

Chapel Place Homes  
 5228 Whistling Duck Drive  
 Memphis, Tennessee 38109  
**Telephone (901) 345 - 4067 Fax: (901) 345 - 4699**  
**Telecommunications through local provider: (800) 848 - 0298**

<b>Head of Household:</b> _____	<b>Telephone #</b> _____
<b>Current Address:</b> _____	<b>Work #</b> _____
<b>Apartment Number:</b> _____	<b>City:</b> _____
<b>State:</b> _____	<b>Zip:</b> _____

**A. Household Composition:** Please list below the Head of the Household and all other members who are living or will be living in the unit. Give the relationship of each family member to the Head of Household.

#	Full name	Relationship	Birth Date & Age	M/F	Social Security #	Full or part time Student (Y/N)
1		(head)				
2						
3						
4						
5						
6						
7						
8						

Does anyone live with you now, who is not listed above?     Yes     No    If Yes, list and explain: \_\_\_\_\_

Do you plan to have anyone living with you in the future that is not listed above?     Yes     No  
 If you answered yes, list and explain: \_\_\_\_\_

Do you have full custody of your children?     Yes     No    If, you answered No, Please explain: \_\_\_\_\_

Will you or anyone in your household require a live in aide?  Yes  No

Name of Attendant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you or any other member of your household require special housing needs?  Yes  No  
If yes, please complete a special housing needs questionnaire.

Are all household members eligible citizens or eligible non- citizens?  Yes  No  
If No, please explain: \_\_\_\_\_

**All applicants must complete Student certification to determine eligibility.**

**B. STUDENT INFORMATION Are you:**

- Yes  No Are any adult household members currently enrolled as a full time or part time student? If yes, please list all: \_\_\_\_\_
- Yes  No Are any adult members planning to be a full or part time student within the next 12 months? If yes, answer the following questions: (You must provide verification of all items answered yes)
- Yes  No Are you married and currently filing a joint tax return?
- Yes  No Receiving assistance under Title IV of social security act? (Families First, Aid to Families with Dependent Children) or K-TAP)
- Yes  No Are you 24 years of age or older?
- Yes  No Enrolled in the Job Training Partnership Act (JTPA) or another similar local, County or state program?
- Yes  No Are you a veteran of the US military?
- Yes  No A single parent with child(ren) and you are not claimed as a dependent of another individual on their tax return and your child(ren) is/are also not claimed as a dependent(s) of another individual other than a parent of the child(ren)?
- Yes  No Are one or both of your parents eligible for or receiving assistance under section eight of The United States Housing Act of 1937?
- Yes  No Are you or any other member receiving any financial assistance (scholarships, grants, etc,) to assist in Funding for this education?
- Yes  No Are you or any other member receiving any financial assistance from any other source? (I.e. parents, grandparents, associations, etc.)?

**Financial Assistance Continued:** If you answered yes, please provide information: \_\_\_\_\_

Are you or any member of your household subject to Lifetime registration under a State Sex Offender Program?  Yes  No

If yes, who: \_\_\_\_\_ State: \_\_\_\_\_

Details: \_\_\_\_\_

Have you or any member of your household ever been convicted of illegal use, manufacturing or distribution of a controlled substance or any other felony?  Yes  No

If yes, describe: \_\_\_\_\_

Are you or any member of your household currently using an illegal substance?  Yes  No

Have you or any member of your household ever been convicted of criminal activity involving alcohol abuse including three or more DUI offenses?  Yes  No

Are you or any member of your household currently abusing alcohol?  Yes  No

Have you ever been evicted from an apartment or home for any reason?  Yes  No

If yes, explain: \_\_\_\_\_

Have you or any other member ever filed bankruptcy?  Yes  No

If yes, explain: \_\_\_\_\_

Have you or any other member of your household ever lived in HUD assisted housing?

Yes  No If yes, when? \_\_\_\_\_ Where: \_\_\_\_\_

Do you or any other member of your household currently live in subsidized housing?

Yes  No If yes, Where: \_\_\_\_\_

Landlord Contact Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you understand that HUD will not pay subsidy on more than one apartment and that you must completely vacate your current subsidized apartment before you can move into another subsidized unit?  Yes  No

Has your family's assistance or tenancy in a subsidized program ever been terminated for fraud, non payment or failure to cooperate with recertification process?  Yes  No

If yes, please explain? \_\_\_\_\_

Do you understand that you are to report if household income cumulatively increases \$200 per month or more or if there are any changes in student status to the rental office as soon as they occur?

Yes  No

Will you or any member of your household be receiving section eight rental assistance from any other agency at move in?  Yes  No If yes, who? \_\_\_\_\_

Agency providing assistance: \_\_\_\_\_

**Please list all states in which each member 18 and older has resided:** \_\_\_\_\_

**C. Prior Housing References:** List your past Five (5) years housing references. Use the back of this page if additional space is needed.

Landlord Name & Address	Rental Address	Rent or Own	From/to
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____	<input type="checkbox"/> Own	
_____	_____	Monthly rent or Mortgage \$	_____
Phone (_____) _____		Average Monthly Utilities: \$	_____
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____	<input type="checkbox"/> Own	
_____	_____	Monthly rent or Mortgage \$	_____
Phone (_____) _____		Average Monthly Utilities: \$	_____
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____	<input type="checkbox"/> Own	
_____	_____	Monthly rent or Mortgage \$	_____
Phone (_____) _____		Average Monthly Utilities: \$	_____

**D. Credit References:**

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**E. Personal References: (other than a relative)**

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**F. Household Income:**

**Please answer yes or no to the following questions.** For each "Yes" answer, provide the details on the space provided.

**Alimony and Child Support Certification:**

Have you or any member of your household ever been awarded alimony in a court of law or by verbal agreement?  Yes  No If yes, monthly amount awarded: \$\_\_\_\_\_

Do you receive Alimony?  Yes  No If yes, monthly amount received: \$\_\_\_\_\_

Contact Information for individual paying alimony: Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you or any member of your household ever been awarded child support in a court of law or by parental agreement with absent parent?  Yes  No **If yes**, monthly amount awarded: \$\_\_\_\_\_

**Case or member id number** with child support enforcement: \_\_\_\_\_

Do you receive child support?  Yes  No **If yes**, monthly amount: \$\_\_\_\_\_

**If No**, what attempts are you making to collect child support and or alimony? \_\_\_\_\_

Do you understand that you must count the full amount of all alimony and or child support even if you do not receive, if you cannot provide documentation that shows your efforts to collect?  Yes  No

**Household Income Continued:**

Are you or any member of your household employed full time, part time or seasonally?

Yes  No If yes, who: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household on a paid or unpaid leave or absence from work due to lay off, maternity medical leave or military leave?  Yes  No If yes, who: \_\_\_\_\_

Expected date member will return to work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Estimated Annual Income \$ \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive to Social Security Benefits?  Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive Supplemental Security Income?  Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive a Pension, Annuity, Retirement Fund, Death benefit or insurance payments? (Other than SS or SSI)  Yes  No

If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Pension Provider: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive Veteran's benefits Or disability Pay?  Yes  No If yes, who? \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Payee Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household residing in or not residing in your household now receiving military pay and or allowances?  Yes  No If yes, who: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household Income Continued:**

Are you or any member of your household entitled to receive or expect to receive Unemployment Benefits?  Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive Net Income from a Business?  Yes  No If yes, who: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive Worker's Compensation.  Yes  No If yes, who: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household entitled to receive or expect to receive Income from Assets such as savings, checking, dividends from certificates of deposits, stocks, bonds, or income from rental property?  Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you or any member of your household entitled to receive AFDC/Families First?  Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you or any member of your household expect receive contributions from friends or relatives?

Yes  No If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household Income Continued:**

Does any member of the household receive any type of grants or scholarships?  Yes  No

If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does any member of the household receive any income not listed above/ (Examples including but not limited to lottery winnings, housing or utility benefits?  Yes  No

If yes, who: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Zero Income Certification: List all members 18 & older who will not have an income for the next twelve months and explain why.

Member Name

Claiming Zero Income, explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Assets:** Do **you** or **any member** of your household, regardless of age have any of the following assets?

Checking Accounts  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Savings Accounts  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Trust Accounts  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Money Market  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Stocks or Bonds  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Certificates of Deposit  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Securities  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Treasury Bills  Yes  No Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_



Life Insurance  Yes  No (Whole or universal)

Insurance Carrier Name & Address: \_\_\_\_\_

Acct # \_\_\_\_\_

Pension, IRA's, 401 K, Keogh or other retirement funds  Yes  No

Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

Safety Deposit Box  Yes  No If yes, declared value \$ \_\_\_\_\_

Financial Institute: \_\_\_\_\_ Box # \_\_\_\_\_

Real Estate, Rental Property, Land Contracts for deed or other real estate holdings?  Yes  No

If yes, who? \_\_\_\_\_

Real Estate Location: \_\_\_\_\_

Any other current assets not listed above?  Yes  No Description: \_\_\_\_\_

Financial Institute: \_\_\_\_\_ Acct # \_\_\_\_\_

**Disposed Asset Certification:**

Within the past two (2) years, have you or any member of your household sold or given away any assets (Including cash, real estate, etc.) for more than \$1,000 below Fair Market Value (FMV)?

Yes  No ***If, you answered yes*** to disposed assets, please provide the following information.

Asset: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Disposed value: \_\_\_\_\_ Date Disposed: \_\_\_\_\_

**H. Medical Allowance: Head or co-head are 62 or older, disabled, handicapped head or co-head**

Do you or any member of your household qualify for Medical Expense Deductions?

Yes  No If yes, please provide information in the space on the next page.

Please provide contact information Doctors, pharmacies or other individuals/groups that you pay out of pocket expenses that are not covered by insurance.

Name of Provider	Address	Type of expense	Telephone #	Contact person

**I. Childcare**

Do you pay for child care due to employment?  Yes  No

Do you pay for child care due to attending school?  Yes  No

Do you pay for child care to look for work?  Yes  No

If yes, please complete the section below.

Name of Provider	Address, City, State, Zip	Telephone #	Age & name of child	To work or look for work

**J. Vehicle Information:**

Make/Model \_\_\_\_\_ License Number \_\_\_\_\_ Year \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**K. Emergency Contact Information:** *If possible, please list an emergency contact person that is not listed on the application.*

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**L.** Do you own any pets? Yes  No  If yes, please describe: \_\_\_\_\_

**M. Preferences** that affect the order of applicants on the waiting list. All preferences must be verifiable.

Yes  No  **HUD REGULATORY PREFERENCE:**

Section 236 properties with or without section eight assistance give preference to applicants who have been displaced by government action or a presidential declared disaster.

Yes  No  **STATUTORY PREFERENCES:**

Owners of Section 221(d)(4), 221(d)(3), and 221(d)(3) BMIR properties must give preference to applicants who have been displaced by government action or a presidential declared disaster.

Yes  No  **STATE PREFERENCES:**

Yes  No  **LOCAL PREFERENCE:**

If the owner elects to use a local preference, an applicant fulfilling the local preference requirement will be considered for the next available apartment.

**The owner has elected the local preferences marked below. Unless stated otherwise each preference will be considered equal in priority.**

Yes  No  **Employment Preference**

A household that has an employed head of household, co-head, spouse or other employed adult member of the household.

Yes  No  **Residency Preference**

The applicant lives in the preference area. The reference area is defined as the municipality in which the property is located. The length of time of residency in the preference area is equal for short or long-term residency.

Yes  No  HUD Has approved the Residency Preference

Yes  No  Persons with Disabilities Preference

Yes  No  Victims of Domestic Violence Preference

Yes  No  **1<sup>st</sup> Preference** – Elderly Persons 62 years of age or older

Yes  No  **2<sup>nd</sup> Preference** - Near-elderly Preference – Fifty-five (55) years of age or older with disability

Yes  No  **3<sup>rd</sup> Preference** - Near-elderly Preference – Fifty (50) years of age or older with disability

Yes  No  **4<sup>th</sup> Preference** - Non-elderly Preference – age 61 or younger with disability

Yes  No  **Non-elderly families with disabilities-** The number of non-elderly units will remain 0 %

Yes  No  Other Preference(s) - \_\_\_\_\_

**N. Fair Housing**

IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON AN EQUAL OPPORTUNITY BASES. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, CREED, SEX, FAMILIAL STATUS, NATIONAL ORIGIN, OR HANDICAP. IF YOU FEEL YOU HAVE BEEN DISCRIMINATED AGAINST BY THIS COMPANY, PLEASE CALL (865) 637-7777

**O. Marketing**

How did you hear about our community?

Yellow Pages     News Paper     Sign     Flyer     Brochure     Other

Resident Referral, who? \_\_\_\_\_

**P. Ethnicity and Racial Data is for statistical purposes only.**

This information is voluntary:

Alaska Native                       Black                                       Hispanic  
 American Indian                       Pacific Islander                       Not Hispanic  
 Asian                                       White  
 Other

**Q. Applicant Consent and Acknowledgement:**

**I/WE WILL INFORM THE MANAGEMENT OF ANY CHANGES IN MY/OUR CONTACT ADDRESS AND PHONE NUMBER THAT IS GIVEN FOR THE HEAD OF HOUSEHOLD ON THIS APPLICATION. THIS IS NECESSARY TO ALLOW MANAGEMENT TO UPDATE THE WAITING LIST.**

**I/WE HEREBY CERTIFY THAT IF SELECTED TO MOVE INTO THIS PROPERTY, THE UNIT I/WE OCCUPY WILL BE MY/OUR PERMANENT RESIDENCE. I / WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE THE HOUSEHOLD'S ELIGIBILITY FOR FEDERAL ASSISTANCE AS WELL AS ELIGIBILITY FOR THE LOW INCOME HOUSING PROGRAM.**

**I / WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND THAT I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS AND OR INFORMATION ARE PUNISHABLE BY FEDERAL LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.**

**Consent and Acknowledgement continued:**

**I/WE DO HEREBY AUTHORIZE THE OWNER AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CRIMINAL, CREDIT OR VERIFICATION OF INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE AND LOCAL AGENCIES. I / WE CONSENT TO THE RELEASE OF INFORMATION BY THIRD PARTIES FOR THIS PURPOSE. I / WE WILL PROVIDE ALL INFORMATION NECESSARY TO EXPIDITE THE APPROVAL PROCESS IN A TIMELY MANNER. I / WE UNDERSTAND THAT MY / OUR ELIGIBILITY IS CONTINGENT ON MEETING THE ALL PROGRAM REQUIREMENT'S AND MANAGMENT RESIDENT SELCTION CRITERIA.**

**I/WE UNDERSTAND THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE AND THAT ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.**

**ALL MEMBERS 18 & OLDER MUST SIGN BELOW:**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other adult member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA, or any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willing 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 negative 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 PHA, or owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

