMPLOYED A LETTER FROM EMPLOYER STATING THE 1)DATE OF HIRE, 2)RATE OF PAY AND 3)NUMBER OF SCHEDULED HOURS**)
- VA Benefits (**DATED WITHIN LAST 90 DAYS**)
- Pension (**PROVIDE VERIFICATION OF PAYMENTS DATED WITHIN LAST 90 DAYS**)
- Unemployment (**PROVIDE UNEMPLOYMENT COMPENSATION INCOME VERIFICATION DATED WITHIN LAST 90 DAYS**)
- If self-employed or own a business (**PROVIDE A COPY OF YOUR MOST RECENT TAX RETURN**)
- Child Support (**PROVIDE CASE ID NUMBER AND 6 MONTH PRINTOUT**)
- Proof of DHS Benefits (**DATED WITHIN LAST 90 DAYS**)
- IF SOMEONE GIVES YOU MONEY (**PROVIDE A SIGNED LETTER FROM THE PERSON WITH THE AMOUNT THEY GIVE YOU, FREQUENCY OF PAYMENTS AND CONTACT INFORMATION**)
- OTHER INCOME (**PROVIDE PROOF OF ANY OTHER INCOME YOU RECEIVE DATED WITHIN LAST 90 DAYS**)
- **PROVIDE PROOF OF ALL ASSETS SUCH AS CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, REAL ESTATE, STOCKS, BONDS, ANNUITIES**
- Elderly or Disabled household member: If the head of household or spouse is 62 or older or if your family includes a member who is disabled, supply the source and proof of medical or disability expenses paid (**PROVIDE LAST 12 MONTH PRINTOUT FROM PHARMACY, RECURRING MEDICAL BILLS WHERE PAYMENTS WERE MADE, ETC**)
- If you pay for child care for children age 12 and UNDER ONLY (**PROVIDE NAME AND ADDRESS OF CHILDCARE PROVIDER AND PROOF OF PAYMENTS**)



Metropolitan Development and Housing Agency

Rental Assistance Department

620 Dew Street • Nashville, Tennessee 37206

Mailing Address: P O Box 846 Nashville, Tennessee 37202

Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614

www.nashville-mdha.org

Limited English Speaking Applicants/Participants:

The Metropolitan Development and Housing Agency wants to make sure you understand what we say to you and that you understand any forms we ask you to sign in regard to your application for housing assistance. Please complete the section below so that we may know how to best serve your needs.

Are you able to speak and understand English? Yes No.

Are you able to read English? Yes No.

Are you able to write in English? Yes No.

Do you need an interpreter to assist you? Yes No.

If yes, you may either designate a friend or family member to act as your interpreter, or MDHA will provide one for you at no cost to you. If you would like for a friend or family member to be your interpreter, please complete the following statement.

I, _____, authorize

_____ to act as my interpreter

for the purpose of assisting me in completing an application for housing assistance from

the Metropolitan Development and Housing Agency (MDHA). I understand any

information given to MDHA by my interpreter, spoken or written, will receive the same

consideration as if the information was provided directly by me.

Head of Household

Date

MDHA Representative

Date

This form and supporting documents become a part of the applicant/participant file by reference.

**Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form**

All sections must be completed - Please Print

First _____ Middle _____ Last Name _____ Social Security Number _____
 Address _____ Apt. # _____
 City _____ State _____ Zip Code _____
 Home Phone: _____ Other Phone: _____
 E-Mail Address: _____

EMERGENCY CONTACT: Person we can contact if unable to reach you

Name _____ Relation to you _____
 Address _____ Phone Number _____
 City _____ State _____ Zip Code _____

HOUSEHOLD MEMBERS

Complete information below for all persons who will live in your household while you are on the program. You must use the legal name for each member as it appears on their Social Security Administration record. All adult members of the household must sign below certifying that the information about them is true and accurate.

Full Name	Relation	Date of Birth	Age	Place of Birth	Sex	Social Security Number	Race	Marital Status
1.	Head							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

INCOME

EMPLOYMENT INCOME: List all full and part-time employment for all household members 18 and older. Include earnings from self-employment.

Member #	Employer	Address-City, State, Zip Code	Phone #	Job Title	Start Date	Earnings
						\$ Per
						\$ Per
						\$ Per

OTHER SOURCES OF INCOME: List all other income for all household members including: AFDC (TANF), Social Security, SSI, Pensions, VA, Military Pay, Alimony, Child Support, Unemployment Benefits, Contributions from Outside Sources, Any Other Income

Household Member's Name	Source of Income	Monthly Amount	Case Number
		\$	
		\$	
		\$	

(cont'd on next page)

**Metropolitan Development and Housing Agency
Housing Choice Voucher Program - Personal Declaration Form**

ASSETS

Type of Account	Bank Name	Account #	Current Balance	Yearly Interest
Checking			\$	\$
Savings			\$	\$
Certificate of Deposit			\$	\$
Annuities/Life Insurance			\$	\$
Other:			\$	\$

Does any household member have Stocks and/or Bonds? Yes [] No [] If yes, what is value? \$ _____
 Does any household member have U.S. Savings Bonds? Yes [] No [] If yes, what is value? \$ _____
 Does any household member own real estate? Yes [] No [] If yes, what is value? \$ _____
 Has any household member ever owned real estate? Yes [] No [] If yes, when? _____

VEHICLE INFORMATION

Do you or any household member own a vehicle(s)? Yes [] No []
 Year/Model? _____ License Plate # _____
 Year/Model? _____ License Plate # _____
 Are there outstanding loans on the above vehicle(s)? Yes [] No [] If yes, amount owed? \$ _____

MONTHLY HOUSEHOLD EXPENSES – How much do you pay each month for the following? Please complete all blanks. If not applicable, put none.

Rent	\$	Disability Expenses	\$
Gas	\$	Child Care	\$
Electric	\$	Household Supplies	\$
Water	\$	Cable	\$
Trash	\$	Yard Maintenance	\$
Telephone	\$	Car Payments	\$
Cell Phone	\$	Gasoline	\$
Food	\$	Public Transportation	\$
Medical	\$	Personal Loan/Credit Card	\$
Clothing	\$	Internet Access	\$
Insurance	\$	Other	\$

CHILD CARE EXPENSES

Child care is provided for (names of children) _____
 Child care is paid to: Name of provider _____
 Address _____
 City, St, Zip _____
 Phone/Fax _____
 in the amount of \$ _____ per _____ and enables _____ to work, or
 _____ to attend school.
 Amount reimbursed \$ _____ per _____ Person/Agency who pays for child care _____

MEDICAL AND UNUSUAL EXPENSES

Do you have Medicare benefits? Yes [] No [] TENNCARE? Yes [] No []
 Do you have other Health Insurance? Yes [] No [] Amount of premium(s) \$ _____ Per _____
 Do you make payments on medical bills? Yes [] No [] Amount of payment(s) \$ _____ Per _____
 Do you pay for prescription medicines? Yes [] No [] Amount paid for medicine(s) \$ _____ Per _____
 Are there any changes anticipated in health care related expenses in the next 12 months not covered by insurance? Yes [] No []
 If yes, explain: _____

Metropolitan Development and Housing Agency Housing Choice Voucher Program - Personal Declaration Form

As Head of Household, I understand that I am required to report any change in my household composition or household income within 14 days to the MDHA Section 8 office. I further understand that my failure to report any change in my household composition or income may result in my household being charged retroactive rent and/or being denied or terminated from the Section 8 Program.

*After verification of your household composition and income is obtained by the Metropolitan Development and Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

FEDERAL PRIVACY ACT STATEMENT

The U. S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U. S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public housing agencies (PIAs) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PIAs when applying or being reexamined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the PIA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the PIA is mandatory as per Circular Letter IVNAS-90-085. Failure to give it will affect eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer-matching to check the eligibility and rent determinations made by the PIA. The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U. S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et. seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

Signature of Head of Household	Date	Signature of Spouse or Co-Head	Date
Signature of Other Adult	Date	Signature of Other Adult	Date
MDHA Representative	Date		



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DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

Instructions: In order to be eligible to receive the housing assistance, each applicant for or recipient of housing assistance must be lawfully within the United States. On the back of this form, print the name of each family member and indicate which category of citizenship each family member has. Before selecting a non-citizen category (B, C or D), please read the Explanation of Non-Citizen Categories carefully. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **A Declaration must be entered for each family member.** Each family member who is age 18 or older must sign below. The head of household's signature is valid for all family members under the age of 18.

Explanation of Eligible Non-citizen Categories

Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA). A non-citizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the INA, as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.

Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259).

Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under 208(a) (7) of the INA (U.S.C. 1153)(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

Patrol status under 212(d) (5) of the INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182) (d)(5) (patrol status).

Threat to life or freedom under 243(h) of the INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 153) (h).

Amnesty under 245A of the INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a).

I certify under the penalty of perjury, that to the best of my knowledge, all family members of my household are lawfully within the United States as indicated on this document.

_____	_____	_____	_____
Head of Household Signature	Date	Signature of Other Adult	Date
_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date



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I certify under the penalty of perjury, that to the best of my knowledge, each member of my household is lawfully within the United States because (please circle the applicable Letter corresponding to the citizenship category for each member):

<u>Member Name (Please Print)</u>	<u>Citizenship Category</u> (Circle One - A, B, C or D)
1. _____ Head of Household	A B C or D
2. _____ Other Adult/Minor (please circle one)	A B C or D
3. _____ Other Adult/Minor (please circle one)	A B C or D
4. _____ Other Adult/Minor (please circle one)	A B C or D
5. _____ Other Adult/Minor (please circle one)	A B C or D
6. _____ Other Adult/Minor (please circle one)	A B C or D
7. _____ Other Adult/Minor (please circle one)	A B C or D
8. _____ Other Adult/Minor (please circle one)	A B C or D

- A Member is a citizen (born in the USA), naturalized citizen, or national of the United States; or**
- B Member has eligible immigration status and is 62 years of age or older (see reverse side)**
- C Member has eligible immigration status as checked below (see reverse side for explanations). Member must provide their Allen Registration Number.**
- D Immigration status under 101 (a) (15), or 101 (a) (20) of the INA.**

- Permanent residence under 249 of INA
- Refugee, asylum, or conditional entry status under 207, 203, or 203 of the INA
- Patrol status under 212(d) (5) of the INA
- Threat to life or freedom under 243(h) of the INA
- Amnesty under 245A of the INA

In addition, one of the following must be attached for any member claiming eligible Immigration status:

1. Form I-551, Allen Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above categories has been made and the applicant's entitlement to the document has been verified.



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APPLICANT /TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to the eligibility for or participation in any housing program.

Information and inquiries about:

Child Care Expenses	Federal, State, Tribal, or Local Benefits
Citizenship	Handicapped Assistance Benefits
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History

Individuals or Organizations that may Release Information:

Banks or other Financial Institutions	Providers of Handicapped Assistance
Courts	Providers of Medical Care
Law Enforcement Agencies	Pensions/Annuities
Credit Bureaus	Schools and Colleges
Employers, past and present	U. S. Social Security Administration
Landlords	U. S. Department of Veteran Affairs
Providers of Alimony	U. S. Department of Immigration and Naturalization
Providers of Child Care	Utility Companies
Providers of Credit	Welfare Agencies

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

I certify that the above-named individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

MDHA Representative

Date

This form and supporting documents become a part of the applicant/participant file by reference.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Metropolitan Development and Housing Agency
701 South Sixth Street
Nashville, TN 37206

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(e) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 614 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (41 U.S.C. 3501-3507). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 614 of the Housing and Community Development Act of 1992 (12 U.S.C. 13601) imposed on HUD the obligation to require housing providers participating in HUD-assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD-Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550 authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent actions).

Complete form (pages 1-3) for each adult listed on Section 8 application.

1. Name: _____ 2. Social Security #: _____

3. Birth Date: _____ 4. Relationship to Head of Household: _____

5. What is your gender?

- Male Transgender Male (FTM) Gender non-conforming (not exclusively male or female)
 Female Transgender Female (MTF)

6. What is your race? You may choose more than one.

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

7. Are you of Hispanic or Latino origin?

- Yes No

8. Are you a U.S. Military Veteran?

- Yes No

9. Do you have a disabling condition?

- Yes No

If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- Yes No

10. Disability Type (check all that apply):

- Alcohol abuse HIV/AIDS Mental health problem Physical disability
 Chronic health condition Drug abuse Developmental disability

11. Do you have health insurance? Check all that apply.

- Medicaid VA Medical Services Health Insurance obtained through COBRA
 Medicare Employer provided health insurance Indian Health Services Program
 State Health Insurance for Adults Private pay health insurance Other (specify): _____

12. Non-Cash monthly benefits from any source? Check all that apply.

- Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) amount: \$ _____ Special Supplemental Nutrition Program for WIC Other (specify: _____)
 TANF child care services TANF transportation services Other TANF-funded services

13. Are you a domestic violence survivor?

- Yes No

If yes, when did it occur?

- Within the past three months
 Three to six months ago
 Six months to a year ago
 One year ago or more

If yes, are you currently fleeing?

- Yes No

14. Residence Prior to Project Entry: Where did you stay last night? (check only one box):

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TRANSITIONAL OR PERMANENT HOUSING SITUATION
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with an emergency shelter voucher <input type="checkbox"/> Safe Haven (this is a type of emergency shelter bed - not Safe Haven Family Shelter)	<input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Substance abuse treatment or detox center <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Psychiatric Hospital or other psychiatric facility <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client with VASH subsidy <input type="checkbox"/> Rental by client with GPD TIP subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless person <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment, or house

15. How long did you stay there?

- One night or less One week or more, but less than one month 90 days or more, but less than one year
 Two to six nights One month or more, but less than 90 days One year or longer

If you selected a Homeless Situation for question 14:	If you selected an Institutional Situation for question 14:	If you selected a Transitional or Permanent Housing Situation for question 14:
<p>What was the approximate date your homelessness started? ____/____/____</p> <p>How many times have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____</p> <p>Total number of months on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____</p>	<p>Did you stay there less than 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, answer the following questions:</p> <p>On the night before that situation, did you stay on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the approximate date your homelessness started? ____/____/____</p> <p>Regardless of where you stayed last night, how many times (episodes) have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____</p> <p>Total number of months on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____</p>	<p>Did you stay there less than 7 nights? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, answer the following questions:</p> <p>On the night before that situation, did you stay on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the approximate date your homelessness started? ____/____/____</p> <p>Regardless of where you stayed last night, how many times (episodes) have you been on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years? _____</p> <p>Total number of months on the streets, in an emergency shelter, or Safe Haven (this is a type of emergency shelter bed – not Safe Haven Family Shelter) in the past three years, including today? _____</p>

16. Total gross monthly income from any source: \$ _____

Monthly income amount from each source:

- | | |
|---|---|
| \$ _____ Earned income (employment) | \$ _____ Workers compensation |
| \$ _____ Unemployment insurance | \$ _____ TANF (Temporary Assistance for Needy Families) |
| \$ _____ SSI (Supplementary Security Income) | \$ _____ Retirement Income from Social Security |
| \$ _____ SSDI (Social Security Disability Income) | \$ _____ General Assistance (GA) |
| \$ _____ VA service-connected disability compensation | \$ _____ Pension or retirement from a former job |
| \$ _____ VA non-service connected disability pension | \$ _____ Alimony and other spousal support |
| \$ _____ Child support | \$ _____ Other (please specify: _____) |
| \$ _____ Private disability insurance | |

X _____ signature of applicant stating that all information is true and correct

Complete page 4 for children included in Section 8 application.

Please list information about all dependent children (under 18 years old) in your household:

First & Last Name	Date of Birth	Social Security Number	Gender	Hispanic/ Latino?	Race (can check more than one)	Health Insurance	Disabling Condition (can check more than one)
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender non-conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes Type: _____ <input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Chronic health condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Mental health problem <input type="checkbox"/> Developmental disability <input type="checkbox"/> Physical health problem
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender non-conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes Type: _____ <input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Chronic health condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Mental health problem <input type="checkbox"/> Developmental disability <input type="checkbox"/> Physical health problem
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender non-conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes Type: _____ <input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Chronic health condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Mental health problem <input type="checkbox"/> Developmental disability <input type="checkbox"/> Physical health problem
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM) <input type="checkbox"/> Trans Female (MTF) <input type="checkbox"/> Gender non-conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes Type: _____ <input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Chronic health condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Mental health problem <input type="checkbox"/> Developmental disability <input type="checkbox"/> Physical health problem

X _____ signature of applicant stating that all information is true and correct



Metropolitan Development and Housing Agency
 Rental Assistance Department
 620 Dew Street • Nashville, Tennessee 37206
 Mailing Address: P O Box 846 Nashville, Tennessee 37202
 Telephone (615) 252-6500 • TDD (615) 252-8599 • FAX (615) 252-6614
 www.nashville-mdha.org

Zero Income Certification

Re: Household of:

Head of Household Name _____

You and/or another adult member of your household have reported no income. Please sign this certification and return in the enclosed envelope within 10 days of the date on this letter. All adult members of the household with no income must sign this form.

MDHA Representative _____

Date _____

As an adult member of the above referenced household, I certify that I am not employed and have no source of income, earned or unearned. I understand that should my income status change, I am obligated to report it to the MDHA Rental Assistance Office within 15 days. I further understand that failure to report any income that I receive may result in my family being charged retroactive rent and/or being discontinued from the Section 8 Program.

CERTIFICATION

I/We certify that the information provided on this document is true and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Tennessee Code Annotated and Section 1001 of Title 18 of the U.S. Code which provides penalties up to \$10,000 or imprisonment up to five (5) years or both. I/we also understand that false statements or information are grounds for me being charged retroactive rent and my housing assistance being terminated.

"Any person who makes a false statement in writing, knowing it is false, for the purpose of obtaining or maintaining occupancy or for a reduction in rent or rent subsidy shall be guilty of a Felony".

Head of Household _____

Other Family member 18 years old or older _____

Date _____

Date _____

Other Family member 18 years old or older _____

Date _____

Nashville-Davidson County HMIS: Client Release of Information

MDHA

(Print Agency Name)

is a Participating Agency in the Nashville-Davidson County HMIS.



The Nashville-Davidson County Homeless Management Information System (HMIS) is a secure, encrypted, web-based record-keeping system that maintains information about people experiencing a housing crisis in Nashville, including their service needs. This information is utilized to provide supportive services to you and your household members.

What information is shared in HMIS? We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand your needs. We only collect information that we consider to be appropriate. Relevant information shared by HMIS Participating Agencies upon your consent includes name, date of birth, social security number, gender, race, ethnicity, housing and homelessness history, history of income and benefits, self-reported disabling conditions, your case notes and services, your veteran status, your household composition, your emergency contact information, any history of domestic violence, assessment questions relevant to providing services related to your housing, and, optionally, your photo. The allowable HMIS uses and disclosures of your information include providing or coordinating services; for functions related to agencies' payment or reimbursement for services; to carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions; or for creating de-identified reports. Other uses and disclosures required by law include those necessary to avert a serious threat to health or safety; those related to victims of abuse, neglect, or domestic violence when required by law; for academic research purposes by an institution or organization under agreement with the HMIS lead agency; or disclosures for law enforcement purposes such as a subpoena.

How do you benefit from sharing your information? Data sharing—or the authorization for multiple HMIS Participating Agencies in Nashville to view your data in HMIS—may help limit the number of times you must recount your story, and it improves collaboration and the flow of information among service providers, allowing them to provide faster and better services to you and streamline housing and service referrals.

Who can have access to your information? With your written consent, your information will be shared with other HMIS participating agencies in Nashville. Your HMIS information will not be shared with any agency not participating in Nashville's HMIS. Giving consent for your identifying information to be entered into HMIS and/or shared among partner agencies is voluntary and refusing to give consent will not deny your assistance. With this consent, staff may contact you, your case manager, your housing navigator, or another contact person given, about your assessment information, housing referrals, or service referrals.

How is your personal information protected? Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. Each participating organization and HMIS user has signed an agreement to maintain the security and confidentiality of your information.

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits HMIS Participating Agencies to view and update your information in HMIS when necessary. You may request an updated list of HMIS Participating Agencies from your case manager.
- Your consent is valid for three (3) years from the date given.
- You may revoke this consent at any time by contacting your case manager or Housing Navigator, and from that date forward, your information will no longer be shared, though the originally entered information will stay in HMIS.
- Aggregate or statistical data that is reported from HMIS will not disclose any of your personal identifying information. For the purposes of reporting requirements and advocacy, your information will be de-identified.
- If you believe that your information in HMIS is incorrect or incomplete, you have the right to request a correction. You have a right to view information in your electronic HMIS record and to have a copy of that information provided to you. You may also ask to see a list of the persons who have viewed or updated your client record.

For more information or to review your client record, ask your Housing Navigator or contact the HMIS Lead Agency at 615-862-6929 or HMISHelp@nashville.gov. All HMIS governance documents are subject to change as federal, state or local guidelines demand. Effective February 2020.

Nashville-Davidson County HMIS: Client Release of Information

Signature and Acknowledgement:

By initialing and signing below, I acknowledge that I have read, or have had read to me, all of the information above, and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS does not guarantee that I will be called for housing or that I will receive housing. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization outside of HMIS.

With your consent, your photo may be added to your record and shared with partner agencies for the purpose of identification. Your photo will not be used in any media or promotional materials unless agreed to by you in a separate consent. I consent to sharing my photograph. (Check here)

Printed Name of Client:

Date:

Client's Authorizing Signature:

Date:

Name of Agency Representative:

Date:

Agency Representative Signature:

Date:

I **do not authorize** this agency to put my information or my dependents' information into the Nashville-Davidson County HMIS. *(Declining to have your information put in HMIS will not restrict you from receiving services).*
 I **do not consent** to share information with other HMIS participating agencies.

Complete a form for each adult in the household. Include dependents on Head of Household (HOH)'s form.

Dependents included in this Release of Information:

Client's Name:	Relationship to HOH:
SSN:	Date of Birth:
Client's Name:	Relationship to HOH:
SSN:	Date of Birth:
Client's Name:	Relationship to HOH:
SSN:	Date of Birth:
Client's Name:	Relationship to HOH:
SSN:	Date of Birth:
Client's Name:	Relationship to HOH:
SSN:	Date of Birth:

Release of Information Form for Yardi Screening to Case Managers

Facilitated by the Metropolitan Housing and Development Agency & the Metro Homeless Impact Division

Read the following statement and accept or decline to release information to case management.

In an effort to assist clients in their housing navigation search, MDHA and MHID have created a partnership with the tenant screening company Yardi. The client will receive a free tenant screening report which will then be included in the voucher briefing documents for review.

The screening will alert the client to criminal background charges, credit reports, and evictions with outstanding arrears. By having this information prior to applying for housing, case management and service providers can work with the client to help address any housing barriers and strategically identify housing options for a client's unique history.

This form indicates if the client consents to a copy of their tenant screening report being released to their case manager or housing navigator. If the client agrees, MDHA will forward a copy to the case manager's email listed below. Even if denied a voucher, the client has the right to obtain a copy of the screening. Again, either directly to the client, or if consenting below, to their case manager.

I do not consent to the Yardi free tenant screening being released to my case manager/housing navigator.

Full Name: _____

Date: _____

I consent to the Yardi free tenant screening being released to my case manager/housing navigator.

Full Name: _____

Date: _____

Case Manager Email: _____