



DEPARTMENT OF
INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES

REQUEST FOR INSPECTION OF NEW
SUPPORTED LIVING and SEMI-INDEPENDENT LIVING HOME

Only used if home is being occupied for first time

Date: _____

Unit Address (Please complete all fields)

Agency Information:

Agency: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Tax ID: _____

Name of Housing Inspector: _____

Building Name: _____

City: _____

County: _____

Zip: _____

Home Type _____ Supported Living
(Check one) _____ Semi-Independent

Is this a Blended Home? If yes, indicate what OTHER
services will be provided in this home.

Unit Rent: (per mo.) _____ # of BR: _____

Is the unit owned by one of the tenants? _____

TENANT INFORMATION

___ Housing Subsidy	___ Section 8 Rental Assistance
Name: _____	SSN: _____ Sex: _____
Race: _____	Birthdate: _____ Move-in Date: _____

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Please email form to: Betty Chester (Betty.Chester@tn.gov) at least 7 days prior to new home opening.