



822 Woodland Street
 Nashville TN 37206
 Phone (615) 726-2696 Fax (615) 724-1645
 www.urbanhousingsolutions.org

Consent for the Release of Confidential Information

Resident Name **DOB**
SSN

By checking YES below, I, _____, hereby authorize the providers/agencies that provide case-management in partnership with the Metro Social Services, Metro Homeless Impact Division, listed below, to communicate and exchange information regarding my status as a client of agency services for the purpose of coordinating case-management services between Urban Housing Solutions and agencies.

PROVIDER/AGENCY NAME

Y	N		Y	N	
x		Metro Homeless Impact Division			Park Center
		Catholic Charities			Room in the Inn (RITI)
		Centerstone			Safe Haven
		Mental Health Cooperative			Street Works
		Metro Social Services			Veterans Administration (VA)
		Nashville CARES			Other: _____
		Open Table Nashville			

I understand that I may, in writing, change all or part of this consent by contacting my housing navigator or the Resident Services Director at Urban Housing Solutions, at (615) 726-2696, ext. 126

I also understand that his authorization for release of information remains effective for one year from the date of my signature unless I revoke it, in writing, except to the extent it has already been acted on.

I understand that the services provided by Urban Housing Solutions are not contingent upon or influence by my decision to sign or not to sign this document but that those services may be less effective if I do not sign it.

I understand that records and information disclosed pursuant to this consent may include records and information covered by 42 CFR Part 2 (governing drug and alcohol/drug abuse patient records), private medical information covered by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), including presence of a diagnosis or treatment of HIV/AIDs, presence of a diagnosis or treatment of a mental health condition/disorder, 45 CFR Parts 160 and 164, and all applicable State confidentiality laws and regulations. My signature on the is document expressly grants my consent for all such records to be disclosed to an authorized representative of Urban Housing Solutions, Inc. except to the limits I have chosen and noted herein.

 Resident Signature

 Date

 Witness Signature

 Date



Application For Rent-Assisted Housing

822 Woodland Street
Nashville, TN 37206
Phone: 615-726-2696

Name: _____ SS# _____ - _____ - _____

Date of Birth ____/____/____ Driver's License # _____ St. _____

Email _____ Age _____

Current Phone # _____

What is the best method to contact you? _____

Are you a Veteran? Yes No Are you a student? Yes No

Which apartment complex(es) are you applying for?

Mercury Courts Fisk Journey's Of Hope (JOH)

- *note the Fisk Court units are restricted to age 18-24 only*
- *note the JOH's units are recovery housing and applicant must have 9 months of sobriety*

For rent-assisted housing at Urban Housing Solutions, you must be homeless, and you must be able to prove this through a letter from an emergency shelter, social worker/case manager, or other homeless service provider. For some programs, you must also be disabled, which also must be documented.

This documentation will be required at Step 2 if you are invited to come in for an interview.

Are you currently experiencing homelessness**? Yes No

Where did you sleep last night? _____

How long have you been without housing? _____

Have you been homeless 4 times in the last 3 years? Yes No

****A person(s) can be deemed homeless if they reside:**

- *In places not meant for human habitation, such as the street, cars, an abandoned building, etc.*
- *In an emergency shelter*
- *In a transitional shelter*
- *In any of the above places but is spending a short time (up to 30 consecutive days in a hospital or other insitute*

Are you currently sober? Yes No If yes, last date of use: ____/____/____

Are you in recovery? Yes No If yes, do you have sponsor? Yes No

Do you have proof of treatment? Yes No

****The next question is asked of all applicants to see if the client is eligible for a Supportive Housing Unit at Urban Housing Solutions. If you do not wish to answer the question you can refuse to.**

Do you have a verifiable disabling condition? Yes No

If yes, is it documented or can documentation be obtained? Yes No

Do you have a monthly income? Yes No Total per month? _____

How much per hour \$ _____ How many hours per week _____

SSI \$ _____ SSDI \$ _____ AFDC \$ _____ Other \$ _____

Do you receive food stamps? Yes No \$ _____

Do you have a checking or savings account? Yes No

If yes, where? _____

Do you have a payee? Yes No If yes, who? _____

Do you have a Case Manager? Yes No If yes, who? _____

Phone Number _____ Email Address _____

Which Agency _____

Previous Address _____ Apt # _____ City _____

State _____ Zip _____ Date Moved In _____ Date Moved Out _____

Previous Landlord's Name _____ Phone # _____

Reason for Moving? _____

Current Employer _____

Address _____ How Long _____

Phone Number _____ Supervisor _____

Do you own a car? Yes No

If yes, what kind? _____ Make of car _____

Year _____ Color _____ License Plate # _____

How did you find out about us? _____

Have you ever lived in one of our apartments before? Yes No

If yes, where? _____

Urban Housing's rent-assisted apartments are only available at certain properties. Most apartments are efficiencies and one bedrooms. There are a limited number of 2-3 bedroom apartments.

What size apartment? Efficiency _____ 1 _____ 2 _____

How many people will occupy the apartment? Adults _____ Children _____

Ages of children? _____ Do you have pets? Yes No

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____

Address _____ City _____ St _____ Zip _____

Work Phone Number _____ Cell Phone Number _____

Please sign the next page so we can run our background check.

Release of Information

I recognize that Urban Housing Solutions, Inc. (UHS) receives grants from HUD and other sources, which allow UHS to maintain affordable rent levels. A condition of these grants is that UHS must provide information to the granting agencies on income, family size and other demographic data.

I authorize the release of any information (including documentation and other materials) pertinent to my participation in any UHS program and authorize necessary information inquires including, 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, residences and rental history, banks or other financial institutions, law enforcement agencies, employers-past and 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 Veterans Affairs, U. S. Department of Immigration and Naturalization.

Authorization: I authorize Urban Housing Solutions, Inc. to verify all information pertaining to my residence at any time through any means, including but not limited to database records and any other consumer reporting agencies, public record resources and other rental housing owners. I further authorize Urban Housing Solutions, Inc. to furnish information to consumer reporting agencies and other rental housing owners regarding performance of lease obligations, including both favorable and unfavorable information about my compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

I agree that the 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 application may be denied or terminated.

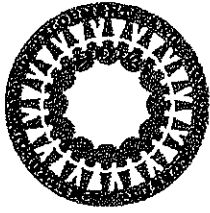
In compliance with the Fair Credit Reporting Act, this is to inform you that a credit investigation involving the statements made on your rental application for tenancy at the below-mentioned apartment community may be initiated. I/We certify that to the best of my/our knowledge all statements are true and complete. I/We further authorize landlord and its affiliated third parties to obtain credit reports, character reports and verify rental history as necessary to verify all information put forth in the above-referenced application for tenancy.

Accurate Information: I declare that all of the statements on the accompanying application and any supplemental information are true and correct. If I fail to fully and completely answer any question or give false information, I understand that my application may be rejected. I understand that this application will be incorporated into any subsequent lease for the

apartment I have applied for, and if the information above is incorrect or untrue it shall be grounds for cancellation of said lease.

SIGNATURE_____ DATE_____

URBAN HOUSING SOLUTIONS 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).



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: Tenant

You have reported there is no income in your household. 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 must sign the form.

MDHA Representative

Date Mailed

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 Section 8 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

PARTICIPANT ELIGIBILITY FOR HUD HOMELESS ASSISTANCE PROGRAMS

DIRECTIONS: FORM TO BE COMPLETED BY CASE MANAGER OR OTHER APPROPRIATE PERSON.
Please fill in the name of the individual for whom assistance eligibility is being determined IN BLOCK 1. For persons in a shelter you will complete #2. If the person is sleeping on the streets complete #3. If the person was on the street or in a shelter and is now in transitional housing, have an employee of that program complete #4.

1. _____ has been determined to be homeless for the following reason(s).
(NAME)

Name of person completing this form: _____

Agency: _____

Only one verification listed below is required to be completed

2. Staying in a Shelter

The person whose name appears above has been staying at _____ for _____ days.
Shelter Name

Signed (Shelter staff): _____ Date: _____

Agency: _____

3. On Streets

The person whose name appears above has most recently been sleeping _____
(specify area of town)

Signed (Agency Representative): _____ Date: _____

Agency: _____

4. Persons Coming from Transitional Housing for Homeless Persons

The person whose name appears above was living on the **STREETS** or in an **EMERGENCY SHELTER**
(Circle one) prior to living at our facility which is temporary housing.

Signed: _____ Date: _____

Transitional Housing Agency: _____