



Application Requirements

1. Nashville Christian Towers is a smoke-free property. If you are a smoker, you need not apply.
2. Application must be filled out completely, signed and dated. All questions must be completed.
3. Sponsor form must be completed & signed by your sponsor. This is not a financial sponsor, but someone (family member, friend, church friend, etc.) who checks on you regularly.
4. Bring these required items:
 - Driver's license or picture ID
 - Social Security Card
 - Social Security rewards letter (This is the letter from SS that states how much you are receiving and the effective date.)
 - Birth certificate
5. Bring documents regarding the last ten (10) years of residency. This would include addresses of locations where you have lived, landlord addresses with telephone numbers. Ten (10) years is required.
6. If you have incurred out-of-pocket medical expenses, these must be verified. Bring names, addresses, and telephone numbers and fax numbers of all doctors, pharmacies, labs, health insurance information, etc.
7. Once application is complete, you must call (615) 361-3583 to make an appointment for an interview.



101 Foothill Court
 Nashville, TN 37217
 (615)361-3583

Application for Residency

Directions to Applicant: Answer all questions on this application. Application must be signed and dated. If you need assistance filling out the application or have any questions, please contact the office at (615)361-3583 and make an appointment.

Applicant Name: _____ Date: _____

Current Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

*** List ALL Household Members:**

Name	Social Security Number	Date of Birth	Relationship to head of household	Gender
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- 1.
- 2.

*** List Annual Income:**

Household Member Name	Source of Income	Gross Annual Amount
		\$
		\$

*** Assets:**

List all assets including checking and savings accounts, IRA's, CD's, annuities, retirement accounts, cash on hand, investments, whole life insurance policies, real estate, etc.

Type of Asset	Name of Financial Institution	Current Cash Value
		\$
		\$

*** Landlord Information for last 10 years** - Must have complete address and dates. Use a separate piece of paper if needed.

Previous Landlord: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Landlord: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Please answer the following questions with YES or NO:

1. Have you ever received housing assistance?
2. Have you ever been evicted from subsidized housing?
3. Have you left owing rent from subsidized housing?
4. Do you have an outstanding balance with a utility company?
If yes, please explain.
5. Will another person or agency guarantee payment for rent?
If yes, please explain.
6. Have you ever been convicted of a felony or any other criminal activity within the last 10 years including a violation of a controlled substance?
If yes, please explain.
7. Are you or any member of your household registered as a sex offender?
8. Do you or any member of your household have a pattern of alcohol abuse that interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?
If yes, please explain.
9. Do you have a pet?
10. Do you have a disability that would necessitate the features of a fully accessible unit? ** Please note that this need will be verified with your physician.
11. Are you a United States citizen?

I certify that if selected to move into the property, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for assistance. I authorize the management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check and verification information which may be released to appropriate federal, state or local agencies. I understand that my information will be kept confidential, but may be reviewed by a HUD or contract administrator auditor. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that it is a requirement of my placement on the waiting list that I contact the property manager every (6) month should I decide to remain on the waiting list. I understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of head of household: _____

Signature of spouse: _____

How did you hear about NCT? Friend _____ TV _____ Newspaper _____ Other _____

NCT does not discriminate based upon a person's race, color, sex, national origin, disability and/or religion. All residents must be 62 year of age.

Date Application

Received: _____ Time: _____ By: _____



Tenant & Sponsor Pledge

Tenant Name: _____ Unit #: _____

When the tenant becomes unable to function responsibly in maintaining self and apartment, or dies, Tenant appoints a Sponsor to make other living arrangements for them and remove their personal property from the premises of Nashville Christian Towers.

The Sponsor agrees that within 30 days of notice by Nashville Christian Towers to Sponsor that the Tenant is no longer able to function responsibly in maintaining themselves or their apartment the Sponsor shall remove Tenant's personal property and make other living arrangements for them.

In case of death, the Sponsor agrees to remove Tenant's personal belongings within 14 days after death.

Sponsor shall be responsible for the cost of removal and disposition of Tenant's property. Sponsor shall make sure that the unit is left in a clean and sanitary condition. Sponsor shall not be responsible for any rent due from the Tenant.

Tenant agrees that Nashville Christian Towers shall be authorized to release all of Tenant's personal property and belongings to Sponsor. Tenant can revoke this Sponsor pledge only if the Tenant appoints a substitute sponsor and another Sponsor pledge is signed.

Print Sponsor Name: _____

Signature of Sponsor: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Signature of Tenant: _____

Witnessed by: _____ Date: _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.