

MILL LAKE APARTMENTS

RESIDENT SELECTION CRITERIA

1. Anyone requesting an application is given one. When completed and returned, the application is dated and the time is noted on the last page.
2. The application is not considered complete on the waiting list until the application has been signed by all adults who intend to occupy the apartment and the **\$25 application fee** paid for each adult individual or \$35 for legally married couples. YOU must provide a criminal background from the Sheriff's Department. The site manager must interview all adults in person. Under Georgia law, an adult is an unmarried person 18 years old or older or a legally married person of any age. **(Payment must be made by Check or Money Order.)**
3. If unmarried, an application is required for each adult and a separate application fee must be paid.
4. Applicant will sign all other pertinent verification forms for all sources of income.
5. In the case of projects built specifically for the elderly, in order to qualify applicants must be age 62 or older or disabled.
6. The following factors will be considered in approving/disapproving applications.
 - a. Current employment:
 - If less than 1 year, previous employment for at least 2 years.
 - Salary
 - Length of time employed, etc.
 - b. Landlord and mortgagee:
 - Length of time (One year minimum is preferred.)
 - Did applicant make prompt payments?
 - Did applicant take care of the property?
 - What were housekeeping habits?
 - Were applicant and applicant's guests respectful of neighbors and property?
 - Were there damages to apartment when vacated?
 - Was notice given upon vacating?
 - c. Background Check:
 - This will be reported to us Real ID.
 - Are accounts in good standing?
 - Are payments made promptly?
 - Are credit limits reasonable?
 - Are there any collections, liens, etc?
 - Is there a criminal history?



Equal Housing
Opportunity

872 Brownlee Road #101; Jackson, Georgia 30233 770-775-2157 Fax 770-775-6339
TDD # 800-255-0135; www.apartmentsjackson.net; lynn.hand@crimsonmanage.com



"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

MILL LAKE APARTMENTS

RELEASE AND CONSENT OF INFORMATION

I/We _____ . The undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Mill Lake Apartments for purposes of verifying information on my/our apartment rental application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to, personal identity, employment, income, assets, medical, child care allowances, credit and criminal background. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent for and continued participation as a qualified resident.

The agencies, companies, and/or individuals that may be asked to release the above information include, but are not limited to:

- | | |
|--------------------------------------|--|
| Banks and other Lending Institutions | Welfare Agencies |
| Veterans Administration | Medical and Child Care Providers |
| Previous Landlords | Social Security Administration |
| Public Housing Agencies | Past and Present Employer |
| State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Criminal Background Screening Services |
| Credit Reporting Services | |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have a right to review my file and correct any information that is incorrect.

_____	_____	_____
Resident Signature	Resident Printed Name	Date
_____	_____	_____
Co-Resident Signature	Co-Resident Printed Name	Date

RETURN VERIFICATION TO: MILL LAKE APARTMENTS
872 Brownlee Road #101
JACKSON, GA 30233
770-775-2157 Phone / 770-775-6339 Fax

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USDA NON-DISCRIMINATION STATEMENT

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at;

http://www.ascr.usda.gov/complaint_filing_cust.html

and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to

USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

MILL LAKE APARTMENTS RENTAL APPLICATION

PLEASE NOTE: This application will not be considered unless all items are completed in full and a non-refundable application fee is paid by check or money order. We may require additional information at a later time.

I. APPLICANT INFORMATION

Please list all household members that will occupy this apartment.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Day, Year</i>

Email address: _____

Current Address: _____ Landlord's Name & Address _____

Daytime Phone: _____

Evening Phone: _____

Length of Time at Current Address: _____ Landlord's Phone Number: _____

Previous Address: _____

Length of Time at Previous Address: _____ Landlord's Name: _____

Landlord's Address/Phone #: _____

List all states in which you have lived: _____

Have you ever lived in this community? Check one: Yes ___ No _____

How did you hear of us? _____

The United States Department of Agriculture-Rural Development allows a \$400.00 yearly deduction from net income for a person who has a disability, handicap or is 62 years of age or older. In order to receive this deduction, the site manager will require verification of your disability/handicap or proof of your age. Do you wish to be considered for this deduction?

YES NO (circle one) If YES, which of the following classifications allows you to qualify for this deduction?

_____ 62 years of age or older.

_____ I have a disability/handicap that would be aided by a handicap accessible unit or other reasonable accommodations.

_____ I have a disability/handicap that does NOT require a handicap accessible unit or other reasonable accommodations.

Do you give permission for an agent of Mill Lake Apartments to interview you about this classification to the extent needed to determine you qualify?

YES NO (circle one)

Do you or any member of your household own a car? YES NO (circle one) If YES, complete the following.

Auto #1-Model _____ Make _____ Year _____ Tag# _____ Color _____

Auto #2-Model _____ Make _____ Year _____ Tag# _____ Color _____

Driver's License Number (Applicant One) _____ (Applicant Two) _____

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II. INCOME INFORMATION

List all full-time or part-time employment, including self-employment, of ALL household members and anticipated income from each source of employment during the next 12-month period.

Name of Household Member	Name & Address of Employer	Phone #	Rate of Pay	How Long Employed?

Please circle YES for each source of income received below. Please enter the amount of income received for applicant, co-applicant and any other family member. If no income is received from source, circle NO.

			APPLICANT	CO-APPLICANT	CHILD/OTHER
YES	NO	CHILD SUPPORT			
YES	NO	ALIMONY			
YES	NO	VA PENSION OR DISABILITY			
YES	NO	RETIREMENT			
YES	NO	SOCIAL SECURITY or SSI			
YES	NO	RENTAL INCOME			
YES	NO	UNEMPLOYMENT			
YES	NO	SELF-EMPLOYMENT			
YES	NO	TIPS			
YES	NO	AFDC			
YES	NO	INTEREST INCOME			
YES	NO	SCHOLARSHIPS			
YES	NO	CASH VALUE OF LIFE INSURANCE			
YES	NO	FINANCIAL HELP RECEIVED FROM FAMILY			
YES	NO	OTHER			

III. INCOME ADJUSTMENT

Childcare costs per month _____

Approximate out of pocket medical expenses for next 12 months _____

Elderly/disabled/handicapped households _____

IV. ASSET INFORMATION

Do you have any of the assets listed below? YES NO (circle one)

If yes, please put the amount of asset in the space next to the listing (for accounts, list the average daily balance). If NO, please put "0" in the space provided.

Cash _____ CD's _____ Mutual Funds _____ IRA's _____

T-Bills _____ Stocks _____ Bonds _____

Checking Account _____ Savings Account _____

Name of Bank: _____ Account #: _____ Type of Account: _____

Name of Bank: _____ Account #: _____ Type of Account: _____

Do you own any assets or have you sold or disposed of any assets in the past two years? YES NO (circle one)

If yes, describe and state value _____



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Please answer "YES" or "NO" to the following questions.

YES **NO**

1. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
Explanation: _____
2. Is there anyone living with you now that will NOT be living with you at this property?
Name & Relationship: _____
Explanation: _____
3. Do you have FULL custody of your child(ren)?
Explanation: _____
4. Are there any ABSENT household members who under normal conditions would live with you? (for example: a household member away in the military)
Explanation: _____
5. Does your household have or anticipate having any pets other than those used as service animals?
6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or anyone else named on this application been convicted of a felony?
Explanation: _____
8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
Explanation: _____
9. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
10. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home, or trailer?
Explanation: _____
11. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?
Household Member(s): _____

12. Will you or any ADULT household member require a live-in care attendant to live independently?
Name of Attendant: _____
Relationship (if any): _____
13. Will your household be receiving or be applying for Section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____

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PERSONAL REFERENCE List the name, address and phone number of a personal reference OTHER than a relative.

Name: _____
Address: _____
Phone #: _____ Relationship: _____ Years Known: _____

EMERGENCY CONTACT

List the name, address and phone # for someone to contact in case of emergency (SOMEONE NOT ALREADY LISTED ON APPLICATION)

Name: _____
Address: _____
Phone #: _____ Relationship: _____ Years Known: _____

SIGNATURE CLAUSE

It is the policy of MILL LAKE APARTMENTS to require a completed written application from all prospective residents. The answers to the questions on this application along with the results of the investigations conducted by the Landlord or Landlord's Agent determine the selection of our residents. The following items are considered:

1. Where employed, for how long, and total family income, to assure means for paying the rent promptly.
2. Name and address of present landlord and previous residency history.
3. A prospect will not be considered for an apartment unless a credit investigation indicates prompt payment of financial obligations unless previous rental history indicates respect and consideration for other residents and for the property. We reserve the right to deny applicants with a criminal history.
4. Apartments are rented to family groups according to the following sizes:
 - No more than two people in a one bedroom apartment
 - No less than two and no more than four people in a two bedroom apartment
 - No less than three and no more than six people in a three bedroom apartment
5. Only those persons listed on the application may live in the apartment without the written permission of the landlord or its agents.

By signing this rental application, I hereby specifically authorize MILL LAKE APARTMENTS and its agents, for purposes of this application, to contact and obtain any information required by MILL LAKE APARTMENTS from any individuals or entities listed on this application or from any other individuals or entities as may be required by MILL LAKE APARTMENTS.

This is a preliminary application and gives no lease or rental rights. Additional information and a deposit may be required at a later date in order to complete the processing of your application.

If accepted for occupancy, I/We certify that this will be my/our permanent residence and that I/we do not, and will not, maintain a federally assisted or subsidized rental unit at another location. This is not applicable to migrant farm workers. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature Date

Signature Date

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname".

Race: (Mark one or more) American Indian/Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White _____
Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ **Gender:** Male _____ Female _____

Office Use Only:
Date of Interview: _____ App. Fee pd. _____ Type of Apt. _____ Desired M/I date: _____



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