

**Self-Screening Questionnaire for applicants to
New Level Community Development Corporation's
Affordable Rental Housing Program**

Property address: 1009 Second Avenue South, Unit#_____ Rent \$_____ Security Deposit \$_____

To prospective Applicants:

Please read carefully the information below and answer the questions.

If you answered **NO** to questions **1-3** and **YES** to question **5** then **You Are Eligible** to submit the application and be considered for our rental unit at 1009 2nd Avenue South.

If you did not then you are currently **Not Eligible** for our 2nd Avenue rental unit. Our housing counseling specialist can assist you with other housing options.

1. Have you been evicted from Federally-assisted housing for drug-related criminal activity in the last 3 years? ___yes ___no
2. Have you or any other member of your household been convicted of a violent criminal activity in the past 3 years? ___yes ___no
3. Are 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
4. I can provide documentation confirming supportive services I am receiving from an approved Nashville agency. ___yes ___no ___NA
5. My/our household income is at or below the income levels listed in the chart below. ___yes ___no

Number of people living in unit	Annual income of person/persons living in unit
1 person	\$26,250
2 persons	\$30,000

Application Checklist

Submit application along with all required documents and application fee. Incomplete applications will not be processed.

Please ensure you submit all required documents and forms with your application.

_____ Signed completed application form (pages 1

_____ \$35.00 Non-refundable application fee – PAY THIS FEE ONLINE AT OUR WEBSITE.

_____ Tenant income questionnaire

_____ Copy of Section 8 Voucher approval documentation, if applicable

_____ Signed authorization to release information

_____ Signed student status form, if applicable

_____ Copies of Social Security or applicable resident cards for each member of your household

_____ Applicable income verification:

- a. Employer salary/wage documentation from the last 3 months
- b. W-2, 1099 (if applicable) and/or tax return
- c. Copies of the last 3 months financial statements for checking, savings or investment accounts for every member of household
- d. Income statements from Social Security, VA, or SS, if applicable
- e. Child support documents- copy of order including the case number and stating what the amount is each pay period if applicable

A nonrefundable \$35.00 application processing fee must be paid when application and required documentation is submitted.

1) Things to know:

2) New Level CDC does not have an ADA-accessible unit available at this time.

3) All Adults over 18 that will be living in the homes must submit an application, along with income information and sign the lease.

4) Tenants are responsible for paying for electricity. Water is included in the rent.

5) New Level CDC has a no smoking policy for all of its homes.

6) No firearms are allowed.

7) No pets are allowed. Service Animals must be documented with medical forms.

New Level Community Development Corporation Rental Application

Date: _____

Property address: 1009 Second Avenue South, Unit# _____ Rent \$ _____ Security Deposit \$ _____

Personal Information

Applicant _____

Present Address _____

City _____ State _____ Zip Code _____

Phone _____ Secondary Phone _____

Date of Birth _____ Social Security Number _____

Email _____

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

Please fill out for all occupants ages 17 and younger.

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

1. Do you own a car? Yes No Year _____ Make _____ Model _____
 Registration # _____ State _____ Driver's License # _____

2. Have you ever filed bankruptcy? Yes No If yes, please explain (including dates) _____

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

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

5. Marital Status: Single Married Divorced Widowed

6. Do you have a Section 8 voucher? Yes No
If yes, how much is the current voucher amount? _____
How many bedrooms are you approved for? _____
How much is your portion of your current rent? _____

7. Are you or anyone in your household disabled? Yes No, if yes, please state the condition and any special needs _____

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 _____ Phone _____
How long have you know this individual? _____ months years

2. Name _____ Phone _____
How long have you know this individual? _____ months years

By signing below, applicant hereby authorizes New Level CDC to obtain Landlord references, credit reports and criminal reports on the applicants listed.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____

D.) Income Questionnaire: All persons that receive income and will live in the home must provide income information. Use separate forms for each person earning income.

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, check no.

Do not leave any question unanswered, please mark N/A for areas which are not applicable.

Applicant _____ Age _____ Sex _____

1.) Do you work? Full-time Part-time Not working

Attach the last 3 MONTHS of your pay documentation

Employer Name	Phone	Date of Hire	How often are you paid?	Gross pay

2.) Other income Pension Social Security SSI VA AFDC Unemployment Other _____

Attach current benefits statement

Type of Benefit	How often paid	Amount	Does this benefit expire?

3.) Do you receive child support, alimony or regular gifts of money? ___ **Attach court order**

Type of Support	How often paid	Amount	Do you expect to continue this benefit for the next 12 months?

4.) Please list checking account, savings account, retirement, investments, real estate property, or other assets.

Attach 3 months of financial statements from your banking institution.

Type of asset	Name of bank/company	Current value	

List all current debts including any loans and credit cards

Company/ Lender	Amount Owed	Payment Amount	Frequency- Weekly, Monthly, Annually	Are you currently paying on this debt?

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 New Level CDC, screening agent 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

Signature of Applicant

Date

Printed name of Co-applicant

Signature of Co-Applicant

Date

Printed name of Authorized Representative

Signature of Authorized Rep.

Date

