

Be a Helping Hand Foundation Rental Application

Property	Unit #	Type	Rent Amount
Occupancy Date	Lease Term	Security Deposit	Comments

All applicants 18 year of age and older, not related by blood, marriage or adoption, must complete their own application.

Persons occupying unit			Relationship to applicant	Social Security Number	Date of Birth	Student	
Last	First	Middle				Y	N

General Information

1. Do you own a pet? Yes No If yes, what kind? _____
2. Do you own a car? Yes No If yes, list DL # _____, year, make, model _____
Registration # _____, State _____
3. Have you ever filed bankruptcy? Yes No If yes, please explain (including dates) _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain: _____

5. Have you ever been evicted from an apartment for any reason? Yes No If yes, please explain: _____

B. Housing Reference (List all residences and applicable landlord reference in the last three years)

1. Present Address _____ City _____ State _____ Zip _____
From _____ to _____ Reason for Leaving _____
Landlord _____ City _____ State _____ Zip _____
Landlord Phone # _____ Rent per month _____
2. Previous Address _____ City _____ State _____ Zip _____

From _____ to _____ Reason for Leaving _____

Landlord _____ City _____ State _____ Zip _____

Landlord Phone # _____ Rent per month _____

C. Personal References

1. _____, _____, _____
Name How Long? Telephone number

2. _____, _____, _____
Name How Long? Telephone

By signing below, applicant hereby authorizes Be a Helping Hand Foundation to obtain Landlord references credit and criminal reports on the applicants listed.

Signature

Date

**FOR QUESTIONS CONCERNING THIS APPLICATION CALL: 615-227-6000 or
EMAIL: info@bahelpinghand.org**

To avoid delay in processing your information, please recheck the information provided. Do not leave any questions unanswered. If no answer marked: N/A. Do not use White Out. If you make an error, cross it off and initial the change. Include the name and address for all income and asset sources. Sign and date the application.

RELEASE AUTHORIZATION:

I/We hereby authorize release of any information requested by Be a Helping Hand Foundation regarding my/our income, assets and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature Date Social Security Number(s)

Applicant/Resident Signature Date Social Security Number(s)

TERMS AND CONDITIONS

The above named organization, its subsidiaries or screening agents may obtain information regarding my income, assets, expenses and household status for purposed of determining my eligibility for participation in the following affordable housing programs:

- HUD Housing Assistance Payments Program – Section 8
- MDHA HOME-CHDO Program
- THDA Housing Trust Fund
- FHLB of Cincinnati Affordable Housing Program

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

Be a Helping Hand Foundation

TENANT INCOME QUESTIONNAIRE

# HH MEMBERS	LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1					
2					
3					
4					

Do you expect any changes to the household in the next twelve months? _____

Telephone (Cell) Number: _____ Email Address: _____

Current Address: _____

Mailing Address: (if different from above) _____

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next twelve months. **DO NOT** leave any item unanswered. If the question does not apply to you, circle no.

Circle
Yes or No

Monthly Gross Income

1	Y N	Employment: Receiving wages, salary, overtime, commissions, fees, tips, bonuses, and/or other compensation _____ employer name _____ employer address _____ employer telephone, fax	\$
2	Y N	Self Employed/Income from a business. (List nature of self employment) _____ _____ _____	\$
3	Y N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from person(s) not going to be living in the unit. If yes, list sources: 1) _____ 2) _____ 3) _____ 4) _____	\$

4	Y	N	Unemployment benefits and/or Worker's Compensation. List sources 1) _____ 2) _____ Provide supporting documentation
5	Y	N	Veteran's Administration, GI Bill or National Guard/Military Benefits/income. If yes, list sources: 1) _____ 2) _____ 3) _____ 4) _____ Provide supporting documentation
6	Y	N	Social Security Benefits
7	Y	N	Supplemental Security Income (SSI)
8	Y	N	Disability or death benefits other than Social Security If yes, list sources: 1) _____ 2) _____ 3) _____ 4) _____ Provide supporting documentation
10	Y	N	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ Provide supporting documentation
11	Y	N	Income from real or personal property If yes, list sources: 1) _____ 2) _____ 3) _____ Provide supporting documentation
12	Y	N	Alimony or spousal maintenance payments Provide supporting documentation
13	Y	N	Child support payments Provide supporting documentation
14	Y	N	Section 8 rental assistance Provide Supporting documentation
15	Y	N	Income from a source other than those listed above 1) _____ 2) _____ Provide supporting documentation

Asset information: Identify each asset, its value and rate of interest currently held by the household. Include all assets held jointly with another person, even if that person will not be a member of the household. (Example, savings account set up in a grandchild's name to which you have access to)

16	Y N	<p>Checking account(s) If yes, provide 1) _____ name of institution _____ address _____ telephone #, fax _____</p> <p>2. _____ name of institution _____ address _____ telephone #, fax _____</p> <p>For additional accounts add information at end of questionnaire.</p>	(Estimated average)	<p>_____ % _____ % _____ % _____ %</p>
17	Y N	<p>Savings account(s) If yes, provide 1) _____ name _____ address _____ telephone #, fax _____</p> <p>2) _____ name _____ address _____ telephone #, fax _____</p> <p>For additional accounts add information at end of questionnaire.</p>	(Estimated average)	<p>_____ % _____ % _____ % _____ % _____ %</p>
18	Y N	<p>Certificates of Deposit (CD) or Money Market Accounts If yes, provide 1) _____ name _____ address _____ telephone #, fax _____</p>	(Estimated average)	<p>_____ % _____ % _____ % _____ %</p>

		2) _____ name _____ address _____ telephone #, fax For additional accounts add information at end of questionnaire		
19	Y N	Revocable Trust(s) If yes, provide 1) _____ name _____ address _____ telephone #, fax	\$ _____ \$ _____	_____ % _____ %
20	Y N	Real Estate If yes, provide description/information _____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____	
21	Y N	Stocks, Bonds, Mutual Funds or Treasury Bills If yes, provide 1) _____ name _____ address _____ telephone, fax 2) _____ name _____ address _____ telephone #, fax For additional accounts add information at end of questionnaire	(Estimated average) \$ _____ \$ _____ \$ _____ \$ _____	_____ % _____ % _____ % _____ %
22	Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(K) account, etc. If yes, provide 1) _____ name _____ address _____	(Estimated average) \$ _____ \$ _____ \$ _____ \$ _____	_____ % _____ % _____ % _____ %

		telephone #, fax 2) _____ name _____ address _____ telephone #, fax		
23	Y N	Whole Life insurance policy if so list 1) _____ company holding policy beneficiary 2) _____ company holding policy beneficiary	Cash Value Only \$ _____ \$ _____ \$ _____ \$ _____	
24	Y N	More than \$500.00 cash on hand	\$ _____	
25	Y N	Items held as investments (antique car, coin collection, etc.) If yes, list items 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____	
26	Y N	Safe Deposit Box. If yes, list contents 1) _____ 2) _____ 3) _____ 4) _____	\$ _____ \$ _____ \$ _____ \$ _____	
27	Y N	Disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years If yes, list items 1) _____ 2) _____ 3) _____ 4) _____	\$ _____ \$ _____ \$ _____ \$ _____	
28	Y N	Income from assets or sources other than those listed above If yes, list type(s) below 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____	

Provide any needed additional income and asset information below:

Student Status

- 1) Does the household consist of person(s) who are all part-time or full time students (1st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.) _____
- 2) Does anyone in your household anticipate becoming a full time student household in the next twelve months? _____

Under Penalties of Perjury, I/We certify that the information presented on this form is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of the application or termination of the lease agreement and may subject me/us to criminal penalties. I/We further authorize disclosure of all information, which will verify my/our income and assets. Subject to approval this will be my/our primary residence. I/We hereby authorize Be a Helping Hand Foundation to verify all information on this application, including Landlord references, if applicable, and credit and criminal reports on the applicants listed.

Printed Name of Applicant/Tenant	Signature of Applicant/Tenant	Date
Printed Name of Applicant/Tenant	Signature of Applicant/Tenant	Date
Printed Name of BAHHF/ Representative	Signature of BAHHF/ Representative	Date

RETURN THE COMPLETED FORMS AND REQUIRED DOCUMENTATION to:

**BE A HELPING HAND FOUNDATION
 827 W. MCKENNIE AVE
 NASHVILLE, TN 37206
 FAX: 615.290.5298
 EMAIL: info@bahelpinghand.org**

FOR QUESTIONS CONCERNING THIS QUESTIONNAIRE CALL: 615-227-6000

To avoid delay in processing your information, please recheck the information provided. Do not leave any questions unanswered. Do not use White Out. If you make an error, cross it off and initial the change. Include the name and address for all income and asset sources. If you are a homeowner complete and sign the House Statement. If you are not employed complete and sign the Non-employment statement. Sign and date the application. Return a copy of your social security card along with this application.

