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)

<table>
<thead>
<tr>
<th>Household size</th>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of Area Median Income</td>
<td>$28,500</td>
<td>$32,600</td>
<td>$36,650</td>
<td>$40,700</td>
<td>$44,000</td>
<td>$47,250</td>
</tr>
</tbody>
</table>

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 12th 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.

<table>
<thead>
<tr>
<th>Full Legal Names of all Household Members</th>
<th>Gender</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Are you a student (List “Full-time”, “Part-Time”, or “No”)</th>
<th>Race/ethnicity (optional)</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>
<td></td>
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</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: $___________ 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*

<table>
<thead>
<tr>
<th>INCOME SOURCE:</th>
<th>Applicant</th>
<th>Co-Applicant (if applicable)</th>
<th>Additional 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time/seasonal</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>
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<tr>
<td>Disability benefits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>VA benefits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unemployment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (any income not listed above)</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 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)
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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