



**community housing
partnership**
of williamson county

129 West Fowlkes Street, Ste. 124
Franklin, Tennessee 37064
P: 615.790.5556, F: 615.595.1215
communityhousingpartnershipwvc.org

FEMA Rental Assistance Application

Date: _____

Name: _____

Most Recent Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Work Phone Number: _____

Email Address: _____

Name 1 Relative/Friend & Their Phone Number: _____

PLEASE RETURN THE FOLLOWING TO CHP OFFICE:

- 1. Completed Application
- 2. Proof of Williamson County Residency (Driver's License, TN Identification Card, Passport or Voter's Registration Card)
- 3. Copy of Federal or State Identification for Applicant & Co-Applicant
- 4. Proof of Income (Food Stamps, SSI/SSDI, Child Support, Paycheck Stubs, Alimony, etc., or Notarized Statement of No Income)
- 5. Proof of Application to Graceworks/Other Agency Approved by CHP
- 6. Verification of Homelessness & Supporting Documents
- 7. Copy of Signed Rental Lease Agreement and Required Documentation

PRIVACY STATEMENT: Community Housing Partnership of Williamson County (CHP) agrees to keep this entire application confidential. CHP is authorized to use the enclosed information, to verify its accuracy, and determine the applicant's and co-applicant's eligibility under our guidelines (the applicant and co-applicant must be a low to moderate income individual or family). The information submitted in this application may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purpose; to persons involved in judicial or administrative proceeding; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services. Any pictures taken of me, my family, my house, and/or property may also be disclosed to federal, state, and local agencies for housing and related program purposes; for law enforcement purposes; to persons involved in judicial or administrative proceedings; to a Congressional office in response made to an individual's inquiry; to media sources; and to loan services.

PERSONAL INFORMATION

Head of Household: _____ **Age:** _____

Social Security #: _____

Circle Marital Status: Single Divorced Widow/Widower

Name of Spouse/Co-Applicant: _____ **Age:** _____

Social Security # of Spouse/Co-Applicant: _____

Circle Ethnicity (OPTIONAL): Asian Black/African American Hispanic/Latino

White American Indian/ Alaska Native Native Hawaiian/Pacific Islander Other

List ALL persons living within household besides Applicant/Co-Applicant:

Full Name	Relationship	Age	Sex	Social Security #
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Does anyone that lives with you have a disability? Yes No

If YES, please list their name and the nature of their disability: _____

Where did you sleep last night? _____

Please give a statement on why you are homeless: _____

List all relatives and where they live: _____

Are you employed? Yes No

If NO, please explain: _____

What are your plans after the motel assistance is up? _____

Do you or does anyone in your household have any pending felony or misdemeanor charges?

Yes No

Have you or has anyone in your household ever been convicted of a felony or misdemeanor?

Yes No

Do you or does anyone in your household currently have any outstanding warrants?

Yes No

If YES to ANY of the 3 previous questions, please provide the name and phone number of the caseworker or parole officer(s) involved: _____

EMPLOYMENT HISTORY

Of Applicant:

Applicant's Employer	Job Title	Length of Employment
Employer Address	Salary \$ _____ per	Gross Monthly Income \$ _____
Applicant's Previous Employer	Previous Job Title	Previous Length of Employment
Previous Employer Address	Previous Salary \$ _____ per	Previous Gross Monthly Income \$ _____

Of Co-Applicant:

Co-Applicant's Employer	Job Title	Length of Employment
Employer Address	Salary \$ _____ per	Gross Monthly Income \$ _____
Co-Applicant's Previous Employer	Previous Job Title	Previous Length of Employment
Previous Employer Address	Previous Salary \$ _____ per	Previous Gross Monthly Income \$ _____

Applicant and Co-Applicant Combined Monthly Income: _____

Applicant and Co-Applicant Combined Annual Income: _____

Does anyone else in your household work? Yes No

If YES, please provide their employment information below:

Other Member's Employer	Job Title	Length of Employment
Employer Address	Salary \$ _____ per	Gross Monthly Income \$ _____

OTHER INCOME

Child Support

SSI/SSDI

Families First (TANF)

Regular Gifts

CURRENT DEBTS

Rent \$

Water \$

Electricity \$

Gas \$

Phone \$

Child Care \$

Have you ever filed bankruptcy? Yes No

Do you have any collection accounts against you? Yes No

Do you have any judgements against you? Yes No

Have your wages ever been garnished? Yes No

OTHER FINANCIAL INFORMATION

Trusts \$

Stocks \$

Money Market \$

Bonds \$

Savings Account Balance \$

Checking Account Balance \$

Monthly Alimony \$

Do you own any property? Yes No

If YES, how much is it worth? _____

PROOF OF APPLICATION TO ADDITIONAL SOCIAL SERVICE PROVIDER

Date: _____

Name: _____

Most Recent Address: _____

City, State, Zip: _____

Preferred Phone Number: _____

By my signature, I acknowledge the requirement of submitting an application at the agency below and the requirement to return this form, signed by an authorized agent of the agency, to obtain homeless assistance.

Signature: _____

Graceworks Ministries, Inc.
104 Southeast Parkway
Franklin, TN 37064

I, _____, acknowledge that the above individual has been to Graceworks Ministries, Inc. and has submitted, or is in the process of submitting, an application for assistance.

Attested to,

Signature of Graceworks Employee

Date

CHP VERIFICATION OF HOMELESSNESS

Indicate which situation described below best describes the living situation of the applicant.

Participant must have supporting documentation to get assistance. See below:

_____ **A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street.** Certification form signed by the outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, or a written statement prepared by the participant family member, friend or witness about the participant's previous living place (if unable to verify by outreach worker or service worker).

_____ **An emergency shelter.** Shelter operator certification that the participant has been residing at the emergency shelter (on agency letterhead, signed and dated).

_____ **A transitional or supportive housing program for homeless persons who originally came from the streets or emergency shelters** (make sure you have evidence that the person came from the streets or emergency shelter situation). Certification (on agency letterhead, signed and dated) if the participant is residing at the transitional housing facility as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility.

_____ **In any of the above places, but is spending a short time (up to 30 consecutive days) in a hospital or other institution.** Certification from institution's staff verifying that the participant has been residing in the institution for 30 days or less. There should also be written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution.

_____ **Is being evicted within a week from a private dwelling unit** and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Eviction statement describing the reason for eviction (signed and dated by person evicting). No formal eviction is required. If unable to obtain an eviction statement, you must obtain a written statement signed and dated by the participant describing the situation. Outreach worker or service worker must document their efforts by providing a verification form documenting that they have made every effort to confirm that the circumstances are true and have written verification describing the efforts and attesting to their validity. You must also have information on the income of the participant to verify that they lack the financial resources to obtain housing.

_____ **Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days** and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Certification completed by institution staff stating that the participant was being discharged within the week before receiving assistance. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing, documentation of efforts to obtain housing and that without the assistance, the participant would be living on the street or in an emergency shelter.

_____ **Is fleeing a domestic violence housing situation,** no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Statement from the participant that he/she is fleeing a domestic violence situation. If participant is unable to prepare a written statement, staff should prepare the statement about the participant's previous living situation and have the participant sign and date it.

The applicant is hereby certified to be homeless according to the above conditions

CHP Verified by: _____ **Date:** _____

RENTAL AGREEMENT

Required Documentation to be Attached:

- Landlord/Property Manager's Proof of Ownership
 - (Warranty Deed, Title, Deed of Trust, etc.)
- Completed Rental Lease Agreement
 - (Tenant MUST have rights to bedroom, bathroom, kitchen and a key to the facility.)
- Copy of ID
- Completed W9

Name of Landlord/Property Manager: _____

Address of Landlord/Property Manager: _____

Phone Number of Landlord/Property Manager: _____

Email of Landlord/Property Manager: _____

FINAL VERIFICATION

I (We) do hereby certify that all information contained herein is complete, true, and correct to the best of my (our) knowledge. I (We) give Community Housing Partnership the authorization to verify any of this information, including a credit score check, as needed to determine my (our) qualifications for housing assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

CHP Staff Member Signature

Date

Please submit completed application and all supporting documents to:



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