

Faces Behind the Funding

The Vision

At THDA, we are proud of our partners and the work we accomplish together to provide safe, sound, affordable housing opportunities to Tennesseans. This year, we need you to help us tell that story. More than ever, these stories are useful to raise awareness of the programs we administer, and the good work accomplished by those programs. As fiscal constraints tighten in Washington, D.C., we need to make sure that lawmakers and legislatures know that our work is impacting the lives of their constituents in substantial ways.

How can you help?

THDA's Communications division would love to tell of the accomplishments we have made together, but WE NEED YOUR HELP! You are the feet on the ground. You are the ones who know the names and contact information of the Tennesseans who have received THDA assistance. Because these residents know you, they might be more comfortable with you than they are with a government official calling them. We need your help with two things:

- 1. Provide us with the name and contact information for yourself and the individual/family who has participated in one of THDA's programs. This information can be delivered by email, phone, mail, spreadsheet, etc. Below you will find listed the information we need for each submission.
- 2. Help THDA's Communications staff schedule an interview with the individual/family.

For questions or to submit Faces behind the Funding information, please contact:

THDA Communications
Andrew Jackson Building, 502 Deaderick St., 3rd Floor, Nashville, TN 37243
info@thda.org

PARTNER INFORMATION: Contact Org: _____ Contact Name: _____ Contact Phone: ____ Contact Email: _____ RESIDENT INFORMATION: Name: _____ Home Street Address: _____ City: ____ County: _____ ZIP: ____ Phone Number: _____



Photo Release:

I grant to THDA, its representatives and employees, the right to take photographs of me and my property in connection with the THDA program that assisted me. I authorize THDA to use and publish photographs of me with or without my name, in print and/or electronically for such purposes as publicity, illustration, advertising and Web content. I have read and understand the photo release:

| Printed Name: | Date: |
|---|-------|
| Signature: | |
| | |
| THDA program utilized/benefited: | |
| How this program has affected your life/family/work/community etc.: | |
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