



**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY**

Main Office \* 701 South 6<sup>th</sup> Street \* Nashville, TN, 37206

Office Phone (615) 252-8469 \* Telephone device for the deaf (615) 252-8599

Prospect Code: p999999999

Application Date & Time: HH:MM:SS PM MM/DD/YYYY

*This waitlist application form is for reference only and does not signify that your online application has been completed, submitted, nor has been approved.*

Household Information							
FULL LEGAL NAME (First, Middle, Last)	SEX	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	STATES PREV. LIVED	BIRTH DATE	FULL TIME STUDENT Y/N

Household Information			
Bedroom Size Preference		Estimated Annual Income	

Residency Information (Past TWO Years)				
<b>CURRENT FULL STREET ADDRESS:</b>				<b>OWN, RENT OR OTHER:</b>
<b>CITY:</b>			<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>EMAIL ADDRESS:</b>	<b>MOVE IN DATE:</b>	<b>MOVE OUT DATE:</b>
<b>LANDLORD NAME:</b>	<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT/MORTGAGE:</b>	
<b>PAST FULL STREET ADDRESS:</b>				<b>OWN, RENT OR OTHER:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	<b>Move In Date:</b>	<b>Move Out Date:</b>
<b>LANDLORD NAME:</b>	<b>PROPERTY/LANDLORD PHONE:</b>		<b>MONTHLY RENT/MORTGAGE:</b>	

Student Information	
Do you or any household member (18 years or older) attend or plan to attend an "Institution of Higher Learning" - full or part time?	
Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.	
Member Name	Member Name
Institution	Institution
Full Time Or Part Time	Full Time Or Part Time

Household Income		
Member Name	Income Type	Annual Amount


Child Support	
Do you receive Child Support?	Court Ordered?
When child support is court ordered, but not received, what attempts have been made to collect the child support?	

Reasonable Accommodations/Modification		
We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability.		
Is Head or Spouse 62 years of age or older?	Disabled?	Displaced?
Mobility Impaired Upgrade?	Vision Impaired Upgrade?	Hearing Impaired Upgrade?

Additional Questions	
Was any member of your household 62 years of age and receiving HUD rental assistance at another location on January 31, 2010? If yes, and this member does not have a social security number, please provide the name of the member and the property name where he or she was living on January 31, 2010: Yes	
Member Name:	Property Name:
Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? No	
Please Explain:	

## Household Signatures

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

**I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____