



TBRA PROGRAM SUPPORTING DOCUMENT CHECKLIST

Do not apply to the TBRA program if you:

- Need immediate rental assistance.
 - Are unemployed.
 - Owe back rent.
- Need mortgage assistance.
- Are a current recipient of Section 8 housing assistance.

Each of the following must be included with your application, unless not applicable to you and your household.

No photos of the application or additional documents will be accepted.

- Release of Information (ROI) form (included in the application portion)
- Copy of driver's license or state-issued photo ID for *all adult* household members
- If any person in the household receives federal or state assistance, award letters/notifications that specify the amount must be provided. Replacement award letters for SNAP or TANF benefits can be re-issued at the Dept. of Human Services office.
- Two months'** pay stubs of every household member excluding any minors.
Exception: If you have recently secured new employment, but have not yet started working, you must provide an offer letter/letter of acceptance from the employer typed on letterhead. The letter must include:
 - Your name.
 - Position title.
 - Expected hours of work per week.
 - Pay rate and schedule.
 - Whether the position is part-time or full-time.
 - Signature of employer/employer's representative.
- If you answered "Yes" to *any* of the questions listed in Sections 1-4 of the application, provide supporting documentation.

United Way of the Greater Clarksville Region does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.

WHAT IS UWGCR/CNCS - ARP TBRA PROGRAM?

The United Way of the Greater Clarksville Region & City of Clarksville's Neighborhood Community Services ARP-Tenant Based Rental Assistance (UWGCR/CNCS-ARP TBRA) program is for assisting very low-income families, the elderly, victims of domestic violence, and aged-out foster children to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the tenant, participants can find their own accommodation, including single-family homes, townhouses, and apartments. Housing payment warranties are administered locally by United Way of the Greater Clarksville Region & the City of Clarksville's Neighborhood Community Services department (UWGCR/CNCS) which receive federal funds from the U.S. Department of Housing and Urban Development (HUD). This means that the tenant, landlord, and UWGCR/CNCS have obligations under the ARP-TBRA program. A summary of each party's role is below:

HUD: HUD provides funds to allow UWGCR/CNCS to make rental assistance payments on behalf of the tenants. HUD monitors UWGCR/CNCS administration of the program to ensure program rules are properly followed.

United Way of the Greater Clarksville Region & City of Clarksville's Neighborhood Community Services: UWGCR/CNCS administers the program locally and provides the tenant with housing assistance. UWGCR/CNCS must examine the tenant's income, and household composition and ensure that their housing unit meets minimum housing quality standards. UWGCR/CNCS enters into a contract with the landlord to provide rental assistance payments on behalf of the household.

Landlord: The role of the landlord in the ARP-TBRA program is to provide decent, safe, and sanitary housing to a tenant at a reasonable rent. The dwelling unit must pass the program's housing quality standards and be maintained up to those standards as long as the owner receives rental assistance payments. The Landlord enters into a lease agreement with the tenant.

Tenant: When a tenant selects a housing unit, they are expected to comply with the lease and the program requirements, pay their share of rent on time, maintain the unit in good condition and notify UWGCR/CNCS of any changes in income or family composition.

Rent: UWGCR/CNCS determines a rental payment standard that is on average 70% of the Fair Market Rents regularly published by HUD representing the cost to rent a moderately-priced dwelling unit in the local housing market. The housing payment warranty tenant must pay 30% of the rent. If the unit rent is greater than the Fair Market Rent, the tenant is required to pay the additional amount.

Acknowledgment of program's nondiscrimination requirements: Federal laws prohibit discrimination in housing and community development programs and activities because of race, color, religion, sex (including gender, gender identity, sexual orientation, and sexual harassment), national origin, familial status, and disability. These obligations extend to recipients of HUD financial assistance, including sub-recipients, as well as the operations of state and local governments and their agencies, and certain private organizations operating housing and community development services, programs, or activities.

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Greater Clarksville Region Assistance Network Shared Case Management Software - Charity Tracker **RELEASE OF INFORMATION (ROI)**

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

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Date Of Birth: _____ SSN: _____
 (mm/dd/yyyy)

The **Greater Clarksville Region Assistance Network**, hereinafter referred to as "CharityTracker", is a shared, computerized record-keeping system that captures information about people experiencing the need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Greater Clarksville Region, Inc. (Administrating Agency) administers Charity Tracker on behalf of participating agencies of the CharityTracker Assistance Network, including United Way of the Greater Clarksville Region, 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 review the basic identifying information 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 formally request to this Organization that I no longer wish to participate in CharityTracker.

Dependent's Name	Relationship	Date of Birth	Social Security Number

I authorize United Way of the Greater Clarksville Region, Inc., as a Charity Tracker Participating Agency, to share my basic, identifying, and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize United Way of the Greater Clarksville Region, Inc. (Participating Agency), as a Charity Tracker Participating Agency, to share my dependent's basic, identifying, and non-confidential service transactions/information with other CharityTracker participating agencies.

X _____
 Client and/or Parent-Legal Guardian's Date

X _____
 Agency Representative Signature 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.

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United Way of the Greater Clarksville Region

107 Jefferson St., Suite 107

LiveUnited@UWGCR.org

931-647-4291

United Way of the Greater Clarksville Region (UWGCR) American Rescue Plan (ARP) Tenant-Based Rental Assistance (TBRA)

The application will only be processed if it is completed in full **AND** all supporting documentation is provided. If an item does not apply to you, please write N/A beside the check box. Additional documentation may be required upon receipt and review of the information provided.

Submitting this application does not obligate the applicant or United Way of the Greater Clarksville Region in any way. If it is determined that you qualify for assistance, you will be notified via phone and email.

Before completing the application, be sure the following criteria are met to qualify for the UWGCR ARP (TBRA) Program:

- Applicant/Co-Applicant must be a resident of the City of Clarksville, Tennessee.
- Applicant/Co-Applicant must be employed and/or receiving monthly supplemental income.

APPLICANT INFORMATION

Applicant's Full Name (First, Middle, Last): _____

Home/Cell Phone: _____ Work: _____

Email Address: _____

Co-Applicant's Full Name (if applicable): _____

Home/Cell Phone: _____ Work: _____

Email Address: _____

Home/Temp Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Rent Own Public Housing Temporary Homeless

If homeless, for how long? 1-30 Days 60-90 Days 1 Year +

Mailing Address (if different from Home): _____

City: _____ State: _____ Zip Code: _____

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APPLICANT'S HOUSEHOLD INFORMATION

Enter information of **all** household members. Household members are any persons living within the residence, including all minors and dependents, regardless of employment status.

If any person in the household receives federal or state assistance, award letters/notifications that specify the amount of each must be provided with the application.

Is anyone in the household currently receiving state or federal rental subsidy assistance, such as a Housing Choice Voucher (Section 8)? Yes No

In Household				Check all that apply <input checked="" type="checkbox"/>		
Name (First, MI, Last)	SSN xxx-xx-xxxx	DOB MM/DD/YYYY	Age	Student	Employed	Fed/State Assistance

Monthly Federal/State Assistance Amounts						
Persons In Household	SSI	SNAP	TANF	VA	Retirement	Child Support

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United Way of the Greater Clarksville Region

107 Jefferson St., Suite 107

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EMPLOYMENT INFORMATION

Provide employment information and two months' pay stubs for every household member excluding any minors.

Employee Name: _____

Part-Time Full-Time Hourly Wage: \$ _____ Start Date: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Supervisor Name: _____

Business No. (include extension): _____ Email: _____

Employee Name: _____

Part-Time Full-Time Hourly Wage: \$ _____ Start Date: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Supervisor Name: _____

Business No. (include extension): _____ Email: _____

Employee Name: _____

Part-Time Full-Time Hourly Wage: \$ _____ Start Date: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Supervisor Name: _____

Business No. (include extension): _____ Email: _____

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QUESTIONNAIRE

Section 1

1. Does your household pay childcare expenses for children under the age of 13 that enable a family member to work or go to school? Yes No
2. Does your household pay care expenses for caring for a family member with disabilities that enable a family member to work? Yes No
3. Does your household have reliable transportation? Yes No
4. Does your household have food stability? Yes No
5. Are you currently at risk of becoming homeless? Yes No
6. Have you, or will you, age out of the foster care system within 90 days of the application date? Yes No *If yes, name of caseworker [optional]:* _____

Currently employed? Yes No

Enrolled as a student? Yes No School Name: _____

7. What is the highest level of education completed by each adult household member?

Name: _____ GED/HiSET High School College Technical

Name: _____ GED/HiSET High School College Technical

Name: _____ GED/HiSET High School College Technical

8. Have you or any household members served in the military? Yes No

If Yes, Name: _____ *Military Branch:* _____

Are you or any household members currently Active-duty military? Yes No

If yes, Name: _____ *Military Branch:* _____

Section 2

1. Do you have a savings account with a minimum balance of one month's pay?
 Yes No
2. Do you have credit card debt over \$1,000? Yes No

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QUESTIONNAIRE Cont.

3. Do you have personal loan debt totaling over \$1,000? Yes No
4. Do you have student loan debt? Yes No
5. Do you have a credit score that is fair or above (580+)? Yes No

Section 3

1. Have you or any household member faced eviction within the last 3 years? Yes No
2. Have you or any household member been a victim of, or is currently fleeing, domestic violence, dating violence, sexual assault, stalking, or human trafficking? Yes No
3. Have you or any household member pleaded guilty to a misdemeanor or felony (excluding traffic violations)? Yes No

If Yes, Name: _____

Charge: _____ Date of charge: _____

Name: _____

Charge: _____ Date of charge: _____

Section 4

1. Have you ever been diagnosed with a physical disability? Yes No

Diagnoses: _____

2. Have you ever been diagnosed with a mental disorder? Yes No

Diagnoses: _____

ADDITIONAL INFORMATION

If there is any additional information you would like to provide:

Your application will only be processed if it is completed in **full AND** all supporting documentation is provided. Use the **Supporting Document Checklist** on page 1 to ensure you have all the required documents.

The application and supporting documentation can be submitted via one of the following:

- email to liveunited@uwgcr.org
- by mail to 107 Jefferson St., Suite 107, Clarksville, Tennessee, 37040
- dropped in the mail slot at the United Way GCR office.

Submitting this application *does not* obligate the applicant nor United Way of the Greater Clarksville Region in any way. If it is determined that you meet the qualifications for assistance, you will be notified via phone and email regarding next steps.

For questions or inquiries regarding the TBRA program or for the status of your application, contact United Way of the Greater Clarksville Region via email at liveunited@uwgcr.org.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____