



685 N. Pope Street • Athens, Georgia 30601  
Telephone: 706.613.0122 • Fax: 706.613.0143  
[www.athenslandtrust.org](http://www.athenslandtrust.org)

## Rental Application

The attached application will be used to determine if you are eligible to rent an Athens Land Trust (ALT) property. 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) The total household income must be at or below 50% of the area median income for Athens, GA Metropolitan Statistical Area (see table below)

FY2023 Adjusted HOME Income Limits for Athens-Clarke County by Household Size:  
(This is the *maximum* total household income to be eligible to rent from Athens Land Trust)

Household size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
50% of Area Median Income	\$28,500	\$32,600	\$36,650	\$40,700	\$44,000	\$47,250

- b) Complete ALL pages of the application
- c) Applicants must be financially able to pay set rent amounts. This is determined by ALT 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 or W2's for the previous 2 years
- e) An applicant's application expires after 12 months. In order to stay on the waiting list for any of the apartments the applicant will need to re-apply to Athens Land Trust Affordable Housing Program after this 12-month period (*within the first 30 days of the 12<sup>th</sup> month*).
- f) ALT will need to verify household income if more than 120 days have passed since the original application date.

*I/We certify that I/We have read and understand the above program requirements.*

applicant signature \_\_\_\_\_ date \_\_\_\_\_

co-applicant signature \_\_\_\_\_ date \_\_\_\_\_



Athens Land Trust does not discriminate based on race, color, religion, disability, familial status or national origin.

# Rental Application

Unit Type: 1 Bedroom/1 Bath (\$350-\$550)

## Applicant and Household Information

Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race/ethnicity (optional): \_\_\_\_\_ Circle any that apply: disability female homeless

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Desired move-in date: \_\_\_\_\_ Household size: \_\_\_\_\_ person(s)

*Please 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.*

Full Legal Names of all Household Members	Gender	Relationship to Head of Household	Date of Birth	Age	Are you a student (List "Full-time", "Part-Time", or "No")	Race/ethnicity (optional)
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: \$ \_\_\_\_\_ per month

Current/Previous Landlord Name: \_\_\_\_\_ Current/Previous Landlord Phone #: \_\_\_\_\_

Current/Previous Landlord Address: \_\_\_\_\_

## Employment 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: \_\_\_\_\_



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# Monthly Household Income

*Please list all sources of monthly income in table below*

INCOME SOURCE:	Applicant	Co-Applicant (if applicable)	Additional Occupant (if applicable)
Wages			
Overtime			
Bonuses/tips			
Part-time/seasonal			
Retirement Pension			
Social Security benefits			
Disability benefits			
VA benefits			
Unemployment			
Alimony			
Child Support			
Other (any income not listed above)			
<b>Total</b>			

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

**Applicant Certification**

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this 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 signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (co-applicant signature) \_\_\_\_\_ (date)



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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.

Applicant name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### For ALT Staff to Complete:

The above applicant submitted the following to support his/her verification of income:

- Current pay stubs that reflect most recent 60-days of employment
- Income tax returns of W-2 forms for the previous 2 years
- Current Social Security/Disability benefit statements (if applicable)
- Pension statements/checks (if applicable)

**Income Eligibility Calculation:**

Household size: \_\_\_\_\_  
 FY23 HUD 50% income limit for household size: \_\_\_\_\_  
 Total household annual income: \_\_\_\_\_

**Housing Cost Burden Calculation:**

Current housing cost (rent or mortgage amount): \_\_\_\_\_  
 % of income spent on rent/mortgage: \_\_\_\_\_

**This household spends (circle one) 30% or more / less than 30% of their gross monthly income on housing.**

*I hereby certify that the total household income for this application is at or below 50% of the current area median income for Athens-Clarke County, GA Metropolitan Statistical Area.*

\_\_\_\_\_  
 ALT Staff Signature

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 ALT Staff Printed Name



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