Rental Application Procedures and Requirements

The attached application will be used to determine if you are eligible to rent one of the Athens Land Trust properties. Funding was made available for this project by the Athens-Clarke County Department of Housing and Community Development (HCD) HOME and CDBG Programs of the Unified Government of Athens-Clarke County, an Equal Opportunity Employer. Persons interested in renting these homes must meet the following program requirements:

a) Household income must be at or below 50% of the median income for Athens-Clarke County, GA FY2019 Adjusted HOME Income Limits

<table>
<thead>
<tr>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
<th>7 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>$22,700</td>
<td>$25,950</td>
<td>$29,200</td>
<td>$32,400</td>
<td>$35,000</td>
<td>$37,600</td>
<td>$40,200</td>
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</tbody>
</table>

b) Complete pages 1-4 of the application

c) Applicants must be financially able to pay set rental amounts. This is determined through verified sources of income, and analysis of the household’s monthly budget and credit.

d) Applicant must provide proof of income documents that include:

1. Current pay stubs that reflect most recent 60-days of employment
2. Current Social Security/Disability benefit statements (if applicable)
3. Pension statements/checks (if applicable)
4. Income Tax Returns & W2’s for the previous 2 years

e) An applicant’s application expires after 6 months. In order to stay on the waiting list for any of the apartments the applicant needs to re-apply to Athens Land Trust Affordable Housing Program after this 6-month period (*within the first 30 days of the 6th month*).

*I/We certify that I/We have read and understand the above program requirements and have completed the checklist of application procedures.*

________________________________________   _________________________________
applicant signature                          date

________________________________________   _________________________________
co-applicant/spouse signature                date
804/806 Waddell St. Rental Apartments

Desired Unit Type? (Please Circle One): 2 BDRM/1 Bath- $450, 1 BDRM/1Bath- $350

Applicant and Family Information

Desired Move in Date: ____________________________

List all permanent household members who will live in the home during the next 12 months. Be sure to list any temporarily absent family members, foster children/adults, unborn children or live-in care attendants.

Head of Household
Name: ____________________________ Date of Birth: _____ Age: _____ SSN: ______________

Phone #: ____________________________ Email Address: ____________________________

<table>
<thead>
<tr>
<th>Full Legal Names of all Household Members</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth</th>
<th>Age</th>
<th>SSN#</th>
<th>Are you a student (List “No, “Part-time” or “Full-Time”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tr>
</tbody>
</table>

Current Living Status

Current Address: ________________________________________________________________

How long have you lived here: ____________________________ Date lease expires/expired: ____________________________

Amount of your current rent or mortgage payment: $__________________________

Current/Previous Landlord Name: ____________________________ Current/Previous Landlord Phone #: ____________________________

Current/Previous Landlord Address: ______________________________________________

Income Information

Applicant Information:
Employer: ____________________________ Position: ____________________________ Date Started: ____________________________
Supervisor: ____________________________ Phone #: ____________________________
Address: ____________________________ City: _______________ State: _______ Zip: _______________

Co-Applicant Information:
Employer: ____________________________ Position: ____________________________ Date Started: ____________________________
Supervisor: ____________________________ Phone #: ____________________________
Address: ____________________________ City: _______________ State: _______ Zip: _______________
### Household MONTHLY Income

<table>
<thead>
<tr>
<th>INCOME:</th>
<th>Applicant</th>
<th>Co-Applicant (if applicable)</th>
<th>Occupant (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bonuses/tips</td>
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<td></td>
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<tr>
<td>Part-time Seasonal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Earnings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Pension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic Asst.</td>
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<td></td>
<td></td>
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<tr>
<td>Alimony</td>
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</tr>
<tr>
<td>Child Support</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total monthly household income $______________ x 12 months = $______________

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**Applicant Certification**

I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s) on this pre-application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this pre-application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both.

All household members 18 years and over to sign below

__________________________    ___________________   ________________________________
(applicant signature)                             (date)                             (co-applicant/spouse signature)

__________________________    ___________________   ________________________________
(occupants signature)                             (date)                             (occupant signature)
Authorization to Release Information to Athens Land Trust

To Whom It May Concern:

I hereby authorize the Athens Land Trust through its authorized representative bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, finances, character, or otherwise.

I hereby release you, as the custodian of such records, and any lending institution, company or business establishment including its officers, employees or related personnel, both individually or collectively, from any and all liability because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me at the address indicated below.

Name: ___________________________ Signature: ___________________________
Social Security #: ___________ Date: ___________________________

Name: ___________________________ Signature: ___________________________
Social Security #: ___________ Date: ___________________________

Witness name: _______________ Witness signature: ___________________
Date: ___________________________

For ALT Staff to Complete:

The Above applicant submitted the following to support his/her verification of income figured below:

☑ Current pay stubs that reflect most recent 60-days of employment
☑ Current Social Security/Disability benefit statements (if applicable)
☑ Pension statements/checks (if applicable)
☑ Income Tax Returns or W2’s for the previous 2 years

ALT Signature ___________________________ Position ___________________________ Date ___________________________
TO BE COMPLETED BY
AUTHORIZED EMPLOYEE OF ATHENS LAND TRUST

Applicant: _______________________________  Property: _______________________________

1. Date Application Received: _______________________________________________________

2. Number in Household: ___________________________________________________________

3. Gross Annual Income: ___________________________________________________________

4. %AMI: _________________________________________________________________________

5. Gross Monthly Income: __________________________________________________________

6. Move-In Date: _________________________________________________________________

7. Initial Credit Score: ____________________________________________________________

8. Date Watched Hands and Home video: _____________________________________________

9. HBE Completion Date: __________________________________________________________

10. Projected Purchase Timeline: ____________________________________________________

11. Race/Ethnicity: __________________________________________________________________

12. Disabled: _____________________________________________________________________

13. Female-headed Household: ______________________________________________________

14. HIV/AIDS: ___________________________________________________________________