

Office Use Only:

Del/Source _____
Location _____
Employee _____

Housing Development Corp Of Macon & Taylor Counties Pinelake Apartments

542 Richardson Street
Montezuma, GA 31063

All applicants must provide the following:

In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following items must be completed or submitted when your formal application is accepted. Please take note that all incomplete applications will be held on file for 60 days and then moved to an inactive status.

1. Certified birth certificates of all members of the household including the head and spouse.
2. Proof of income and verification of family assets of all family members. **(Social Security or Supplemental Security Income award letter, notarized statement of monthly Contributions, last four (4) consecutive pay stubs).**
3. Divorce decree(s), marriage license, or other documentation which applies to its individual circumstances.
4. A copy of your last Federal Income Tax Return, if applicable.
5. Social Security cards of all members of the family.
6. Current Photo ID.

WARNING TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

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**FLINT AREA CONSOLIDATED
HOUSING AUTHORITY
PROPERTY MANAGEMENT**

PINELAKE APARTMENTS

(Office Use Only) _____

Date & Time _____

Please Print

This is an application for housing in the Pinelake Apartments located in Montezuma, Georgia. Please complete this application and call the office for an interview at 478-472-8209. Complete applications are placed in order of date and time received. An application will only be accepted during a scheduled interview.

A. GENERAL INFORMATION

Applicant's Name(s) _____

Address: _____

Telephone # _____ No. of Bedrooms in Current Unit _____

Do You Own _____ or Rent _____. If Rental, Amount of Current Monthly Rental Payment \$ _____.

Check Utilities Paid by You:

Heat _____

Electricity _____

Gas _____

Other _____

Approximate monthly cost of Utilities paid by you (excluding phone & cable TV)

\$ _____

Bedroom Size Requested:

One Bedroom _____

Two Bedroom _____

Three Bedroom _____

Handicap BR _____

Flint Area Consolidated Housing Authority is an Equal Housing Opportunity company with projects in compliance with 504 and Fair Housing Regulations. Flint Area Consolidated Housing Authority accommodates any applicants who need assistance in filling out this application.

LIST ALL PERSONS WHO WILL LIVE IN THE APARTMENT. LIST HEAD OF HOUSEHOLD FIRST

NAME	RELATIONSHIP	BIRTHDATE	AGE	SS#

IS ANYONE IN THIS HOUSEHOLD A FULL TIME STUDENT? YES NO
 NAME(S): _____

B. LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

NAME	SOURCE OF INCOME	MONTHLY AMOUNT
_____	A. SOCIAL SECURITY	MONTHLY AMOUNT \$ _____
_____	B. PENSION	MONTHLY AMOUNT \$ _____
	SOURCE OF PENSION(S): _____	
_____	C. VETERANS BENEFIT	MONTHLY AMOUNT \$ _____
_____	D. SSI BENEFIT	MONTHLY AMOUNT \$ _____
_____	E. UNEMPLOYMENT	MONTHLY AMOUNT \$ _____
_____	F. AFDC/TANF	MONTHLY AMOUNT \$ _____
_____	G. WAGES(GROSS)	MONTHLY AMOUNT \$ _____
EMPLOYER _____		
POSITION HELD _____		HOW LONG EMPLOYED _____
_____	H. FULL TIME STUDENT INCOME(OVER THE AGE OF 18)	
_____	I. ALIMONY	MONTHLY AMOUNT \$ _____
_____	J. CHILD SUPPORT	MONTHLY AMOUNT \$ _____
_____	K. INTEREST INCOME	MONTHLY AMOUNT \$ _____
_____	L. OTHER INCOME	MONTHLY AMOUNT \$ _____

TOTAL GROSS ANNUAL INCOME(BASE THIS ON THE MONTHLY AMOUNTS LISTED ON THE PREVIOUS AND MULTIPLY X 12) \$ _____

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS?
 YES _____ NO _____ IF YES, EXPLAIN _____

C. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 Trust Account(s) # _____ Bank _____ Balance \$ _____
 Certificates # _____ Bank _____ Balance \$ _____
 Credit Union # _____ Name _____ Balance \$ _____
 Savings Bonds # _____ Maturity Date _____ Value \$ _____
 Whole Life Insurance Policy # _____ Face Value \$ _____
 Cash value of Life Insurance Policy \$ _____

Real Property: Do you own any property? Yes _____ No _____
 If yes, type of property _____

Location _____
 Appraised Market Value \$ _____
 Mortgage or Outstanding Loans Balance Due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of Most Recent Tax Bill \$ _____
 Have you sold/disposed of any property in the last 2 years? Yes _____ No _____
 If yes, type of property _____
 Market Value when sold/disposed \$ _____
 Amount sold/disposed for \$ _____
 Date of Transaction _____

1. Do you have any other assets not listed above (Excluding Personal Property)? Yes _____ No _____
 If Yes, List _____

D. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part only if Head or Spouse is 62 or older, Disabled or Handicapped.

1. Medicare Premiums..... Monthly Amount \$ _____
 Monthly Amount \$ _____
 2. Medical Insurance Coverage---Name of Insurance Company _____
 Address _____ Monthly Amount \$ _____
 3. Anticipated Medical/Drug/Prescription/Non-prescription costs not covered by Insurance nor Reimbursed: Monthly Amount \$ _____
 4. Medical Bills or Outstanding Costs you are making monthly payments for:
 Balance Due \$ _____ Monthly Payments \$ _____ Payable to: _____
 5. Medical Related Travel Costs \$ _____
 6. Are you seeing a Physician Regularly? _____
 Name _____
 Address _____
 Projected cost not covered by Insurance nor reimbursed for the next 12 months \$ _____
 7. Any other medical expenses: List type and amounts: _____ \$ _____
 _____ \$ _____

ChildCare Costs: Complete only for Children 12 & Younger:

8. Name(s) of Children Cared For _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

9. Name & Address of Person or Agency Caring for Children _____

10. Weekly Cost for Childcare Due to Employment \$ _____

11. Weekly Cost for Childcare Due to Education \$ _____

Handicap Assistance Expenses: Attendant care and/or apparatus expense that enables Handicapped applicants or others in the household to work. Complete only if Handicap Expenses allow someone in the household to work.

12. List type of expenses, weekly amount, paid to whom:

Program Information

1. Are you Displaced? Yes _____ No _____

If Yes, Displacement Agency _____

2. Is your current unit Condemned/Substandard? Yes _____ No _____

If Yes, Describe _____

3. Are you paying more than 50% of your gross income for rent and utilities? Yes _____ No _____

4. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by FmHA? Yes _____ No _____

If so, do you realize you will be eligible for a \$400 and medical deduction?

Please realize that your eligibility must be verified.

5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? Yes _____ No _____

6. If so, would you like to request an adapted unit? Yes _____ No _____

7. Are you currently living in subsidized housing? Yes _____ No _____

8. Have you ever resided in a project finance and/or subsidized by the Government?

Yes _____ No _____ If Yes, Name & Address _____

9. Have you ever been evicted for Public Housing or any other Federal Housing Program?

Yes _____ No _____

If Yes, Where _____ When _____

Describe Reasons _____

10. Have you ever been evicted for other housing? Yes _____ No _____

11. Have you ever been convicted of a felony? Yes _____ No _____

12. Are you currently using illegal drugs? Yes _____ No _____
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes _____ No _____
14. Are you now or will you become a part time or full time student prior to move-in? Yes ___ No ___
15. How did you hear about this Housing? _____

16. Will you take an apartment when one is available? Yes _____ No _____

17. Briefly describe your reasons for applying _____

F. REFERENCE INFORMATION

Current Landlord: Name _____
 Address _____
 Home Phone _____ Business Phone _____

Previous Rental Information:
 Prior Landlord _____
 Address _____
 Home Phone _____ Business Phone _____
 Prior Landlord _____
 Address _____
 Home Phone _____ Business Phone _____

G. Credit References:

1. Name _____ Address _____ Phone _____
 2. Name _____ Address _____ Phone _____
 3. Name _____ Address _____ Phone _____

H. Personal Non-Related References:

1. Name _____ Address _____ Phone _____
 2. Name _____ Address _____ Phone _____
 3. Name _____ Address _____ Phone _____

In Case of Emergency Notify: _____
 Address: _____
 Phone Number _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks, or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle)

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____ Drivers License # _____

Type of Vehicle _____ Year/Make _____ Color _____
 License Plate # _____ Drivers License # _____

PETS: Do you own any pets? Yes _____ No _____ If Yes, Describe _____

I. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/WE HEARBY CERTIFY THAT I/WE DO/ WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION. I/WE FURTHER CERTIFY THAT THIS WILL BE MY/OU PERMANENT RESIDENCE. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT. I/WE UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON FARMER HOME ADMINISTRATION AND BY FLINT AREA CONSOLIDATED HOUSING AUTHORITY SELECTION CRITERIA. I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE:

TENANT _____

COTENANT _____

DATED _____

DATED _____

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE FLINT AREA CONSOLIDATED HOUSING AUTHORITY AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN PROGRAMS ADMINSTRATED/MANGED BY FLINT AREA CONSOLIDATED HOUSING AUTHORITY. I FURTHER AUTHORIZE FLINT AREA CONSOLIDATED HOUSING AUTHORITY TO VERIFY ALL INFORMATION LISTED ON THIS APPLICATION.

SIGNATURE:

TENANT _____

COTENANT _____

DATED _____

DATED _____