



NASHVILLE-DAVIDSON COUNTY
DOCUMENT CHECKLIST for
RENT/MORTGAGE ASSISTANCE
Related to Covid 19 Unemployment

Affordable Housing Resources

in partnership with
MDHA CDBG-CV program or
United Way's Metro Cares Act Program.

Fill out and return this application and checklist with all required documentation attached. **The application will not be processed unless it is completely filled out AND all supporting documentation is provided. If an item does not apply to you, please write in N/A beside the check box.**

If you have questions please contact us at Affordable Housing Resources, 615-251-0025 ext 0 or for a telephone device for the deaf 615-440-3106. To request accommodation or language assistance call: 615-251-0025 ext 0. **Submitting this application does not obligate the applicant or Agency in any way.** If it is determined that you qualify for assistance, you will be notified via phone and email.

APPLICATION

- Completed Application form. (*signed and dated by applicant, co-applicant*)

IDENTIFICATION

- Driver's license or state issued photo ID: *copies all adult household members*
- Identification (issued by a 3rd party): *for all household members under the age of 18*

HOUSING INFORMATION:

RENTAL ASSISTANCE:

- Current Lease in the name of the applicant
- Late or eviction notice

OR

MORTGAGE ASSISTANCE:

- Mortgage statement(s): copy of most recent
- Copy of a utility bill, driver's license, etc. showing applicants name with address matching the home.

Income and Financial Information:

(Please check the box(s) and supply requested documents for every lines that apply to you. Write in N/A if you do not have a document.)

- Current bank statements - all checking and savings accounts, applicant, co-applicant.
- 1 month of current pay stubs (for all household members age 18 or older)
- Social security award letters for all household members
- Child support current printout
- Unemployment statement, etc.

Documents proving reduction of income: *(Please write in N/A if you do not have a document.)*

- Unemployment filing
- Letter or email from employer of termination OR explain why you are unemployed related to Covid 19.
- Prior tax returns or a statement why you did not file taxes in 2019.
- ONLY if you are self-employed - YTD profit and loss statements*

- Privacy Policy - *sent in email that had the Application*
- Impact Nashville Assistance Network Release of Information Form - *sent in original email*

Remember these rental assistance funds are limited and will be awarded in the order completed applications with all the requested document are received.

Additional documentation/information may be required upon receipt and review of the information provided.

When Completed Fax, Email, Mail, or Hand Deliver To:

**Affordable Housing Resources
615-251-0025 ext 0
sbosworth@ahrhousing.org
fax 615-256-9836**

Affordable Housing Resources does not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

This program is supported by Community Development Block Grant (CDBG-CV) funds from the U.S. Department of Housing and Urban Development (HUD) or the Cares Act funding awarded to Metro Nashville. Federal regulations require that we obtain information to document that assistance is being provided to lower-income households. This information is collected for statistical purposes only and is kept in strict confidence. The applicant should complete this form providing income information for all persons residing within their household, regardless of whether or not they are related. Income verification is **MANDATORY** for the CDBG-CV program participation.



Privacy Policy

Affordable Housing Resources is committed assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization by your signature. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Opt-out disclosure:

You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (615)251-0025 to do so in writing.

Release of your information:

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you or is a requirement of grant awards which make our services possible.

We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

<u>X</u> _____	_____	_____
Customer	Date	Affordable Housing Resources Representative
<u>X</u> _____	_____	_____
Customer	Date	Date



Impact Nashville Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Date of Birth: _____ **SSN:** _____

mm / dd / yyyy

Phone: _____

The **Impact Nashville Assistance Network**, hereinafter referred to as "*CharityTracker*", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of Greater Nashville (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Affordable Housing Resources Inc. (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker. I also understand information entered in CharityTracker will be retained by the organization initiating this Release of Information.

<u>Dependent's Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Affordable Housing Resources Inc., as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I also authorize Affordable Housing Resources Inc., to share my previously provided basic identifying and non-confidential information, service transactions, financial assistance, and program goals from a third-party database with other agencies participating in CharityTracker. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Affordable Housing Resources Inc. (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies. I authorize Affordable Housing Resources Inc. to share my dependents' previously provided basic, identifying and non-confidential information, service transactions, financial assistance, and program goals from a third-party database with agencies participating in CharityTracker.

X	X
_____ Client and/or Parent-Legal Guardian's Authorizing Signature	_____ Agency Representative Signature
_____ Date	_____ Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.