



CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

801 N Holtzclaw Avenue, Chattanooga, TN 37404

TEL: (423) 752-4893 FAX: (423) 752.4814 TDD: (423) 752-4830

PROJECT BASED VOUCHER PRE-APPLICATION

DATE: _____

HEAD OF HOUSEHOLD

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____ GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

SERVED IN THE U.S. MILITARY: YES NO

DRIVER'S LICENSE# WITH STATE _____ STATE: _____

MEMBER #2

(Is Member a Live-In Aide?) YES NO

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

MEMBER #3

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

MEMBER #4

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

MEMBER #5

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

MEMBER #6

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____

GENDER: MALE FEMALE

RACE: BLACK WHITE HISPANIC OTHER

**Does Any Household Member Owe Debt to the Chattanooga (or any) Housing Authority?

YES NO

MUST BE COMPLETED BY PROJECT BASED PROPERTY MANAGEMENT ONLY

Bluestone Terrace Apartments	
Print Name of PBV SITE	(DO NOT LEAVE BLANK)

Print Name of Referring Agent/ Property Manager	

Signature of Referring Agent/ Property Manager	DATE
_____	_____

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE CONSIDERED



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Authorization for the Release of Information

I, _____, give permission for the Chattanooga Housing Authority to release and exchange my information for the purpose of providing assistance to me. **This includes criminal history, CHA debt amounts owed, and disability verification** obtained in the effort to determine eligibility for the Housing Choice Voucher and Project Based Programs. I give permission for my information to be shared with the following supportive service agencies for the purpose of providing assistance to me.

_____ (initial)

List names of agencies below:

Bluestone Terrace

The only time my information would be shared without my permission is when there is:

- Evidence of child or elder abuse or neglect
- A resident presenting a danger to themselves or others
- A court order that requires disclosing the information

I understand that my consent is valid as long as I am participating in the Project Based or Housing Choice Voucher Program with the Chattanooga Housing Authority. I also understand that I can revoke this consent at any time.

I confirm that the purpose of this form has been explained to me and I understand its content. My signature below indicates my consent.

Signature _____

Date _____