



PARK MEADOWS APARTMENTS

707 E. Boyd Road
Hogansville, GA 30230
706-637-4337 Office
706-637-4339 Fax

In order for your application to be processed the following must be presented with your application:

- \$ 20.00 application fee (Check or Money order)
- Birth certificates for everyone 18 and under
- A valid state or federal identification card (I.D.) for everyone 18 and over
- Valid Social Security card(s) for everyone in the household
- A criminal background check for everyone in the household 18 and over. This can be done at any local police department.
- Proof of income for the last two months
- If you are a full or part-time student, you need to include your online financial aid award letter and the account summary by term.

Thank you,

Park Meadows Management

PARK MEADOWS APARTMENTS
Rental Housing APPLICATION

<i>For office use only:</i> <i>Date of App.</i> _____ <i>Time</i> _____ <i>Date Processed</i> _____
--

INSTRUCTIONS: Please print, in ink, the information requested on this form. If you need more space, please attach a separate piece of paper. Please answer all questions carefully and completely since this information will be used to determine your eligibility.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

DATE: _____

PERSONAL INFORMATION:

Full Name: _____ Contact Phone Number: (____) _____

Social Security (self): _____ Date of Birth (self): _____

Social Security (spouse): _____ Date of Birth (spouse): _____

How did you hear about Valley Pines? _____

PLEASE LIST BELOW ALL OTHER PERSONS WHO WILL OCCUPY THE APARTMENT:

(Please note that ALL family members or room mates that are 18 and older need to fill out a SEPARATE application)

Name	Social Security #	Birthdates	Sex	Relation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present Housing: Complete the following information about your current living situation

Present Address: _____ City: _____

State: _____ Zip Code: _____ Phone (____) _____

Present Landlord: _____ Current Rent Amount: _____

Landlord's Mailing Address: _____

Landlord's Phone (____) _____ How long have you lived there? _____

Why are you leaving? _____

Residence History for the Past Three Years:

Previous Address: _____ City: _____

State: _____ Zip Code _____ Phone (____) _____

How long did you live there? _____ Why did you leave? _____

Previous Address: _____ City _____

State: _____ Zip code: _____ Phone : _____

How long did you live there? _____ Why did you leave? _____

Previous Address : _____ City : _____

State : _____ Zip code : _____ Phone(____) _____

How long did you live there? _____ Why did you leave? _____

If you have limited or no income, please explain how you will pay your rent and utilities:

Please list All sources of income for each member of your household

Employment History (self):

Company: _____ Company Address: _____

Company Phone (____) _____ How long have you been employed there? _____

Position/Title: _____ Salary \$ _____ per _____

Previous Employment (self):

Company _____ Company Address _____

Company phone (____) _____ How long were you employed there? _____

Position/Title : _____ Salary \$ _____ Per _____

Company : _____ Company Address : _____

Company phone (____) _____ How long were you employed there? _____

Employment History (Spouse)

Company: _____ Company Address: _____

Company Phone (____) _____ How long have you been employed there? _____

Position/Title: _____ Salary \$ _____ per _____

Previous Employment (self):

Company _____ Company Address _____

Company phone (____) _____ How long were you employed there? _____

Position/Title : _____ Salary \$ _____ Per _____

Company : _____ Company Address : _____

Company phone (____) _____ How long were you employed there? _____

OTHER INCOME: SELF

Child Support \$ _____

Alimony \$ _____

VA Pension \$ _____

VA Disability \$ _____

Retirement \$ _____

Social Security \$ _____

SSI \$ _____

Rental Income \$ _____

Unemployment \$ _____

Self Employment \$ _____

Tips \$ _____

AFDC/TANF \$ _____

Interest Income \$ _____

Scholarships/Grants \$ _____

Cash Value of Whole Life Ins. \$ _____

OTHER INCOME: SPOUSE/CHILD

Child Support \$ _____

Alimony \$ _____

VA Pension \$ _____

VA Disability \$ _____

Retirement \$ _____

Social Security \$ _____

SSI \$ _____

Rental Income \$ _____

Unemployment \$ _____

Self Employment \$ _____

Tips \$ _____

AFDC/TANF \$ _____

Interest Income \$ _____

Scholarships/Grants \$ _____

Cash Value of Whole Life Ins. \$ _____

ASSETS OTHER THAN NECESSARY PERSONAL POSSESSIONS SUCH AS 2ND AUTOS, CLOTHING, FURNITURE, TOOLS FOR BUSINESS (INCLUDE ANY ASSETS SOLD IN THE LAST TWO YEARS):

Cash in checking Account (Average Daily Balance) \$ _____ Savings Account \$ _____

CD's \$ _____ T-Bills \$ _____ IRA's \$ _____ Keogh's \$ _____

Money Markets \$ _____ Stocks \$ _____ Bonds \$ _____

Mutual Funds \$ _____ Real Estate (Fair Market Value) Improved \$ _____

Real Estate (Fair Market Value) Unimproved \$ _____

ADJUSTMENTS TO INCOME:

Child Care Expenses: \$ _____ per _____

Recurring Medical Expenses: \$ _____ per _____

Education Expenses (full time students only): \$ _____ per _____

Personal References: (May not be relatives)

Name and Address	Occupation	Phone	How long known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION:

Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you, including but not limited to illegal manufacture or distribution of a controlled substance? Yes ___ No ___

If you answered yes, please explain:

Have you ever been evicted or have any eviction proceedings ever been commenced against you?

Yes ___ No ___

If you answered yes, please explain:

No pets are allowed on our properties except qualified assistance animals for handicapped or disabled residents.

Do you have any pets? Yes ___ No ___

If yes, please explain:

Are you applying for status as an elderly household where any tenant or co-tenant will be claiming a \$400.00 deduction for Disability _____ or Elderly status? _____

Do you require a handicapped accessible unit? Yes ___ No ___

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that the information contained in this application will be used to determine my eligibility for housing. By signing this Rental Application, I specifically authorize Park Meadows Apartments to make any and all inquiries to verify the information, with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification of other information which may be released to appropriate Federal, State or Local agencies.

I authorize management to obtain one or more "credit and consumer reports" as defined in the Fair Credit Reporting Act, 15U.S.C. Section 1681a(d), seeking information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

In the event my application is approved, I also give my consent to have Park Meadows Apartments and/or its assigned credit bureau to obtain additional credit reports and other information after approval of my credit, both in connection with the same transaction or an extension of credit; to obtain credit reports and other information for account review purposes and other legitimate purposes associated with the account.

I acknowledge that this document is a preliminary application and gives no lease or rent rights and that additional information may be required from me at a later date to complete the processing of my application. Furthermore, I understand that providing any false or misleading information will make me ineligible for rental assistance and may result in prosecution by the United States Government. Therefore, I certify that all of the above information is true and complete to the best of my knowledge and belief.

If accepted for occupancy at Park Meadows Apartments, I/we certify that this will be my/our primary residence and that I/we do not and will not maintain a federally assisted or subsidized rental unit at another location.

Tenant

Date

Co-Tenant

Date

Co-Tenant

Date

TENANT RELEASE AND CONSENT

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

INFORMATION COVERED

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

The groups or individuals that may be asked to release the above information include, *but are not limited to*:

- | | | |
|-------------------------------|----------------------------------|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords | State Unemployment Agencies | Retirement Systems |
| Public Housing Agencies | Social Security Administration | Banks and Financial Institutions |
| Support and Alimony Providers | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident

Print Name

Date

Co-Applicant/Co-Resident

Print Name

Date

Park Meadows Apartments
707 E. Boyd Road
Hogansville, GA 30230
Office (706) 637-4337
Fax (706) 637-4339

GA AN NO. 582 (1930-C)
ATTACHMENT A

TENANT CERTIFICATION
DISCLOSURE OF INFORMATION
PRIOR CONSENT

The U.S. Department of Agriculture, Rural Development, ("Rural Development") has requested the Georgia Department of Labor to release certain identifying information about you. Provisions contained in the official Code of Georgia Annotated, (OCGA), Section 34-8-125, require that we, on behalf of Rural Development notify you, that information is being released to us. Should you have any objections to the release of this information, please notify Rural Development. If you do not object to the release of this information, please sign, date, and return this form to us.

Signature for Consent

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED AND SIGNED BY APPLICANT

TO: (Name & address of employer) Date:

RE: Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations (IRS Code Section 42) require us to verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential and will be used only for the purpose stated above. Return this form to: Park Meadows Apartments, 707 E. Boyd Road, Hogansville, GA 30230. Phone (706) 637-4337 Fax (706) 637-4339

THIS SECTION TO BE COMPLETED BY EMPLOYER

Job Title: _____

Presently Employed: Yes ___ Date First Employed ___ No ___ Last Day of Employment _____

Current Wages/Salary: \$ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other ___

Average # of regular hours per week: _____

Year-to-date earnings: \$ through //

Overtime Rate: \$ per hour Average # of overtime hours per week: _____

Commissions, bonuses, tips, other: \$ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other ___

List any anticipated change in the employee's rate of pay within the next 12 months: ; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment compensation? ___ Yes ___ No If yes, how long? How much? _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

UNEMPLOYED APPLICANT'S AFFIDAVIT

Before me this _____ day of _____, 20____, personally appeared _____, who, being duly sworn, deposes and says:

1. I have made application to rent an apartment at: _____

2. Check (a) or (b) as applicable:

(a) I am not presently employed but anticipate becoming employed within the next _____ months.

(b) I am not presently employed and do not anticipate becoming employed within the next _____ twelve months.

3. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$ _____ per year when I become employed.

APPLICANT

STATE OF GEORGIA
COUNTY OF _____

Before me personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instrument this _____

_____ day of _____, 20____.

Notary Public
State of Georgia at Large
My Commission Expires: _____
[Notary Seal]

Park Meadows Apartments
707 E. Boyd Road.
Hogansville, GA 30230
Phone: 706-637-4337 Fax: 706-637-4339

ASSET VERIFICATION

BANK INFORMATION:

Date: _____

(Bank Name)

(Address)

(City, State, Zip Code)

RE: _____
(Applicant/Tenant Name)

SSN: _____

(Applicant/Tenant Address) (City) (State) (Zip)

The above person(s) has applied for residence/is a resident at **Park Meadows Apartments**. As part of our processing, we require verification of household's income, expenses, assets, and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility. We are required to complete our verification process in a short time period and we would appreciate your prompt response. If you have any questions, please feel free to contact our office.

Permission by:

(Applicant/Tenant's Signature) Date _____

Please complete all information and return it via USPS or FAX. Thank you in advance for your prompt attention.

Sincerely,

The Staff at Park Meadows Apartments

TO BE COMPLETED BY FINANCIAL INSTITUTION:

CHECKING ACCOUNT

<u>ACCOUNT NUMBER(S)</u>	<u>AVERAGE 6 MONTH BALANCE</u>	<u>INTEREST RATE (IF ANY)</u>
	\$	
	\$	
	\$	

SAVINGS ACCOUNT

<u>ACCOUNT NUMBER(S)</u>	<u>PRESET BALANCE</u>	<u>ANNUAL INTEREST RATE</u>	<u>WITHDRAWAL PENALTY</u>
	\$		
	\$		
	\$		

OTHER ACCOUNTS

<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT NUMBER</u>	<u>BALANCE</u>	<u>YEILD</u>

Value of Equity in Real Property \$ _____

I certify that all the above information is true and correct.

Name of Official

Title of Official

Name of Institution

Signature

Address

Date

City, State, Zip

Telephone Number

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

INCOME FROM OTHERS

I, _____, give my Child, Grandchild, Other _____,
(Giver's Name) (Circle one)

_____, the amount of \$ _____ per month to help
(Receiver's Name)

cover the cost of rent, utilities, automobiles, insurance, groceries, etc.

(EVEN IF THE MONEY IS NOT GIVEN DIRECTLY TO THE PERSON)

Giver's Signature _____

Receiver's Information

Name _____

Address _____

Phone# _____

Cell# _____

Social Security# _____

Giver's Information

Name _____

Address _____

Phone# _____

Cell# _____

Social Security# _____

Sworn to and subscribed before me this _____ day of _____, _____.
(day) (month) (year)

Giver's Signature

Notary Signature

Receiver's Signature

Expiration Date

SWORN STATEMENT OF ASSETS

Unit # _____

This form may be used to support the income certification/recertification of a household's assets. Owners/managers must properly verify the value of assets and any income derived.

ASSETS INCLUDE

- Average six month balance in checking accounts.
- Amounts in savings accounts.
- Stocks, bonds, savings certificates, money market funds and other investment accounts.
- Equity in real property or other capital investments (for example, rental property that you own).
- The cash value of trusts that are available to the household.
- Contributions to company retirement/pension funds that can be withdrawn without retiring or terminating employment.
- IRA, Keogh and similar retirement savings accounts, even though withdrawal would result in a penalty.
- Assets which, although owned by more than one person, allow unrestricted access by the applicant.
- Lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.
- Personal property held as an investment such as gems, jewelry, coin collections antique cars, etc.
- Assets disposed of for less than fair market value during two year preceding certification or recertification.

Based on the guidelines listed above, the combined value of the assets of all of the members of this household totals \$ _____. For the next 12 months, the income (for example, interest, dividends, etc.) from our assets is expected to be \$ _____.

I have carefully read over this statement and I swear or affirm that it is true to the best of my knowledge, information and belief.

Applicant/Resident's Signature Date

Applicant/Resident's Signature Date

Printed Name

Printed

Sworn to before me and subscribed in my presence
This _____ day of _____, 19 _____.

Sworn to before me and subscribed in my presence
This _____ day of _____, 19 _____.

Signature of Notary Public

Signature of Notary Public

Name of Notary Public

Name of Notary Public

My Commission expires: _____

My commission expires: _____

WARNING: Section 1001 of Title 18 of the U.S. code Makes it a criminal offense to willfully falsify a material Fact or make a false statement in any matter within the jurisdiction of a federal agency.

CHILD CARE EXPENSE VERIFICATION FORM

Name of Child Care Provider: _____

PLEASE RETURN FORM TO: _____

Address: _____

Park Meadows Apartments
707 E. Boyd Road
Hogansville, GA 30230
(706) 637-4437
Fax (706) 637-4339

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____

ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**Area to be completed by Child Care Provider
(Please answer all questions. Answer N/A if the question doesn't apply.)**

- List the Names and Age(s) of the Child(ren) in your care: _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

- List the hours of the day and the days of the week the child(ren) are in your care: _____

- List the amount paid for child care and how often this amount is paid:

Per hour \$ _____ Number of hours in your care weekly: _____ OR

Per week (if rate is paid as a weekly amount) \$ _____ OR Per month (if rate is paid as a monthly amount) \$ _____

- Is the amount paid to you reimbursed by an outside agency? _____ If yes, how much is reimbursed? _____

Name and Title of Person Supplying the Information

Firm/Organization Name

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.



CHILD SUPPORT VERIFICATION FORM

Name of Child Support Enforcement Agency: _____

PLEASE RETURN FORM TO:

Address: _____

Park Meadows Apartments
707 E. Boyd Road
Hogansville, GA 30230
(706) 637-4437
Fax (706) 637-4339

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: _____

ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**Area to be completed by Child Support Enforcement Agency
(Please answer all questions. Answer N/A if the question doesn't apply.)**

1. Amount of Child Support being provided to the family: \$ _____ per _____

2. Will such amounts be terminated within the next 12 months? _____ if yes, when? _____

Name and Title of Person Supplying the Information Firm/Organization Name

Signature Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would required the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature Date

NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.



STUDENT VERIFICATION FORM

PROPERTY ADDRESS: _____ Phone _____
_____ Fax _____

APPLICANTS NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

APARTMENT NUMBER _____ DATE _____

The above referenced individual has applied for residency at this community. This community is operated under section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the student status of this individual. To comply with this regulation, we ask that you complete and return this form to the address above. The information will be used solely for the determination of resident eligibility under section 42 and will not be furnished to a third party.

You may fax this form in order to expedite residency approval of the above applicant. We must have the original in our resident's file; therefore, we have enclosed a self address envelope for your convenience.

Name of institution: _____

Has the above named applicant been enrolled as a student during any part of this calendar year? Yes _____ No _____

If yes, for what periods? _____

If yes, is the student classified as full or part time? (circle one)

Has the above named student registered for any period during the next twelve months?

Yes _____ No _____

If the above named applicant /resident is not currently a student, has he/she applied for admission to your institution? Yes _____ No _____

If yes has he/she applied as full or part time? Student Status dependent or independent
I _____ authorize the release of the requested information.

CRIMINAL BACKGROUND CHECK RELEASE FORM

PLEASE COMPLETE THE FOLLOWING FORM AND TAKE IT TO THE POLICE STATION TO OBTAIN YOUR CRIMINAL BACKGROUND CHECK. THIS FORM ALONG WITH YOUR BACKGROUND CHECK IS REQUIRED WITH YOUR COMPLETED APPLICATION IF YOU WISH TO BE CONSIDERED FOR RESIDENCY AT Park Meadows APARTMENTS.

CONSENT FORM

I, _____
(Last Name) (First Name) (Middle Name)

Authorize the release of any criminal history record information pertaining to me which may be included in the files of any state or local criminal justice agency in Georgia to Park Meadows Apartments for the purpose of applying for residency.

RACE _____ D.O.B _____

SEX _____ SOC.SEC. # _____

Date _____

Signature of Subject _____

Park Meadows Apartments
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