



Address: 3750 Hughes Avenue
 Chattanooga, TN 37410
 Phone: 423.634.1120
 Email: AltonPark@penrose.com
 TTY: 800.545.1833 x646

To be completed by office staff:
 Application Number _____
 Date Application Rec'd _____
 Time Application Rec'd _____
 Initials of Staff Member _____

HEAD OF HOUSEHOLD

| | |
|---|---|
| M | F |
|---|---|

NAME: _____ SSN: _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
 (House #) (Street Name) (Apt. #)

_____ CELL #: _____
 (City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
 DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

| Name | DOB | M/F | Relationship | Soc. Sec. Number | DL State & Number |
|------|-----|-----|--------------|------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ANNUAL HOUSEHOLD INCOME

| | |
|-----------------------------------|----|
| Employment/Wages | \$ |
| Social Security Income | \$ |
| Social Security Disability Income | \$ |
| Public Assistance (Welfare/TANF) | \$ |
| Child Support | \$ |
| Pension | \$ |
| Other Income (Please Specify): | \$ |



Preferences for Determining Waiting List Position (if applicable)

| | | | | |
|--|----------------------------|---------------------------|---|---|
| Do you or any member of your household have a DISABILITY? | | | Y | N |
| Is the Head of Household or Spouse 62 years of age or older or disabled? | | | Y | N |
| Are you currently employed? | | | Y | N |
| Are you a student or recent graduate of an educational or training program? | | | Y | N |
| Were you involuntarily displaced due to a natural disaster? | | | Y | N |
| Are you homeless? | | | Y | N |
| Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.) | | | Y | N |
| If yes above, please circle features required: | | | | |
| Unit for mobility impaired | Unit for visually impaired | Unit for hearing impaired | | |
| Grab bars | No steps | Other: | | |
| Describe: | | | | |

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit 50% 60%

ACC 30

February 2021

