



685 N. Pope Street • Athens, Georgia 30601
 Telephone: 706.613.0122 • Fax: 706.613.0143
housing@athenslandtrust.org • www.athenslandtrust.org

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

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
\$22,700	\$25,950	\$29,200	\$32,400	\$35,000	\$37,600	\$40,200

- 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:** _____

Full Legal Names of all Household Members	Relationship to Head of Household	Date of Birth	Age	SSN#	Are you a student (List "No," "Part-time" or "Full-Time")
1.					
2.					
3.					

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

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

Total monthly household income \$ _____ x 12 months = \$ _____

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)



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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: _____