



# Be a Helping Hand

## Affordable Rental Housing Program

Application and Income Questionnaire

### Eligibility Screening

To all prospective Applicants:

Please read carefully the information below and answer the questions.

If you answer **YES** to question 1 and **NO** to questions 2-4, then you are **eligible** to submit an application and be considered for our affordable housing rental program.

If not, then you are currently **ineligible** for any of our rental units.

1. My/our household income is below the income levels listed below in the charts below:

Yes    No    Income Level 1    Income Level 2    Income Level 3

**Level 1 (30% AMI)**

**Level 2 (50% AMI)**

**Level 3 (60% AMI)**

Number of people	Income	Number of people	Income	Number of people	Income
One	\$16,800	One	\$28,000	One	\$33,600
Two	\$19,200	Two	\$32,000	Two	\$38,400
Three	\$21,600	Three	\$36,000	Three	\$43,200
Four	\$24,000	Four	\$40,000	Four	\$48,000
Five	\$25,950	Five	\$40,450	Five	\$51,840
Six	\$27,850	Six	\$46,400	Six	\$55,680
Seven	\$29,800	Seven	\$49,600	Seven	\$59,520
Eight	\$31,700	Eight	\$52,800	Eight	\$63,360

**Income Level 4 (80% AMI)****Income Level 5 (120% AMI)**

Number of people	Income	Number of people	Income
One	\$44,800	One	\$67,200
Two	\$51,200	Two	\$76,800
Three	\$57,600	Three	\$86,400
Four	\$64,000	Four	\$96,000
Five	\$69,150	Five	\$103,700
Six	\$74,250	Six	\$111,350
Seven	\$79,250	Seven	\$119,050
Eight	\$84,500	Eight	\$126,700

**2. Have been evicted from Federally-assisted housing for drug-related criminal activity in the last 3 years.**

Yes No

**3. Have you or any other member of your household has been convicted of a violent criminal activity in the past 3 years.**

Yes No

**4. Have you or any member of your household subject to a lifetime registration requirement or currently registered under a state sex offender registration program.**

Yes No

**Applicant Signature:**

**Date:**

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# Be A Helping Hand Foundation - Rental Application

House Number \_\_\_\_\_ Street Name City/State Zip \_\_\_\_\_ Unit Type \_\_\_\_\_ Rent Amount \_\_\_\_\_

Occupancy Date \_\_\_\_\_ Lease Term \_\_\_\_\_ Security Deposit \_\_\_\_\_

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

## Persons occupying unit

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

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(List all residences and applicable landlord reference in the last three years)

**1. Present Address**

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<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____
<b>From</b>		<b>To</b>
_____		_____
<b>Reason for Leaving</b>		
_____		
<b>Landlord</b>		<b>City</b>
_____		_____
<b>State</b>	<b>Zip</b>	<b>Landlord Phone #</b>
_____	_____	_____
<b>Rent per month</b>		
_____		

**2. Previous Address**

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<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____
<b>From</b>		<b>To</b>
_____		_____
<b>Reason for Leaving</b>		
_____		
<b>Landlord</b>		<b>City</b>
_____		_____

State

Zip

Landlord Phone #

Rent per month

## C. Personal References

1. Name

How Long?

Telephone number

2. Name

How Long?

Telephone number

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](mailto: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

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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.

# TENANT INCOME QUESTIONNAIRE

HOUSEHOLD 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	Income Source	Monthly Gross Income
1	Y N	<b>Employment:</b> Receiving wages, salary, overtime, commissions, fees, tips, bonuses, and/or other compensation Employer name:  Employer address:  Employer telephone / fax:	\$
2	Y N	<b>Self Employed/Income from a business.</b> (List nature of self employment)	\$
3	Y N	<b>Cash contributions of gifts</b> 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.	\$

Circle Yes or No		Income Source	Monthly Gross Income
		3. 4.	
4	Y N	<b>Unemployment benefits and/or Worker's Compensation.</b> List sources 1. 2. Provide supporting documentation	\$
5	Y N	<b>Veteran's Administration, GI Bill or National Guard/Military Benefits/income.</b> If yes, list sources: 1. 2. 3. 4. Provide supporting documentation	\$
6	Y N	<b>Social Security Benefits</b>	\$
7	Y N	<b>Supplemental Security Income (SSI)</b>	\$
8	Y N	<b>Disability or death benefits other than Social Security</b> If yes, list sources: 1. 2. 3. 4. Provide supporting documentation	\$
10	Y N	<b>Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings.</b> If yes, list sources: 1.	\$

Circle Yes or No		Income Source	Monthly Gross Income
		2.  3.  4.  5.  Provide supporting documentation	
11	Y N	<b>Income from real or personal property</b> If yes, list sources: 1.  2.  3.  Provide supporting documentation	\$
12	Y N	<b>Alimony or spousal maintenance payments</b> Provide supporting documentation	\$
13	Y N	<b>Child support payments</b> Provide supporting documentation	\$
14	Y N	<b>Section 8 rental assistance</b> Provide Supporting documentation	Percentage of income
15	Y N	<b>Income from a source other than those listed above</b> 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.

Y/N	Asset Type	Estimated Average	Interest Rate
16	<p><b>Checking account(s)</b> If yes, provide</p> <p>1. name of institution:</p> <p>address:</p> <p>telephone #, fax:</p> <p>2. name of institution:</p> <p>address:</p> <p>telephone #, fax:</p> <p>For additional accounts add information at end of questionnaire.</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>%</p> <p>%</p> <p>%</p> <p>%</p>
17	<p><b>Savings account(s)</b> If yes, provide</p> <p>1. name:</p> <p>address:</p> <p>telephone #, fax:</p> <p>2. name:</p> <p>address:</p> <p>telephone #, fax:</p> <p>For additional accounts add information at end of questionnaire.</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>%</p> <p>%</p> <p>%</p> <p>%</p> <p>%</p>
23	<p><b>Whole Life insurance policy if so list</b></p> <p>1. company holding policy:</p> <p>beneficiary:</p> <p>2. company holding policy:</p> <p>beneficiary:</p>	<p>Cash Value Only</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	

Y/N	Asset Type	Estimated Average	Interest Rate
24	Y N More than \$500.00 cash on hand	\$	

## Student Status

1) Does the household consist of person(s) who are all part-time or full time students (1st grade and higher)?

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 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:**

827 W. MCKENNIE AVE  
NASHVILLE, TN 37206  
EMAIL: [info@bahelpinghand.org](mailto: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. Sign and date the application. Return a copy of your social security card and drivers license along with this application.



827 W. McKennie Avenue, Nashville, TN 37206  
615-227-6000 | [www.bahelpinghand.org](http://www.bahelpinghand.org)