

**NORTH COURT**  
**P.O. BOX 704 BLUE RIDGE, GA 30513**  
**PHONE 706-632-3819 FAX 706-632-2000 TDD # 800-255-0135**  
**RESIDENT SELECTION CRITERIA**

1. Anyone requesting an application is given one. When completed and returned, the application is dated and the time is noted in the upper right corner of 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 **\$15 application fee paid for each adult individual or \$30 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. (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. Any individuals with prior felony convictions are ineligible for occupancy.
5. Applicant will sign all other pertinent verification forms for all sources of income.
6. In the case of projects built specifically for the elderly, in order to qualify applicants must be age 62 or older or disabled.
7. 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
    - 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 by Lexis Nexis.
    - Are accounts in good standing?
    - Are payments made promptly?
    - Are credit limits reasonable?
    - Are there any collections, liens, etc?
    - Is there a criminal history?



*In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, family 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) 623-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal –relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*



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## 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 North Court 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
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_____ Co-Resident Signature	_____ Co-Resident Printed Name	_____ Date
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Return Verification to: NORTH COURT

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# NORTH COURT APARTMENTS

P.O. BOX 704 BLUE RIDGE, GA 30513  
PHONE 706-632-3819 FAX 706-632-2000 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 list all household members that will occupy this apartment.

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

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Length of Time at Current Address: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Landlord's Address/Phone#: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Landlord's Address/Phone #: \_\_\_\_\_

Are you a US Citizen? ☐ Yes ☐ No

Do you have a Legal Right to be in the United States? ☐ Yes ☐ NO

List all states in which you have lived: \_\_\_\_\_

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 CRIMSON MANAGEMENT, LLC 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



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**Applicant 1 Driver's License Information:** Name: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_  
**Applicant 2 Driver's License Information:** Name: \_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

## **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	Hours per Week	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 \_\_\_\_\_



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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 \_\_\_\_\_

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

- | <u>YES</u>               | <u>NO</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next 12 months?<br>Name & Relationship: _____<br>Explanation: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there anyone living with you now that will NOT be living with you at this property?<br>Name & Relationship: _____<br>Explanation: _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have FULL custody of your child(ren)?<br>Explanation: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any ABSENT household members who under normal conditions would live with you? (for example: a household member away in the military)<br>Explanation: _____        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you or anyone else named on this application filed for bankruptcy?<br>Explanation: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you or anyone else named on this application been convicted of a felony?<br>Explanation: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?<br>Explanation: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you or anyone else named on this application been convicted of property damage?<br>Explanation: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. 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?<br>Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?<br>Household Member(s): _____           |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Will you or any ADULT household member require a live-in care attendant to live independently?   |



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Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

☐ ☐ 12. Will your household be receiving or be applying for Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### **PERSONAL REFERENCES**

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 CRIMSON MANAGEMENT, LLC 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 CRIMSON MANAGEMENT, LLC and its agents, for purposes of this application, to contact and obtain any information required by CRIMSON MANAGEMENT, LLC from any individuals or entities listed on this application or from any other individuals or entities as may be required by CRIMSON MANAGEMENT, LLC.

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 \_\_\_\_\_



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Signature \_\_\_\_\_

Date \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. 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, the owner is required to note the race, ethnicity, and sex of 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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