



METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

Sudekum Apartment * 101 University Court * Nashville, TN, 37210

Office Phone (615) 252-3660 * Telephone device for the deaf (615) 252-8599

Prospect Code: p999999999

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

Household Information							
FULL LEGAL NAME (First, Middle, Last)	SEX	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	EXP. DATE	BIRTH DATE	FULL TIME STUDENT Y/N
Number of Vehicles:		VIN on Vehicle #1:		VIN on Vehicle #2			
Do you have any Pets?		# of Pets:		Description:			

Residency Information (Past Three Years)				
<u>CURRENT</u> FULL STREET ADDRESS:				OWN, RENT OR OTHER:
CITY:			STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	MOVE IN DATE:	MOVE OUT DATE:
LANDLORD NAME:		PROPERTY/LANDLORD PHONE:		CURRENT RESIDENCE
MONTHLY RENT/MORTGAGE:				
<u>PAST</u> FULL STREET ADDRESS:				OWN, RENT OR OTHER:
CITY:			STATE:	ZIP CODE:
LANDLORD NAME:		PROPERTY/LANDLORD PHONE:		Move In Date:
MONTHLY RENT/MORTGAGE:				Move Out Date:
<u>2nd PAST</u> FULL STREET ADDRESS:				OWN, RENT OR OTHER:
CITY:			STATE:	ZIP CODE:
LANDLORD NAME:		PROPERTY/LANDLORD PHONE:		Move In Date:
MONTHLY RENT/MORTGAGE:				Move Out Date:

Emergency Contact Information	
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:	
NAME:	





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ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted?		
Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?		
Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?		
Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?		
Have you or any member of your family had subsidy for housing terminated?		
Have your or any member of your family ever lived on this property before?		

Household Questions	Y/N	If Yes Explain
Will any of the above household members live anywhere other than in your apartment?		
Are there any other persons who will live in your apartment on a less than full-time basis?		
Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?		
Do you expect any additions to the household within the next twelve months?		Name of New Member:
Is there anyone living with you now who won't be living with you at this community?		Name of Member Leaving:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver: Recipient of Care:
Will your household be receiving rental assistance from a federal, state or local government?		Program Name & Agency:
Are any household members applicants on a Public Housing Waiting List?		

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?	No
Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.	





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Member Name:	Member Name:
Institution:	Institution:
Full Time Or Part Time	Full Time Or Part Time

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.		
62 years of age or older?	Disabled?	Displaced? N/A
Do you require mobility impaired upgrades?	N/A	
Do you require vision impaired upgrades?	N/A	
Do you require hearing impaired upgrades?	N/A	

Criminal History	Y/N	If Yes Explain
This property's eligibility criterion excludes housing to individuals and households with specific types of criminal activity in their history. A criminal background check and a sex offender search will be completed on each and every applicant eighteen (18) years of age and older.		
Have you or any member of your household ever been arrested for or convicted of drug-related criminal activity?		
Have you or any member of your household ever been arrested for or convicted of violent criminal activity?		
Are you or any member of your household illegally using or addicted to a controlled substance/prescription drug or alcohol?		
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?		
Is there reasonable cause to believe that the behavior of any member of the household, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents?		
Have you or any member of your household ever been on parole or are now on parole?		
Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?		

Bed Bug Infestation History
Are you currently living or have you previously lived in a building or residence that has been exposed to bed bug infestation? Yes or No





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Sudekum TEST * 101 University Court * Nashville, TN, 37210

Office Phone (615) 252-3660 * Telephone device for the deaf (615) 252-8599

Prospect Code: p13444282

Application Date & Time: 01/24/2018 03:01:08 PM

Disability Expenses		
Member Name	Expense Description	Annual Amount

MDHA
SAMPLE





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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: _____

