



**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

## Rental Housing Application

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

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### List 2 References:

Name	Relationship	Phone #
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### PLEASE RETURN THE FOLLOWING TO CHP OFFICE:

- 1. Completed Application
- 2. Credit Report for Applicant and Co-Applicant
- 3. Copy of Federal or State Identification for Applicant & Co-Applicant
- 4. Income Verification Documents for Entire Household  
(Food Stamps, SSI/SSDI, Child Support, Paycheck Stubs, Alimony, etc.)
- 5. Landlord Verification
- 6. Employment Verification for Applicant and Co-Applicant
- 7. Necessary Check

**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's Full Name:** \_\_\_\_\_

**Head of Household's State of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Head of Household's Social Security #:** \_\_\_\_\_

**Circle Marital Status:**      Single                      Divorced                      Widow/Widower

**Is the Applicant married to the Co-Applicant?**      Yes                      No

**Co-Applicant's Full Name:** \_\_\_\_\_

**Co-Applicant's State of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Co-Applicant's Social Security #:** \_\_\_\_\_

**Circle Ethnicities (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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Full Name	Relationship	Age	Sex	Social Security #
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Full Name	Relationship	Age	Sex	Social Security #
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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: \_\_\_\_\_

\_\_\_\_\_

## PRESENT LANDLORD INFORMATION

Name of Present Landlord: \_\_\_\_\_

Phone Number of Present Landlord: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ How long have you lived there?: \_\_\_\_\_

## PREVIOUS LANDLORD INFORMATION

Name of Previous Landlord: \_\_\_\_\_

Phone Number of Previous Landlord: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ How long did you live there?: \_\_\_\_\_

Why did you move out?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you always paid your rent on time?      Yes                  No

Have you owned a home in the last 3 years?      Yes                  No

If YES, please explain why you moved out: \_\_\_\_\_

\_\_\_\_\_

Would you be interested in first-time homebuyer education classes?      Yes                  No

If NO, please explain why not: \_\_\_\_\_

\_\_\_\_\_

**Do you live in Williamson County?**      Yes                  No

**If YES, how long have you lived here?:** \_\_\_\_\_

**If NO, have you ever lived in Williamson County?**      Yes                  No

**If YES, how when did you live here?:** \_\_\_\_\_

**If YES, why did you move from Williamson County?:** \_\_\_\_\_

\_\_\_\_\_

**Were you recommended by a domestic violence program?**      Yes                  No

**If YES, which one?:** \_\_\_\_\_

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

\_\_\_\_\_

**Are you or is anyone in your household enrolled in a self-sufficiency program?**      Yes                  No

**If YES, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Do you receive any rental assistance?**      Yes                  No

**If YES, what type?**      Section 8 Voucher                  Certificate                  Other: \_\_\_\_\_

## 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 \$ per Month

\_\_\_\_\_  
AFDC \$ per Month

\_\_\_\_\_  
Alimony \$ per Month

\_\_\_\_\_  
SSI/SSDI \$ per Month

\_\_\_\_\_  
Food Stamps \$ per Month

\_\_\_\_\_  
Regular Gifts \$ per Month

## CURRENT DEBTS

\_\_\_\_\_  
Rent \$

\_\_\_\_\_  
Electricity \$

\_\_\_\_\_  
Phone \$

\_\_\_\_\_  
Water \$

\_\_\_\_\_  
Gas \$

\_\_\_\_\_  
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 \$

\_\_\_\_\_  
Money Market \$

\_\_\_\_\_  
Savings Account Balance \$

\_\_\_\_\_  
Stocks \$

\_\_\_\_\_  
Bonds \$

\_\_\_\_\_  
Checking Account Balance \$

Do you own any property? Yes No

If YES, how much is it worth?: \_\_\_\_\_

# LANDLORD VERIFICATION

## **\*\*\*For Applicant to Complete:**

Tenant Name: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

*As part of my application for residency with the Community Housing Partnership of Williamson County, I consent to the release of information pertaining to my/my family's rental history at the property located at*

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

-----  
**\*\*\*For Landlord to Complete:**

The above person has informed us that you have, or recently had, this family as a tenant in your property. As indicated by this person's signature above, the tenant consents to the release of information pertaining to their rental history in your property. We would greatly appreciate your cooperation in completing the applicable areas below.

1. How long has the tenant been at the above address? \_\_\_\_\_

2. How many bedrooms in the property? \_\_\_\_\_ 3. What is the monthly rental income? \_\_\_\_\_

4. Has the tenant ever been behind in paying the monthly rent?      Yes              No

If YES, please explain: \_\_\_\_\_

5. What type of damages, if any, has the tenant caused in the unit or in the common property?  
\_\_\_\_\_

6. Has the tenant been charged for any damages to the unit?      Yes              No

7. Has any action ever been taken against the tenant, their children or their guests for disturbing other tenants?      Yes              No

If YES, what type of action and how often? \_\_\_\_\_

8. Additional comments? \_\_\_\_\_

\_\_\_\_\_  
Landlord Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

# APPLICANT EMPLOYMENT VERIFICATION

## **\*\*\*For Applicant to Complete:**

Applicant Name: \_\_\_\_\_

Applicant Social Security #: \_\_\_\_\_

For admission as tenants to our federally assisted housing program, federal law and regulations require us to verify the sources and amounts of all income of applicants and to reexamine periodically the incomes of existing tenant families. All information is confidential and will be used only in determining eligibility for rental assistance.

*I hereby authorize release of the requested information to the Community Housing Partnership of Williamson County.*

\_\_\_\_\_  
**Applicant Signature** **Date**

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**\*\*\*For Employer to Complete:**

As indicated by this person's signature above, the applicant consents to the release of information pertaining to their employment history. We would greatly appreciate your assistance and prompt response.  
**Please answer the following questions regarding the applicant's employment history:**

Employee Position: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Full-time                      Part-time (Circle One)

Average Hours Worked Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Average Hours Overtime Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Average Expected Tips Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_      Overtime Hourly Rate: \_\_\_\_\_

Is there an earned income tax credit allowance?      Yes      No

    If YES, how much per month? \_\_\_\_\_

Effective Date of Last Pay Increase: \_\_\_\_\_

Is there a probability of a pay increase in the next 12 months?      Yes      No

    If YES, how much per hour? \_\_\_\_\_      If YES, when would effective date be? \_\_\_\_\_

\_\_\_\_\_  
**Employer Address** **City, State, Zip Code**

\_\_\_\_\_  
**Employer Name** **Title** **Phone #**

\_\_\_\_\_  
**Employer Signature** **Date**



# CO-APPLICANT EMPLOYMENT VERIFICATION

## **\*\*\*For Co-Applicant to Complete:**

Co-Applicant Name: \_\_\_\_\_

Co-Applicant Social Security #: \_\_\_\_\_

For admission as tenants to our federally assisted housing program, federal law and regulations require us to verify the sources and amounts of all income of applicants and to reexamine periodically the incomes of existing tenant families. All information is confidential and will be used only in determining eligibility for rental assistance.

*I hereby authorize release of the requested information to the Community Housing Partnership of Williamson County.*

\_\_\_\_\_  
**Co-Applicant Signature** **Date**

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**\*\*\*For Employer to Complete:**

As indicated by this person's signature above, the applicant consents to the release of information pertaining to their employment history. We would greatly appreciate your assistance and prompt response.  
**Please answer the following questions regarding the applicant's employment history:**

Employee Position: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Full-time                      Part-time (Circle One)

Average Hours Worked Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Average Hours Overtime Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Average Expected Tips Per      Day: \_\_\_\_\_      Week: \_\_\_\_\_      Month: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_      Overtime Hourly Rate: \_\_\_\_\_

Is there an earned income tax credit allowance?      Yes      No

    If YES, how much per month? \_\_\_\_\_

Effective Date of Last Pay Increase: \_\_\_\_\_

Is there a probability of a pay increase in the next 12 months?      Yes      No

    If YES, how much per hour? \_\_\_\_\_      If YES, when would effective date be? \_\_\_\_\_

\_\_\_\_\_  
**Employer Address** **City, State, Zip Code**

\_\_\_\_\_  
**Employer Name** **Title** **Phone #**

\_\_\_\_\_  
**Employer Signature** **Date**

**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.*

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**Applicant Signature**

**Date**

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**Co-Applicant Signature**

**Date**

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**CHP Staff Member Signature**

**Date**

**\*\*\*This application will expire 90 days from the date CHP receives the application. You will need to re-apply to be considered for available housing.\*\*\***

**Please submit completed application and all supporting documents to:**



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