

APPLICATION FOR APARTMENT HOUSING

Urban Housing Solutions, Inc.
822 Woodland Street
Nashville, TN 37206
Phone: 615-726-2696

For Faster Processing, Go To
www.urbanhousingsolutions.org
to apply online

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Your Full Name: _____ TODAY'S Date: ____ / ____ / ____
First Middle Last

Any other name(s) you have used (including maiden name): _____

Your Social Security Number: _____ Date of Birth _____

Your Driver's License Number: _____ State: _____ Expires: _____

Phone Number: _____ Email: _____

What is the best way to contact you? phone e-mail mail

Current Address: _____ Apt. _____ City: _____

State: _____ Zip: _____ Move-In Date: _____ Current rent/payment: _____

Current Property Manager: _____ His/Her Phone Number: _____

Last Previous Address: _____ Apt. _____ City: _____

State: _____ Zip: _____ Move-In Date: _____ Rent/payment: _____

Current Property Manager: _____ His/Her Phone Number: _____

Have You Ever Lived in One of Our Apartments Before? yes no Where? _____

WHICH APARTMENT COMPLEX DO YOU WANT TO LIVE IN? _____

What size apartment are you seeking? Efficiency 1 Bedroom 2 Bedroom 3 Bedroom

Are you a working artist applying for housing at 26th and Clarksville? yes no

HOUSEHOLD COMPOSITON AND STATUS

List the Head of Household (Applicant) and ALL other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months, including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily-absent family members.

Household Member's Full Name (first and last)	Relationship to Head S = Spouse O = Other Adult C = Minor Child F = Foster Adult or Child U = Unborn Child L = Live-In Attendant	Date of Birth	Marital Status M = Married D = Divorced SP = Separated S = Single W = Widowed	Social Security Number	Student ? Yes or No	If "YES", list if the student is Parttime (PT) or Fulltime (FT) - (see definition at end of table)
	HEAD OF HOUSEHOLD					

NOTE: Household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.



Do You Have a Section 8 Voucher? Yes No Voucher expiration date:

Are You a Veteran? Yes No

Automobile/Truck Information: Make Model Color License Plate Number State

EMERGENCY CONTACT INFORMATION: First Name Last Name

Address (Street, City, Zip Code) Home/Cell Number Work Number

Nearest Relative (not living with you): First Name Last Name

Address (Street, City, Zip Code) Home/Cell Number Work Number

Do You Have Pets? Yes No (NOTE: Urban Housing Solutions has pet restrictions; see attached policy: Pages 6 & 7)

THIS 7-PAGE APPLICATION REQUIRES PAGES 1, 2, 3, 4, & 5 BEING COMPLETED!!

- 1. Employment Income and Assets Form (Page 3 & 4): ALL APPLICANTS MUST COMPLETE PAGES 3 & 4 TO BE CONSIDERED FOR HOUSING.
2. Urban Housing Solutions' Release of Information Form (Page 5): ALL APPLICANT MUST SIGN AND DATE PAGE 5 TO BE CONSIDERED FOR HOUSING.
3. Urban Housing Solutions' Current Pet Policy (Pages 6 & 7): These pages are included with Applications to inform all Applicants what rules and procedures control animal/pet ownership.

All Applications MUST include Pages 1, 2, 3, 4 and 5, with a \$25 application fee (money order only) payable to Urban Housing Solutions, to be considered for housing. Pages 6 and 7 are provided for information and review should an Application be approved. KEEP Page 6-7 for your records.

I have completed Pages 1-4 and 5 in seeking housing with Urban Housing Solutions. My responses to information requests have been made truthfully and to the best of my knowledge. I understand my application can be rejected, or any signed lease cancelled, if UHS discovers any false or incorrect information I provided on the application.

Applicant's Signature: Date:

EMPLOYMENT, INCOME AND ASSETS FORM – Page 3

URBAN HOUSING SOLUTIONS' APPLICATION FOR APARTMENT HOUSING

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SELF-EMPLOYMENT _____ Yes _____ No

If you are self-employed, what is your total gross monthly income? _____

What kind of business or services do you provide? _____

Your CURRENT Employer: _____

Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name: _____

Your Title or Position: _____ Your Start Date: _____

Total Gross Monthly Income (before taxes or any deductions): _____

SECOND Employer: _____

Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name: _____

Your Title or Position: _____ Your Start Date: _____

Total Gross Monthly Income (before taxes or any deductions): _____

OTHER INCOME SOURCES

Circle all income sources listed below that you now receive or anticipate receiving in the next 12 months. Enter N/A in third column if none.

Other Employments (part-time, on-call, etc.)	Circle one: YES NO	If "yes", monthly gross income: \$
Retirement Pension (company, union, local gov.)	Circle one: YES NO	If "yes", monthly gross benefit: \$
Military Retirement Pension	Circle one: YES NO	If "yes", monthly gross benefit: \$
Social Security Retirement Pension	Circle one: YES NO	If "yes", monthly gross benefit: \$
Social Security Disability Income (SSDI)	Circle one: YES NO	If "yes", monthly gross benefit: \$
Social Security Supplemental Income (SSI)	Circle one: YES NO	If "yes", monthly gross benefit: \$
Military Pay	Circle one: YES NO	If "yes", monthly gross income: \$
Veterans Administration Disability Benefits	Circle one: YES NO	If "yes", monthly gross benefit: \$
Veteran's Healthcare	Circle one: YES NO	If "yes", monthly gross amount: \$
Workman's Compensation	Circle one: YES NO	If "yes", monthly gross amount: \$
Unemployment Benefits	Circle one: YES NO	If "yes", monthly gross amount: \$
Rental Income (from all owned properties)	Circle one: YES NO	If "yes", monthly gross income: \$
Adoption Financial Assistance	Circle one: YES NO	If "yes", monthly gross income: \$
Foster Parenting Financial Assistance	Circle one: YES NO	If "yes", monthly gross income: \$
Monetary Gifts/Donations (family, friends, etc.)	Circle one: YES NO	If "yes", monthly gross amount: \$
Educational Financial Assistance/Stipend	Circle one: YES NO	If "yes", monthly gross amount: \$
Lottery Winnings (for past 12 months)	Circle one: YES NO	If "yes", total gross winnings: \$
Annuity payments	Circle one: YES NO	If "yes", monthly gross amount: \$
Child Support	Circle one: YES NO	If "yes", monthly gross amount: \$
Alimony	Circle one: YES NO	If "yes", monthly gross amount: \$
AFDC/TANF	Circle one: YES NO	If "yes", monthly gross amount: \$
SNAP/Food Stamps	Circle one: YES NO	If "yes", monthly gross amount: \$
TennCare/Medicaid	Circle one: YES NO	If "yes", monthly gross income: \$
TennCare/Medicaid/SCHIP	Circle one: YES NO	If "yes", monthly gross income: \$
General Public Assistance	Circle one: YES NO	If "yes", monthly total amount: \$
ZERO INCOME (NO INCOME FROM ANY SOURCE)	Circle one: YES NO	

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EMPLOYMENT, INCOME AND ASSETS FORM – PAGE 4

URBAN HOUSING SOLUTIONS' APPLICATION FOR APARTMENT HOUSING



ASSET INFORMATION: List ALL assets for this household member. MUST BE COMPLETED by ALL adults (age 18+) in household.			
ASSET TYPE	CIRCLE	BANK, CREDIT UNION'S NAME, ETC.	CURRENT BALANCE
Checking Account(s)	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
All Savings Account(s)	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
All Certificates of Deposit (CDs)	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
All Money Market Account(s)	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
Cash-on-hand	YES NO	Money kept where you live, on your person or held by someone trusted	Total Amount \$ _____
Stocks/Mutual Funds	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
Bonds	YES	1. _____	\$ _____
	NO	2. _____	\$ _____
Treasury Bill(s)	YES NO	Amount purchased: _____	Amount at Maturity \$ _____
401K Account	YES NO	Employer: _____	Current Plan Balance \$ _____
IRA/KEOGH Account	YES NO	Yearly amount deposited: _____	Current Plan Balance \$ _____
Trust Fund Account	YES NO	Trustee: _____ Address: _____	Current Value: \$ _____
Real Estate Ownership	YES NO	1. County: _____ 2. County: _____	VALUE: \$ _____ VALUE: \$ _____
Land Contract/Deeds of Trust	YES NO	1. County: _____ 2. County: _____	VALUE: \$ _____ VALUE: \$ _____
Personal Property Held as Investment	YES NO	Description: _____ _____	ESTIMATED VALUE \$ _____
Lottery Winnings	YES NO	1. Lottery: _____ Date: _____ 2. Lottery: _____ Date: _____	WINNING: \$ _____ WINNING: \$ _____
Universal Life Insurance	YES NO	Insurer: _____	CASH VALUE \$ _____
Whole Life Insurance	YES NO	Insurer: _____	CASH VALUE \$ _____

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RELEASE OF INFORMATION FORM – PAGE 5
URBAN HOUSING SOLUTIONS' APPLICATION FOR APARTMENT HOUSING



In compliance with the federal Fair Credit Reporting Act, anyone applying for housing at Urban Housing Solutions, Inc. (UHS) is subject to a credit investigation involving statements made on their rental application. It is also UHS's practice to verify all information and documents provided by prospective tenants for leasing consideration, and such inquiries may include, but not limited to:

Childcare expenses, family composition, Federal, State, Tribal, or local Benefits, citizenship, credit history, criminal activity, employment, income, pension/annuities, and assets, identity and marital status, Social Security numbers, residence and rental history, banks or other financial institutions, law enforcement agencies, employers – past & present, courts, credit bureaus, landlords, alimony providers of child care, schools and colleges, U.S. Social Security Administration, utility companies, welfare agencies, U.S. Department of Veteran Affairs, and the U.S. Department of Immigration and Naturalization.

I authorize Urban Housing Solutions, Inc. to verify all information pertaining to my rental application and its supporting documentation at any time through any means, including but not limited to database records, public record resources, and other rental housing owners.

I authorize Urban Housing Solutions, Inc. to submit information to consumer reporting agencies and other rental housing owners regarding performance of lease obligations, including both favorable and unfavorable information about my/our compliance with any UHS lease, rules or financial obligations.

I authorize Urban Housing Solutions to release pertinent information (income, family size and other demographic data) regarding my participation in UHS programs impacted by grants from HUD and other sources. I understand these grants require UHS to provide such tenant information and that the grants allow UHS to provide affordable rent levels.

I authorize UHS and its affiliated third parties to obtain credit reports, character reports and verify rental history as is necessary to verify all information provided by me in the application for tenancy.

I agree photocopies of this authorization may be used for the purposes stated above.

I certify that to the best of my knowledge all statements and documents submitted to obtain residence at a UHS property are true and complete. I further understand that my application may be rejected if I fail to fully answer any question or give false information.

I understand this application, release of information and other pertinent leasing documents shall be incorporated into the lease.

I understand should any information I provided in the application process is revealed to be false or incorrect after a lease is signed, it shall be grounds for cancellation of the lease.

I understand this document is controlling in the event any provision contained herein is in conflict with any other application document.

I understand if I do **not** sign this authorization my housing application may be denied or terminated.

Signature: _____ Date: _____

URBAN HOUSING SOLUTIONS, INC. IS AN EQUAL OPPORTUNITY HOUSING PROVIDER. IT IS OUR POLICY NOT TO DISCRIMINATE BASED ON RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, FAMILIAL STATUS OR DISABILITY. If you feel you have been discriminated against you, may file a complaint by calling 1-800-669-9777 (toll free) or 1-800-927-9275 (TTY).

★ Residents are permitted the following animals at all UHS properties: fish, quiet birds and hamsters. However, guests visiting Residents are NOT permitted to bring any of their animals/pets onto UHS properties with them. Additionally, no unapproved animal is permitted to visit or stay in any Resident's apartment – NOT even for a brief or temporary time.

★ Aquariums with greater than a 20-gallon capacity are NOT permitted.

★ All *Standards for Animal Care* (see next page) must be met and maintained.

RULES FOR 3RD & CHESTNUT, NORTH FOURTH AND 1219 1ST AVENUE SOUTH (ONLY)

One (1) dog or one (1) cat will be permitted at 3rd & Chestnut, North Fourth and 1219 1st Avenue South. The following dog breeds are NOT permitted: Pit Bull or Pit Bull mix, Chow or Chow mix, and Rottweiler or Rottweiler mix. The one (1) permissible dog or cat is permitted only under the following circumstances:

1. The Property Manager must approve the pet.
2. Resident must pay a pet fee of \$300 and a pet deposit of \$100. The pet fee is non-refundable. The pet deposit is refundable at the Property Manager's discretion when the resident vacates the apartment.
3. Any animal/pet, not approved by the Property Manager, that is found in a resident's apartment or maintained elsewhere in the housing community by the resident will result in eviction proceedings initiated. Additionally, the resident will forfeit his/her entire Security Deposit and Pet Deposit.
4. All *Standards for Animal Care* (on the back of this page) must be met and maintained.

POLICY FOR ALL OTHER UHS PROPERTIES

1. EXCEPT under the Conditions of Reasonable Accommodation, NO animal other than fish, quiet birds and hamsters are permitted at all other UHS Properties.
2. If a resident has an animal in the apartment either in the or anywhere else in the apartment community, the Property Manager will begin eviction proceedings. Additionally, the resident will forfeit his/her entire Security Deposit and Pet Deposit.

POLICY OF CONDITIONS OF REASONABLE ACCOMMODATE ANIMALS

Service or Assistive Animals for Disabled Persons will be allowed under the following conditions:

1. Prior to bringing a service or assistive animal onto UHS property, Resident must notify the Property Manager of his/her need for such an animal.
2. Resident must complete a Request for Reasonable Accommodation and deliver it to the Health Services Coordinator for review.
3. Resident must also have a medical professional certify that the Resident's need for an animal is valid. This certification must be on a form attached to the Request for Reasonable Accommodation and faxed to the Health Services Coordinator.
4. UHS's Director of Community Housing and the Property Manager will determine whether Resident should have the Service or Assistive animal.
5. Resident must meet and maintain all *Standards for Animal Care*.

These standards are applicable to all Urban Housing Solutions' Residents who own an animal/pet.

1. Resident must be able to provide adequate care for his/her animal.
2. Resident must clean-up after his/her animal and maintain a sanitary animal cage or aquarium.
3. Resident is responsible for any damages caused by his/her animal and will be required to pay for repairs necessary to restore the apartment to its original condition. This rule includes, but is not limited to, forfeiture of the pet deposit and/or security deposit.
4. The animal must be fed ONLY in the owner's apartment.
5. Resident must insure his/her animal does not cause noise to the extent it interferes with the peaceful enjoyment of apartment living by neighbors and other residents in the community.
6. The animal must be crated or kept behind a closed bathroom door when housing inspections, work orders and/or pest control is scheduled. In some cases, Resident may have to remove his/her animal from the apartment during and after pest control treatments.
7. Resident must designate a caregiver for the animal who will be responsible for the care and shelter of the animal in the event an owner is unable to care for the animal.
8. Resident must provide a duly executed Power of Attorney for Emergency Animal Care that names the designated caregiver and provides contact information of the person (blank Power of Attorney for Emergency Animal Care forms is available from the Property Manager). Resident's Property Manager and assigned Service Coordinator (where one is available) must be provided a copy of the completed Power of Attorney. An additional copy of the Power of Attorney must be posted on the interior side of the Resident's front door. It should be noted that in the event of an emergency, at the sole discretion of the Property Manager, Management will take the animal to the local animal shelter or attempt to find it another home.
9. The animal must be kept in the Resident's apartment in an appropriate cage or aquarium. Resident is responsible to insure his/her animal does not wander the apartment, grounds or common areas.
10. Resident is responsible to ensure his/her animal has been immunized according to State law and can, produce proof of such immunizations when requested by Housing Management.

PLEASE KEEP PAGES 6 & 7 FOR YOUR RECORDS SHOULD YOU HAVE AN ANIMAL/PET OR DECIDED TO ACQUIRE ONE BEFORE OR AFTER YOUR APPLICATION IS APPROVED BY URBAN HOUSING SOLUTIONS.

