WOOD LAKE APARTMENTS

Please **complete the application in full** and return to the office. An Application Fee of \$15 is charged for each adult 18 years and older. Please make your check or money order payable to Wood Lake Apartments. **We do not accept cash.**

<u>All</u> Applicants (age 18 and older) are required to provide a criminal background report from the Hart County Sheriff's Office located at 890 Vickery St., Hartwell, Ga 30643. They are open 24 hours every day and their fee is \$20 money order only.

Upon returning the completed application and application fee, please include your Criminal Background Report (only the original is accepted).

Thank you.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write to: USDA, Assistant Secretary for Civil Rights
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, S.W., Stop 9410
Washington, DC 20250-9410 Or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642
(English Federal -relay) or (800) 845-6136 (Spanish Federal-relay).

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WOOD 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 first 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 \$10 application fee paid for each adult individual or \$20 for legally married couples. 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.
- 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.

Current employment: If less than 1 year, previous employment for at least 2 years. Salary and Length of time employed, etc.

b. Landlord and mortgagee:

Length of time.

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 by Equifax and Hart County Sheriff's Department.

Are accounts in good standing?

Are payments made promptly?

Are credit limits reasonable?

Are there any collections, liens, etc.?

Is there a criminal history?

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79 Wood Lake Drive, #111 Hartwell, Georgia 30643 706-376-4862 Fax 706-376-5468 TDD #800-255-0135

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	se list all household members	that will oc	cupy this apartment.	
Name	Relationship to	M/F	Social Security	Birthdate
First, Middle Initial, Last	Head of Household		Number	Month, Day, Year
Current Address:	Land	llord's Non	ao & Addross	
Current Address:		noru s ivan	ie & Audress	
Daytime Phone:				
Evening Phone:				
Length of Time at Current Address:	Lai	ndlord's Ph	none #:	
Previous Address:				
Length of Time at Previous Address:	Landle	ord's Name	e:	
Landlord's Address/Phone #:				
List all states in which you have lived:				
Have you ever lived in this community?	Check one: Yes N	No		
How did you hear of us?				
The United States Department of Agriculture-R	ural Develonment allows a \$	400 00 vea	rly deduction from net income	for a nerson who has a disability
handicap or is 62 years of age or older. In order	r to receive this deduction, th			
of your age. Do you wish to be considered for t	his deduction?			
YES NO (circle one) If YES, which of	of the following classification	s allows vo	u to qualify for this deduction?	
62 years of age or older.	of the following classification	is uno wa yo	a to quality for this accustion.	I
I have a disability/handicap	that would be aided by a har	ndicap acces	ssible unit or other reasonable a	accommodations.
I have a disability/handicap that does	•	•		
Do you give permission for an agent of Wood Lake A	•			
	1	71455111) 1
YES NO (circle one)				





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Oo you or any member of your h	ousehold 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#	C	Color
Driver's License Number (Ap	oplicant One)		(Applicant Ty	wo)	
II. INCOME INFORMATI	ON				
List all full-time or part-time e employment during the next 12-		elf-employment, of	ALL household me	mbers and anticipated	l income from each s
Name of Household Member	Name & Addres	ss of Employer	Phone	Rate of Pay	How Long Employed?
Please circle YES for each source		Please enter the amo	unt of income receive	d for applicant, co-appli	icant and any other fan
nember. 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 SUCURITY 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			





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III.	INCOMI	E ADJUSTMENT		
Childo	care costs pe	r month		
Appro	ximate out	of pocket medical expenses for ne	ext 12 months	
Elderl	y/disabled/h	andicapped households		
IV. A	ASSET IN	FORMATION		
Do yo	u have any	of the assets listed below?	YES NO (circle one)	
		he amount of asset in the space n CD's		e daily balance). If NO, please put "0" in the space provided. IRA's
T-Bill	s	Stocks	Bonds	
Check	ing Accoun		Savings Account	
Name	of Bank:		Account #:	Type of Account:
Name	of Bank:		Account #:	Type of Account:
			d of any assets in the past two years? YES	
YES	<u>NO</u>	Name & Relationship: Explanation: 2. Is there anyone living Name & Relationship: Explanation:	ditions to the household within the next 1	
		3. Do you have FULL cus Explanation:		
		4. Are there any ABSEN member away in the mil Explanation:		conditions would live with you? (for example: a household
		5. Have you or anyone el Explanation:	se named on this application filed for bar	nkruptcy?
		6. Have you or anyone el Explanation:	se named on this application been convid	cted of a felony?
		7. Have you or anyone el	se named on this application been convid	cted for dealing or manufacturing illegal drugs?



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Conti	nued from	Page 3:	
		8. Have you or anyone else named on this ap	plication been convicted of property damage?
		Explanation:	
		9. Have you or anyone else named on this app	olication been evicted from a rental unit of any type, including an apartment,
		home, mobile home, or trailer?	
		Explanation:	
		10. Are you or any other household members	(INCLUDING MINORS) currently a full-time student or expect to be one in
		the next 12 months?	
		· · ·	
			per require a live-in care attendant to live independently?
	_	27 04 1 1	
			oplying for Section 8 rental assistance at time of move-in?
DED	SONAI	REFERENCES List the name, address a	and phone number of a personal reference OTHER than a relative.
			·
Name			
			Years Known:
	D CEN	NV CONT. CT	
		CY CONTACT address and phone # for someone to contact in case	se of emergency (SOMEONE NOT ALREADY LISTED ON APPLICATION)
Name	e:		
Addr	ess:		
Phon	e #:	Relationship:	Years Known:





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SIGNATURE CLAUSE

It is the policy of WOOD 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:

- Where employed, for how long, and total family income, to assure means for paying the rent promptly.
- Name and address of present landlord and previous residency history.
- 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.
- 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
- 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 WOOD LAKE APARTMENTS and its agents, for purposes of this application, to contact and obtain any information required by WOOD LAKE APARTMENTS from any individuals or entities listed on this application or from any other individuals or entities as may be required by WOOD 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/nationa	al origin of the individual applicants on the b	asis of visual observation or surname".	
Ethnicity: Hispanic or Latino	Race: (Mark one or more) White Black or African American		
Not Hispanic or Latino	American Indian/Alaska Native As	sian	
Gender: Male Female	Native Hawaiian or Other Pacific Islander	·	
Office Use Only:			
Date of Interview: App. Fee Pd	Type of Apt	Desired M/I date:	





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WOOD LAKE APARTMENTS

RELEASE AND CONSENT OF INFORMATION

[/We	The undersign	ned hereby authorize all
persons or companies in the categories list employment, income and/or assets to Woon my/our apartment rental application.		
We understand that previous or current and inquiries that may be requested income, assets, medical, child care allow that this authorization cannot be used to cand continued participation as a qualified	clude, but not limited to, personal vances, credit and criminal backgrobtain any information about me/u	al identity, employment, round. I/We understand
The agencies, companies, and/or individually nelude, but are not limited to:	duals that may be asked to releas	e the above information
Banks and other Lending Institutions Veterans Administration Previous Landlords Public Housing Agencies State Unemployment Agencies Support and Alimony Providers Credit Reporting Services	Welfare Agencies Medical and Child Care Social Security Adminis Past and Present Employ Retirement Systems Criminal Background So	tration yer
We agree that a photocopy of this author understand that I have a right to review	•	
Resident Signature	Resident Printed Name	Date
Co-Resident Signature	Co-Resident Printed Name	Date

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