

CLUB COURT APARTMENTS

RESIDENT SELECTION CRITERIA

1. Anyone requesting an application is given one. When completed and returned, the application is dated and the time is noted in the upper right corner of the first page.
2. The application is not considered complete on the waiting list until the application has been signed by all adults who intend to occupy the apartment and the **\$25 application fee paid for each adult individual or \$35 for legally married couples**. The site manager must interview all adults in person. Under Georgia law, an adult is an unmarried person 18 years old or older or a legally married person of any age. (Payment must be made by Check or Money Order.)
3. If unmarried, an application is required for each adult and a separate application fee must be paid.
4. Any individuals with prior felony convictions are ineligible for occupancy.
5. Applicant will sign all other pertinent verification forms for all sources of income.
6. In the case of projects built specifically for the elderly, in order to qualify applicants must be age 62 or older or disabled.
7. The following factors will be considered in approving/disapproving applications.
 - Current employment:
 - If less than 1 year, previous employment for at least 2 years.
 - Salary
 - Length of time employed, etc.
 - b. Landlord and mortgagee:
 - Length of time (One year minimum is preferred.)
 - Did applicant make prompt payments?
 - Did applicant take care of the property?
 - What were housekeeping habits?
 - Were applicant and applicant's guests respectful of neighbors and property?
 - Were there damages to apartment when vacated?
 - Was notice given upon vacating?
 - c. Background Check:
 - This will be reported to us by Lexis Nexis.
 - Are accounts in good standing?
 - Are payments made promptly?
 - Are credit limits reasonable?
 - Are there any collections, liens, etc?
 - Is there a criminal history?



72 Massell Dr.; Cartersville, Georgia 30121
770-382-4912; Fax 770-382-1227; TDD # 800-255-0135

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."



CLUB COURT APARTMENTS RENTAL APPLICATION

PLEASE NOTE: This application will not be considered unless all items are completed in full and a non-refundable application fee is paid by check or money order. We may require additional information at a later time.

I. APPLICANT INFORMATION

Please list all household members that will occupy this apartment.

| Name <i>First, Middle Initial, Last</i> | Relationship to Head of Household | M/F | Social Security Number | Birthdate <i>Month, Day, Year</i> |
|--|--------------------------------------|-----|---------------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Email Address: _____

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

Length of Time at Current Address: _____ Landlord's Name: _____

Landlord's Address/Phone#: _____

Previous Address: _____

Length of Time at Previous Address: _____ Landlord's Name: _____

Landlord's Address/Phone #: _____

Are you a US Citizen? _____ Yes _____ No

Do you have a Legal Right to be in the United States? _____ Yes _____ NO

List all states in which you have lived: _____

How did you hear of us? _____

The United States Department of Agriculture-Rural Development allows a \$400.00 yearly deduction from net income for a person who has a disability, handicap or is 62 years of age or older. In order to receive this deduction, the site manager will require verification of your disability/handicap or proof of your age. Do you wish to be considered for this deduction?

YES NO (circle one) If YES, which of the following classifications allows you to qualify for this deduction?

_____ 62 years of age or older.

_____ I have a disability/handicap that would be aided by a handicap accessible unit or other reasonable accommodations.

_____ I have a disability/handicap that does NOT require a handicap accessible unit or other reasonable accommodations.

Do you give permission for an agent of CRIMSON MANAGEMENT, LLC to interview you about this classification to the extent needed to determine you qualify?

YES NO (circle one)

Do you or any member of your household own a car? **YES NO (circle one)** If YES, complete the following.

Auto #1-Model _____ Make _____ Year _____ Tag# _____ Color _____

Auto #2-Model _____ Make _____ Year _____ Tag# _____ Color _____

Applicant 1 Driver's License Information: Name: _____ State: _____ Number: _____

Applicant 2 Driver's License Information: Name: _____ State: _____ Number: _____



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II. INCOME INFORMATION

List all full-time or part-time employment, including self-employment, of ALL household members and anticipated income from each source of employment during the next 12-month period.

| Name of Household Member | Name & Address of Employer | Phone # | Rate of Pay | Hours per Week | How Long Employed? |
|--------------------------|----------------------------|---------|-------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please circle YES for each source of income received below. Please enter the amount of income received for applicant, co-applicant and any other family member. If no income is received from source, circle NO.

| | | | APPLICANT | CO-APPLICANT | CHILD/OTHER |
|-----|----|-------------------------------------|-----------|--------------|-------------|
| YES | NO | CHILD SUPPORT | | | |
| YES | NO | ALIMONY | | | |
| YES | NO | VA PENSION OR DISABILITY | | | |
| YES | NO | RETIREMENT | | | |
| YES | NO | SOCIAL SECURITY or SSI | | | |
| YES | NO | RENTAL INCOME | | | |
| YES | NO | UNEMPLOYMENT | | | |
| YES | NO | SELF-EMPLOYMENT | | | |
| YES | NO | TIPS | | | |
| YES | NO | AFDC | | | |
| YES | NO | INTEREST INCOME | | | |
| YES | NO | SCHOLARSHIPS | | | |
| YES | NO | CASH VALUE OF LIFE INSURANCE | | | |
| YES | NO | FINANCIAL HELP RECEIVED FROM FAMILY | | | |
| YES | NO | OTHER | | | |

III. INCOME ADJUSTMENT

Childcare costs per month _____

Approximate out of pocket medical expenses for next 12 months _____

Elderly/disabled/handicapped households _____

IV. ASSET INFORMATION

Do you have any of the assets listed below?

YES **NO (circle one)**

If yes, please put the amount of asset in the space next to the listing (for accounts, list the average daily balance). If NO, please put "0" in the space provided.

Cash _____ CD's _____ Mutual Funds _____ IRA's _____

T-Bills _____ Stocks _____ Bonds _____

Checking Account _____ Savings Account _____

Name of Bank: _____ Account #: _____ Type of Account: _____

Name of Bank: _____ Account #: _____ Type of Account: _____

Do you own any assets or have you sold or disposed of any assets in the past two years? **YES** **NO (circle one)**

If yes, describe and state value _____



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Please answer "YES" or "NO" to the following questions.

| <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next 12 months? Name & Relationship: _____ Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there anyone living with you now that will NOT be living with you at this property? Name & Relationship: _____ Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have FULL custody of your child(ren)? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any ABSENT household members who under normal conditions would live with you? (for example: a household member away in the military) Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you or anyone else named on this application filed for bankruptcy? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you or anyone else named on this application been convicted of a felony? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you or anyone else named on this application been convicted of property damage? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home, or trailer? Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months? Household Member(s): _____ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Will you or any ADULT household member require a live-in care attendant to live independently? Name of Attendant: _____ Relationship (if any): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Will your household be receiving or be applying for Section 8 rental assistance at time of move-in? Name of Agency: _____ Contact Person: _____ |



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PERSONAL REFERENCES

List the name, address and phone number of a personal reference *OTHER* than a relative.

Name: _____

Address: _____

Phone #: _____ Relationship: _____ Years Known: _____

EMERGENCY CONTACT

List the name, address and phone # for someone to contact in case of emergency (*SOMEONE NOT ALREADY LISTED ON APPLICATION*)

Name: _____

Address: _____

Phone #: _____ Relationship: _____ Years Known: _____

SIGNATURE CLAUSE

It is the policy of CRIMSON MANAGEMENT, LLC to require a completed written application from all prospective residents. The answers to the questions on this application along with the results of the investigations conducted by the Landlord or Landlord's Agent determine the selection of our residents. The following items are considered:

1. Where employed, for how long, and total family income, to assure means for paying the rent promptly.
2. Name and address of present landlord and previous residency history.
3. A prospect will not be considered for an apartment unless a credit investigation indicates prompt payment of financial obligations unless previous rental history indicates respect and consideration for other residents and for the property. We reserve the right to deny applicants with a criminal history.
4. Apartments are rented to family groups according to the following sizes:
 - No more than two people in a one bedroom apartment
 - No less than two and no more than four people in a two bedroom apartment
 - No less than three and no more than six people in a three bedroom apartment
5. Only those persons listed on the application may live in the apartment without the written permission of the landlord or its agents.

By signing this rental application, I hereby specifically authorize CRIMSON MANAGEMENT, LLC and its agents, for purposes of this application, to contact and obtain any information required by CRIMSON MANAGEMENT, LLC from any individuals or entities listed on this application or from any other individuals or entities as may be required by CRIMSON MANAGEMENT, LLC.

This is a preliminary application and gives no lease or rental rights. Additional information and a deposit may be required at a later date in order to complete the processing of your application.

If accepted for occupancy, I/We certify that this will be my/our permanent residence and that I/we do not, and will not, maintain a federally assisted or subsidized rental unit at another location. This is not applicable to migrant farm workers. 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 _____

Date _____

Signature _____

Date _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race: (Mark one or more) American Indian/Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White _____

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ **Gender:** Male _____ Female _____

Office Use Only: Date of Interview: _____ App. Fee pd. _____ Type of Apt. _____

Desired M/I date: _____



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CLUB COURT APARTMENTS I & II

RELEASE AND CONSENT OF INFORMATION

I/We _____. The undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Club Court Apartments for purposes of verifying information on my/our apartment rental application.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to, personal identity, employment, income, assets, medical, child care allowances and criminal background. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent for and continued participation as a qualified resident.

The agencies, companies, and/or individuals that may be asked to release the above information include, but are not limited to:

Banks and other Lending Institutions
Veterans Administration
Previous Landlords
Public Housing Agencies
State Unemployment Agencies
Support and Alimony Providers
Credit Reporting Services

Welfare Agencies
Medical and Child Care Providers
Social Security Administration
Past and Present Employer
Retirement Systems
Criminal Background Screening Services

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have a right to review my file and correct any information that is incorrect.

| | | |
|--------------------------------|-----------------------------------|---------------|
| _____ Resident Signature | _____ Resident Printed Name | _____ Date |
| _____ Co-Resident Signature | _____ Co-Resident Printed Name | _____ Date |

Return Verification to: Club Court Apartments
72 Massell Drive #159
Cartersville, GA 30120
Phone 770-382-4912 Fax 770-382-1227



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CLUB COURT APARTMENTS I & II

GA AN NO. 674 (1930-C)
ATTACHMENT A

TENANT CERTIFICATION DISCLOSURE OF INFORMATION PRIOR CONSENT

As the CONTRACTOR for tenant certification, the U.S. Department of Agriculture, Rural Development, Multi-Family Housing Division, has requested the Georgia Department of Labor to release certain identifying information about you. Provisions contained in the official code of Georgia Annotated, (OCGA), Section 34-8-125, require that we, as a Servicing Agent for the CONTRACTOR, notify you, and provide five days from the date of notification, for you to object to your information being released to us as a Servicing Agent. Should you have any objections to releasing this information, please notify the CONTRACTOR. If you do not object to the release of information, please sign, date, and return this form to us.

Signature for Consent

Date

Signature for Consent

Date



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