



**New Beginnings House  
East Brainerd Church of Christ  
7745 East Brainerd Road  
Chattanooga, TN 37421**

May 8, 2026

To Interested Resident Applicants:

The following are required to apply for residency at New Beginnings House (NBH):

- NBH Application
- NBH Rules and Contract
- Authorization for SSA to Release SSN Verification for a Background Check.

Please review these forms, particularly New Beginnings House Rules and Contract.

If you are interested, please complete each forms' blanks completely to **prevent processing delays**. A Background Check can take 1-3 weeks. Make sure all blanks are filled in and can be easily read. **Signature must be clear with middle name particularly on AUTHORIZATION for SSA to Release SSN Verification for a Background Check.**

When the Background Check returns and the New Beginning Oversight Board approves an interview with you, I will contact you for an interview.

If you have questions or concerns, please let me know at contact ways included below.

Sincerely,

Julia Horn

NBH Applicant Processor

[2659mote@gmail.com](mailto:2659mote@gmail.com)

(704) 267-6612

New Beginnings House

ATTN: Julia Horn

7745 East Brainerd Road

Chattanooga, TN 37421



## East Brainerd Church of Christ Application to New Beginnings House



If you are filling out this application, you have come to a point in your life where you strongly desire to live a life that is God honoring, which includes allowing God to free you from life controlling issues. Your honest assessment of your past, present and future is required in this application. **Approval by a majority of the New Beginnings Oversight Board is required.**

Application Procedure:

- Complete all blanks in the attached application. Write “NA” in all blanks that do not apply to you.
- Applicant cannot be currently using addictive substances and must possess a desire to stay sober.
- Applicant must enroll in and graduate from the Transformation Project.
- Applicant must bring an attitude willing to comply with house rules/guidelines and be able to get along with others.
- If Applicant knowingly omits pertinent information on the application it will disqualify the Applicant from admittance to the NBH and/or dismissal from the entire program.
- Applicant must be willing to function in a communal setting including chores and cleaning.
- Recommendations from previous correctional facilities, CADAS administration, halfway houses, etc. will also be a factor in acceptance to NBH.
- A background check will be run and NBH reserves the right to contact and verify any references or recommendations.

**Use this space below for additional comments.**



**East Brainerd Church of Christ Application to New Beginnings House**



1. Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. All Previously Used Names/Identities:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

3. Birth Date: \_\_\_\_\_

4. Do you have a current valid driver's license? Yes No (circle one)

If yes, what is the state and license number? \_\_\_\_\_

5. Marital Status: Married – Divorced – Single – Widowed – Partner (circle one)

6. Name of spouse/partner or previous spouses/partners: \_\_\_\_\_  
\_\_\_\_\_

7. Names of children (Regardless of age):

- 1. \_\_\_\_\_ age \_\_\_\_\_
- 2. \_\_\_\_\_ age \_\_\_\_\_
- 3. \_\_\_\_\_ age \_\_\_\_\_
- 4. \_\_\_\_\_ age \_\_\_\_\_
- 5. \_\_\_\_\_ age \_\_\_\_\_
- 6. \_\_\_\_\_ age \_\_\_\_\_
- 7. \_\_\_\_\_ age \_\_\_\_\_
- 8. \_\_\_\_\_ age \_\_\_\_\_



8. Indicate child/children’s caretaker(s) presently and while you will be in NBH.

	Caregiver	Child/Children	Phone	Address
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

9. List all previous rehabilitation Programs, CADAS, half-way houses, etc. and if you completed the Program.

	Program	Completed		Date Complete
		Yes	No	
1.	_____	Yes	No	_____
2.	_____	Yes	No	_____
3.	_____	Yes	No	_____
4.	_____	Yes	No	_____

10. Indicate ALL previous convictions and time served in this county or anywhere since you were 18 years old. Failure to list could result in voiding your application.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_



11. Have you had any violent or sexual crimes? Yes No (Circle one)

If so, list crimes/convictions.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

12. Are you currently under or have previously been under a medical or mental health provider's care? Yes No (Circle one)

	Provider(s)	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

13. List all prescription and over the counter medications you are currently taking:

	Name of Medication	Dosage and Frequency	Provider's Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____



**East Brainerd Church of Christ Application to New Beginnings House**



**14. Is there anything that would prevent you from working 32-40 hours per week?**

Yes No (Circle)

**15. Emergency contact information:**

1. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone and address of emergency contact person \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone and address of emergency contact person \_\_\_\_\_

\_\_\_\_\_

**15. List three people that would be willing to talk to us and recommend you for this program:**

	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Any information will be kept completely confidential and used only to assess the applicant as a resident for the New Beginnings House.**

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_



## New Beginnings House Rules and Contract

INTAKE DATE \_\_\_\_\_

INTAKE NBH COMMITTEE MEMBER \_\_\_\_\_

### Mission Statement:

The Mission of New Beginnings House is to provide substance free, safe, Christ centered housing for women battling addictions or other life controlling problems. Recovery will be enhanced by required participation in the Transformation Project (TP), 32 to 40 hours a week employment, and other studies and experiences.

**House Rules and Agreement:** Upon acceptance to New Beginnings House (NBH), one of the Volunteer Committee members will review NBH Rules and Contract with new resident. **There will be periodic review of NBH Rules and Contract as circumstances require. NBH Rules and Contract may change as circumstances occur.** Residents will be provided with an updated NBH Rules and Contract immediately as they are changed. Residents can choose to sign or not sign updated NBH Rules and Contract. **If they choose not to sign, they will be required to leave. Dismissal will be reported to necessary agencies, i.e., court, probation officer, next of kin, etc.**

Resident will advance Levels as resident progresses toward a healthy lifestyle. **If resident is not progressing, a meeting will be held with resident and at least five NBH Committee members to determine if resident will remain in NBH or be dismissed.** If it is determined, **at any time,** resident has created discord or negative environment, NBH Committee reserves the right to dismiss resident.

**Time spent in each level depends on compliance. Movement to next Level is at discretion of a committee member(s).**

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<p><b>Level 1 Intake</b></p> <p><b>Minimum of 2 days- Maximum of 4 days</b></p>	<p><b>INTAKE</b> starts Day 1 and requires approximately two to four days. During this period:</p> <ul style="list-style-type: none"> <li>● All fabric items must be washed before storing in NBH.</li> <li>● No outside contact with family or previous friends or relatives (anyone) allowed until advanced to Level 4. Family may be informed that you are safe and in East Brainerd area.</li> <li>● Resident will be supplied with clean bedding, towels, a bathroom tote filled with toiletries and one large laundry detergent upon arrival.</li> <li>● NBH cell phone will be provided until job is started or one month after Intake unless the NBH Committee approves further use.</li> <li>● NBH Cell Phone Contract must be signed by resident, NBH Committee member and Witness.</li> <li>● Resident may not use other residents' phones unless a true emergency (life or death situation).</li> <li>● Resident will be restricted to NBH unless with her Transformation Project coach or NBH Committee member.</li> <li>● Resident may use the NBH Cell Phone or Landline Phone to work on setting up: <ul style="list-style-type: none"> <li>○ counseling appointments</li> <li>○ physician appointments</li> <li>○ application for food stamps</li> <li>○ contacting probation officer</li> <li>○ job searching</li> <li>○ contacting TP coach</li> </ul> </li> <li>● Resident's Notebook will be given to each resident and will contain forms that resident will complete as required.</li> <li>● Resident's Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>
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<p><b>Level 2</b></p> <p><b>Maximum of 40 Days total or 44 days from Intake</b></p>	<p>When resident has completed Level 1, resident may request to advance to Level 2. During this period (Level 2):</p> <ul style="list-style-type: none"> <li>● Resident must actively seek or have a first shift job unless there are extenuating circumstances to be evaluated by NBH Committee. Employment must consist of 32-40 hours per week. Resident cannot work from NBH unless approved by the NBH Committee.</li> <li>● Resident may arrange transportation through transportation coordinator during the first 45 days only (refer to Welcome to the NBH Important information in Resident Notebook). Resident may ride with another resident in the resident’s car if they are going to the same location and a Transportation Waiver and Release Liability is signed each trip.</li> <li>● If no job is found within <b>45 days</b> and a bank account established, resident may be dismissed from the NBH program and reported to necessary agencies about being dismissed, i.e., court, probation officer, next of kin, etc.</li> <li>● Job Search form must be completed and checked during the Weekly House meeting. NBH Committee members reserve the right to verify listed potential employers.</li> <li>● Resident may have personal cell phone when: <ul style="list-style-type: none"> <li>Employment begins</li> <li>NBH Financial Committee member certifies payment of appropriate bills and fees.</li> </ul> </li> <li>● Six meetings a week must be attended. <ul style="list-style-type: none"> <li>○ Transformation Project, church services, Bible studies, Weekly House meeting, counseling meeting, Celebrate Recovery (CR), AA, and NA count.</li> <li>○ At least one meeting a week <b>MUST</b> be a CR, AA, or NA meeting.</li> <li>○ <b>Sponsor is required</b> for the program chosen and must be maintained throughout NBH residency.</li> <li>○ Resident’s NBH Meeting Attendance Sheet from the Resident Notebook should be taken to every meeting and completed by the meeting leader</li> <li>○ Sheet will be kept in Resident Notebook.</li> <li>○ All meetings should be <b>in person</b> unless there is an extenuating circumstance to be evaluated by the NBH committee.</li> </ul> </li> <li>● NBH must be kept clean and organized.</li> <li>● Rent will be collected when the resident receives their first paycheck or on the first day of stay if funds are available.</li> <li>● Curfew is 9:30 pm.</li> <li>● Resident must search for appropriate community service and begin as time allows. Resident’s NBH Meeting Attendance Sheet from the Resident Notebook should be taken to every community service and completed by the community service leader.</li> <li>● Recovery Readings: Residents will be required to engage in daily Christian study: Bible, TP Books, devotional readings, etc. Each will be recorded on daily Recovery Reading Log kept in Resident Notebook.</li> <li>● Resident’s Resident Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>
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<p style="text-align: center;"><b>Level 3</b></p> <p style="text-align: center;"><b>Must Begin by Day 45 from Intake</b></p>	<p>When resident has a job, pays rent consistently, establishes a bank account, and has met and continues all previous Level requirements, resident may request to advance to Level 3. During this period (Level 3):</p> <ul style="list-style-type: none"> <li>● Resident must maintain 32 to 40 hours a week employment.</li> <li>● Resident may have personal cell phone or continue to use NBH cell phone per NBH Cell Phone Contract when job as previously specified continues and resident progresses through NBH program.</li> <li>● After 45 days, Resident may ride with NBH Committee member or TP member if they are going to the same location.</li> <li>● Six meetings a week must be attended: <ul style="list-style-type: none"> <li>○ Transformation Project, church services, Bible studies, Weekly House meeting, counseling meeting, CR, AA, and NA count.</li> <li>○ At least one meeting a week <b>MUST</b> be a CR, AA, or NA meeting.</li> <li>○ <b>Sponsor is required</b> for the program chosen and must be maintained throughout NBH residency.</li> <li>○ Resident's NBH Meeting Attendance Sheet from the Three Ring Binder should be taken to every meeting and completed by the meeting leader.</li> <li>○ Sheet should be kept in Resident Notebook.</li> <li>○ All meetings should be <b>in person</b> unless there is an extenuating circumstance to be evaluated by the NBH committee.</li> </ul> </li> <li>● Curfew is 10:00 pm.</li> <li>● Resident will be asked to disclose earnings so rent can be adjusted to ability to pay.</li> <li>● When resident is able to pay full rent each week/month, 50% of resident's paycheck will go to reimbursing owed rent and fees, plus start toward \$500 security savings with East Brainerd Church of Christ (EBCOC). A receipt will be provided for all payments.</li> <li>● When resident leaves NBH, all owed fees will be deducted from security savings with the remaining balance returned to resident.</li> <li>● Five hours of community service will be validated before moving to LEVEL 4.</li> <li>● Recovery Readings: Residents will be required to engage in daily Christian study: Bible, TP Books, devotional readings, etc. Each will be recorded on daily Recovery Reading Log kept in Resident Notebook.</li> <li>● Resident's Resident Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>
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<p><b>Level 4</b></p> <p><b>Maximum of 9 months from Intake to complete Level 4</b></p>	<p>When resident has completed and continues all previous Level requirements and current on rent and fees, resident may request to advance to Level 4. During this period (Level 4):</p> <ul style="list-style-type: none"> <li>● Resident must maintain 32 to 40 hours a week employment.</li> <li>● Resident may have personal cell phone or continue to use NBH cell phone (with approval) per NBH Cell Phone Contract when job as previously specified continues and resident progresses through NBH program.</li> <li>● Resident may request daytime visit with approved relatives/friends if all governing bodies (probation officer, NBH Committee, etc.) approve (refer to Jobs, Visitors, and Curfew page 10).</li> <li>● Six meetings a week must be attended: <ul style="list-style-type: none"> <li>○ Transformation Project, church services, Bible studies, Weekly House meeting, counseling meeting, CR, AA, and NA count.</li> <li>○ At least one meeting a week <b>MUST</b> be a CR, AA, or NA meeting.</li> <li>○ <b>Sponsor is required</b> for the program chosen and must be maintained throughout NBH residency.</li> <li>○ Resident's NBH Meeting Attendance Sheet from Resident Notebook should be taken to every meeting and completed by the meeting leader.</li> <li>○ Attendance Sheet will be kept in Resident Notebook.</li> <li>○ All meetings should be <b>in person</b> unless there is an extenuating circumstance to be evaluated by the NBH committee.</li> </ul> </li> <li>● Curfew is 10:30 pm.</li> <li>● Recovery Readings: Residents will be required to engage in daily Christian study: Bible, TP Books, devotional readings, etc. Each will be recorded on daily Recovery Reading Log kept in Resident Notebook.</li> <li>● Resident's Resident Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>
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<p><b>Level 5</b></p> <p><b>Must begin no later than 9 months after Intake</b></p>	<p>When resident has completed and continues all previous Level requirements and saved \$500 security savings, resident may request to advance to Level 5. During this time (Level 5):</p> <ul style="list-style-type: none"> <li>● Resident must maintain 32 to 40 hours a week employment.</li> <li>● Resident may have personal cell phone or continue to use NBH cell phone per NBH Cell Phone Contract when job as previously specified continues and resident progresses through NBH program.</li> <li>● Resident may request overnight pass with approved relatives/friends if all governing bodies (probation officer, NBH Committee, etc.) approve.</li> <li>● If rent has been paid consistently and resident shows they are saving money, the resident may have a car if resident has a current, valid driver's license and car insurance. A tracker will be placed on the car at no cost to the resident.</li> <li>● Six meetings a week must be attended: <ul style="list-style-type: none"> <li>○ Transformation Project, church services, Bible studies, Weekly House meeting, counseling meeting, CR, AA, and NA count.</li> <li>○ At least one meeting a week <b>MUST</b> be a CR, AA, or NA meeting.</li> <li>○ <b>Sponsor is required</b> for the program chosen and must be maintained throughout NBH residency.</li> <li>○ Resident's NBH Meeting Attendance Sheet from the Resident Notebook should be taken to every meeting and completed by the meeting leader.</li> <li>○ Attendance Sheet will be kept in Resident Notebook.</li> <li>○ All meetings should be <b>in person</b> unless there is an extenuating circumstance to be evaluated by the NBH committee.</li> </ul> </li> <li>● Resident must start Exit Plan with Committee member(s) <b>Six Months</b> prior to NBH program completion. This includes Exit/Budget goals in Resident Notebook as well as NBH Exit Letter signed, dated, and witnessed.</li> <li>● Curfew is 11:00 pm.</li> <li>● Recovery Readings: Residents will be required to engage in daily Christian study: Bible, TP Books, devotional readings, etc. Each will be recorded on daily Recovery Reading Log kept in Resident Notebook.</li> <li>● Resident's Resident Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>
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<p><b>Level 6</b></p> <p><b>Exit NBH after 15-17 months</b></p>	<p>When the resident has completed and continues all previous Level requirements and completed Exit/Budget Goals, resident may request to advance to Level 6.</p> <ul style="list-style-type: none"> <li>● Resident must maintain 32 to 40 hours a week employment.</li> <li>● Resident may stay in NBH until the Exit date on signed and dated NBH Exit Letter if resident continues to abide by NBH Rules and Contract.</li> <li>● Recovery Readings: Residents will be required to engage in daily Christian study: Bible, TP Books, devotional readings, etc. Each will be recorded on daily Recovery Reading Log kept in Resident Notebook.</li> <li>● Resident’s Resident Notebook will be checked at Weekly House meeting. FINES* will be levied if not completed.</li> </ul>	
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**1. Drug Free NBH**

- Resident agrees to completely abstain from alcohol or the use of any unapproved drugs while living in NBH. This includes but not limited to possession of any alcohol, illegal drugs, CBD, Kratom, K-2 Spice, Tianeptine, etc., drug paraphernalia, and prescription drugs (Methodone, Suboxine, etc.) not approved by NBH Committee on or off the property or in the resident’s vehicle at any time.
- Random drug screens will be completed; urine collection will be observed by screener.
- If resident cannot submit a urine sample, resident will be asked to sit in the living room until a sample can be provided. Violating this rule is grounds for having the resident leave the house with all belongings within 24 hours. **Items left in NBH will be disposed of at the discretion of the NBH Committee.**

**2. Participate in the Transformation Project**

Resident agrees to fully participate in TP on the campus of EBCOC.

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### 3. Relationships

- As resident will be focusing on a new lifestyle while residing in NBH, they must agree to abstain from dating, sexual relationships, or online interactions or relationships with the opposite or same sex as long as they reside in NBH.
- Violating this rule is grounds for dismissal with all belongings within 24 hours. **Items left in NBH will be disposed of at the discretion of the NBH Committee.**
- If resident is married or in a long-term relationship, resident must report this during New Beginnings House Oversight Board (NBOB) initial interview.
- When resident enters NBH, there should be no contact with her spouse or partner until resident reaches Level 4. This includes phone calls, letters or in-person contact.
- After resident reaches Level 4, spouse, partner, or family member can attend meetings with approval of NBH Committee.

### 4. Respect

- Residents must be up, dressed, and bed made by 8:30 each morning. Days need to be filled with productive activities.
- **No borrowing or lending of money, clothes, or other items.**
- Residents may never enter another resident's room.
- Personal items should not be left in NBH common use areas when resident returns to their room.
- Rooms will be inspected weekly for cleanliness. FINES\* can be levied if personal areas are not kept clean and orderly.
- Chores list will be organized by the Senior Resident. If there is no Senior Resident, the Chores List in Resident Notebook will be followed. FINES\* will be levied if refusal or inability to complete chores is repeated.
- If resident uses nicotine products, products should only be used outside on southwest side of NBH.
- There will be no sexual contact between residents or with others. Violating this rule is grounds for dismissal with all belongings within 24 hours. **Items left in NBH will be disposed of at the discretion of the NBH Committee.**
- No pets.
- When resident leaves the NBH for any reason, resident must sign out and sign in upon return on the appropriate form.
- Resident will document work schedules on approved calendar. FINES\* will be levied if calendar not completed.

- Resident will eat only foods they purchased or that have been given to them.
- Clean out leftovers or other foods that belong to you in the refrigerator once weekly.
- The volume on radios, TV, and electronic devices should be kept to a minimum (ear buds) if other residents are trying to sleep. **Turn off the TV when no one is watching. No other TVs allowed.**
- There will be zero tolerance for any forms of intimidation and/or violence. Resident(s) who cannot get along with others will meet with at least five NBH Committee members to determine dismissal(s). This decision will come after interviews by these committee members with all parties involved to determine who will be asked to leave.

## 5. NBH Fees and Other information

- Residents will be charged no more than \$100 a week or \$400 a month which covers electric, water/sewage, internet, and rent. Payment of one week's rent will be made upon intake if possible. Weekly rent will be due the same day of each week. If paying on a monthly basis, payment should be on the first weekday of the month.
- If resident is employed and is late on rent, there will be a \$20 late rent fee assessed per week. If a resident is employed and falls behind more than two weeks rent without excused reasons approved by NBH Committee, this is grounds for dismissal.
- When a resident is new and still job searching, individual payment plans will be worked out. In the event of a job change, loss of a job (other than being fired for inappropriate conduct), or illness, rent will be worked out on an individual basis.
- If not paying electronically, payment must be put in envelope with the resident's name on the envelope to be deposited with EBCOC office.
- Money for any expenses (medical, food, etc.) that needs to be purchased before resident has a job will be made available from the EBCOC NBH budget. Resident will reimburse EBCOC NBH budget when resident has a job.
- A code to entry door keypads and a key will be provided and should not be shared with anyone. **Sharing of code or key will result in immediate dismissal or arrest.**
- With the exception of Senior Resident, other residents will not lock door at any time. **THERE ARE NO EXCEPTIONS.**
- Any valuables possessed are the resident's responsibility.

## 6. Jobs, Visitors, and Curfew

- Every resident must have a job no later than 45 days from Intake date (refer to Level 2). Assistance will be available upon request.
- If transportation is needed, resident will only contact Jackie Gault, Transportation Coordinator, at least 24 hours before needed ride. Carta bus is the preferred mode of transportation. Money for bus voucher will be covered by EBCOC NBH budget before employment is secured, but the resident will reimburse EBCOC NBH budget when employed.
- Do not contact any volunteer or church member for transportation other than the Transportation Coordinator.
- **Residents must have first shift, full-time job (refer to Level 2)** to enable participation in TP, CR, AA, NA, and other recovery programs in the evening.
- Until a job is found, the resident must be looking for a job, enrolled and attending classes, and/or putting time into community service (refer to Level 2).
- There will be no visitors in the house including children of the resident. When the resident first comes to NBH, relatives will be shown the house by a committee member. Sunday morning church is a preferred time and place to connect with relatives and friends **when Level 4 has been reached**.
- Any approved visitors, including maintenance personnel, parole or probationary officers, etc., entering NBH must be escorted by a NBH Committee member.
- Residents must abide by curfew. Refer to each Level for curfew times. Depending on work schedules, exceptions may be made by NBH Committee.
- Resident can request daytime or overnight pass as NBH Committee witnesses continual progress toward a healthier lifestyle (refer to Level 5). Resident will complete and submit to any NBH Committee member 24 hours before event for approval by entire committee unless there are extenuating circumstances.

## 7. Phone, TV and Internet

- Resident may have personal cell phone or continue to use NBH cell phone per NBH Cell Phone Contract when job as previously specified continues and resident progresses through NBH program.
- **Your cell phone is subject to be taken and searched by any NBH Volunteer Committee member at any time. Refusal to relinquish is grounds for dismissal.**
- If a call is received requesting information about another resident, do not disclose **ANY** information to **ANY** caller.
- No inappropriate shows should be watched on any type of electronic device.

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**8. Monitoring of the NBH**

- Cameras are in community areas of NBH (living room, kitchen, office, laundry area, and around the outside of the NBH) for the protection and accountability of the residents.
- Because cameras are on 24/7, resident may not leave their bedrooms or bathroom unless all private areas are completely covered.
- Resident may not cover a camera or otherwise touch the cameras or locked closet where router is housed.

**\* FINES 1st offense - \$10, 2nd offense - \$20, 3rd offense - \$30, 4th offense - conference with NBH Committee to determine if resident is committed to or dismissed from NBH program.**

I understand that residence at NBH and participation in the TP are optional. I further understand that I am not a tenant and NBH is not a landlord. I understand that I am not signing a lease and this Contract does not confer tenancy rights. I understand that my residency at NBH is conditioned upon my following the rules and guidelines set forth in this Contract, and that my residency may be terminated for a violation of this Contract.

**I have read \_\_\_\_\_ (initials), understand \_\_\_\_\_ (initials), and agree \_\_\_\_\_ (initials) to follow the New Beginnings House Rules and Contract.**

Resident Signature: \_\_\_\_\_

Date \_\_\_\_\_

NBH Committee Member signature \_\_\_\_\_

Date \_\_\_\_\_

May 14, 2026

## Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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Reason for authorizing consent: (Please select one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> To apply for a mortgage    | <input type="checkbox"/> To apply for a loan           | <input type="checkbox"/> To meet a licensing requirement |
| <input type="checkbox"/> To open a bank account     | <input type="checkbox"/> To open a retirement account  | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> To apply for a credit card | <input checked="" type="checkbox"/> To apply for a job |  |

With the following company ("the Company"):

Company Name: East Brainerd Church of Christ

Company Address: 7745 East Brainerd Rd. Chattanooga, TN 37421

The name and address of the Company's Agent (if applicable):

Agent's Name: Application Researchers, LLC

Agent's Address: PO Box 11, Chattanooga, TN 37401

I authorize the Social Security Administration to verify my SSN (to match my name, SSN, and date of birth with information in SSA records and provide the results of the match) to the Company or Company's Agent, if applicable, for the purpose I identified. I also authorize SSA to disclose the basis for a no-match to the Company and/or Company Agent, when it is a Permitted Entity as defined by section 215 of the Economic Growth, Regulatory Relief, and Consumer Protection Act. I am the individual to whom the SSN was issued or the parent or legal guardian of a minor or legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for one-time use. This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for \_\_\_\_\_ days from the date signed. (Please initial.)**

Signature:	Date Signed:
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Relationship (if not the individual to whom the SSN was issued):

**Privacy Act Statement Collection and Use of Personal Information** Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information, which we will use to verify your Social Security Number to a company or company's agent. Providing this information is voluntary, but not providing such may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notice 60-0058, available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

## NOTIFICATION AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORTS

The purpose of this release is to allow **East Brainerd Church of Christ** (referred to as "Company"), Application Researchers, LLC, or their assigns, to obtain motor vehicle reports, as well as any other verifications deemed appropriate, while maintaining compliance with all governmental laws.

In accordance with the Fair Credit Reporting Act, 12.CFR.1022, et seq., I am aware I have the right to make a written request of Application Researchers, LLC, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (800) 865-5272, to obtain additional information regarding the nature and scope of the background check, as well as receive a written summary of my rights under the Fair Credit Reporting Act.

If the Company considers the background checks unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents, and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation. I authorize without reservation any party or agency contacted by this Company or its representatives to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time of my application for employment is being considered or throughout the duration of my assignment in the event that I am a current Company employee.

I certify that the information set forth below is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

**PLEASE PRINT**

APPLICANT'S NAME – FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

LIST ANY OTHER NAMES USED (maiden/married last names):

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_-\_\_\_\_-\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE: NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

**LIST ALL CITIES AND STATES LIVED OR WORKED WITHIN THE LAST 7 YEARS BELOW:**

CITY	STATE	CITY	STATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE: \_\_\_\_-\_\_\_\_-\_\_\_\_