

**REQUEST FOR INSPECTION OF NEW
SUPPORTED LIVING HOME**

*Only used if home is being occupied for first time.

Date _____
AGENCY CONTACT _____
Agency Name _____
Agency Address _____

UNIT ADDRESS: (Please complete all fields) _____ Name of Apartment Bldg.: _____ City _____ County _____ Zip _____

AGENCY PHONE# () _____
AGENCY FAX# () _____
Agency Email: _____
Agency Tax ID _____

Unit Rent (per mo.) _____ #BR? _____
Is the unit owned by one of the tenants? _____

TENANT INFORMATION

<input type="checkbox"/> MR Housing	<input type="checkbox"/> Section 8 Rental Assistance
Name _____ SS# _____ Sex _____	
Race _____ Birth Date _____ Proposed Move-In Date _____	

<input type="checkbox"/> MR Housing	<input type="checkbox"/> Section 8 Rental Assistance
Name _____ SS# _____ Sex _____	
Race _____ Birth Date _____ Proposed Move-In Date _____	

<input type="checkbox"/> MR Housing	<input type="checkbox"/> Section 8 Rental Assistance
Name _____ SS# _____ Sex _____	
Race _____ Birth Date _____ Proposed Move-In Date _____	

Please fax to: Betty Chester at least 7 days prior to new home opening. (615) 532-9940