Welcome home to
Meadow Creek Apartments!

Address: 200 Tree Line Lane Ringgold, GA 30736-3503

Phone: (706) 250-9376

Fax: (706) 655-8774

Email: meadowcreek@invmgt.com **Website: www.meadowcreekcatoosa.com**

We are a 64-unit community providing exceptional, EarthCraft multifamily certified, housing for active adults 55+ years of age and up. Verification of income and assets are required for lease approval. The verification documents will include but may not be limited to the items listed below:

- Copies of Photo ID (Driver's License or State ID 18 y/o and up), Social Security Card and Birth Certificate for all household members.
- Present employment information as applicable – Company name, title, address, phone, fax numbers.
- Other income documentation (Social Security printout, child support printout, etc.).
- Copy of full Divorce Decree and Separation Agreement (if applicable).
- Present and past residence history – we will verify (2) years of residency (Management company or owner name, address, phone number, apartment number, and dates of residency).
- Asset information (checking, savings, CD's, etc. as applicable).

Household Income Limits:

1 Person	$36,780	3 Person	$47,280
2 Person	$42,000	4 Person	$52,500

Affordable Rental Rates:

1 Bedroom 1 Bath - $820
2 Bedroom 2 Bath - $960

Market Rates (no income restriction):

1 Bedroom 1 Bath - $1075
2 Bedroom 2 Bath - $1275

The $23.00 Application Fee must be paid by check or money order. (18 y/o and over) Cash/Credit/Debit cards **not** accepted. Once application is approved, a $350 security deposit is required.

Thank you - Meadow Creek Apartments Management

IMC
Investors Management Company
OF VALDOSTA INC.

Apartment Community: MEADOW CREEK APARTMENTS

Dear Applicant,

Thank you for considering an Investors Management Company property for your home. Our team strives to make your future housing decisions as easy as possible.

Please return your application using one of the following methods:

- To our management team during office hours: 9 TO 4 MONDAY - FRIDAY
- Our Office Drop Box at 3434 BOYNTON DRIVE RINGGOLD, GA 30736
- USPS Mail To: 3434 BOYNTON DRIVE RINGGOLD, GA 30736
  (Street address) (City, State, Zip Code)

All members of the household, including minors, must be listed on the application. If you have any further questions or comments, please feel free to contact us.

Please provide the following:

☐ Application- every question must be answered or indicated N/A (not applicable) and submitted with a $27.50 PER ADULT application fee in check or money order dropped through the office drop box or submitted by USPS mail. **The Application Fee is per adult. No Cash accepted.**

☐ Social Security card for each household member- * please provide copies*

☐ Birth certificate for each household member- * please provide copies*

☐ Driver's License/State Issued ID for each household member 18 and up

*If you are unable to make copies of the above items, please take a picture of them and send them to the email below prior to submitting your application. Enter applicant's name in subject line of email. Please do not put any original copies of your social security cards or birth certificates in the mail or through the drop box. We cannot be responsible for your original documents.

Upon receipt of the application and the above items, we will process and evaluate your application through our acceptance criteria which are designed to be a fair and reasonable way to provide equality to all applicants. Part of this process includes verifying your income and assets in compliance with federal and state program regulations governing the property. This specific information is found in our Resident Selection Plan which will be provided to you as requested. Thank you for your consideration of our community.

Program Type	Property Type
☐ USDA RD	☐ FAMILY
☒ TCC – 9%	☒ HFOP- HEAD OF HOUSEHOLD 55+
☐ HUD	☐ ELDERLY -62+ AND/OR DISABLED

Office Phone: 706-250-9376 Fax: 706-655-8774 Email: meadowcreek@invmgt.com

Investors Management Company Corporate Office Number: 229-247-9956

"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."

EQUAL HOUSING OPPORTUNITY

APPLICATION FOR HOUSING

OFFICE USE ONLY:

Date Rec'd: _____ Time Rec'd:_____

Mgr. Initials_____ App Fee Pd: Y N Check/MO #_____

NOTE TO APPLICANT: In order for us to determine your eligibility, you must provide ***all*** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. ***Providing false information may result in ineligibility for housing.*** Please carefully read and answer each item. All questions must be answered yes, no, or N/A. Any items left unanswered will designate the application as incomplete.

Applicant Name:	Telephone Number: ( )
Address: City, State & Zip Code:	Alternate Telephone Number: ( )
Email Address:	Driver's License/State Issued ID #:
Size of Desired Apartment: Move In Date Needed:	Total # of Persons in Household:
Reason for moving:	How did you hear about us?
Emergency Contact Name:	Emergency Contact Phone:

HOUSEHOLD COMPOSITION

List yourself and anyone who will live with you ***within the next 12 months.*** Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

	First Name, Last Name	Relationship to head of Household	Birth Date	Age	Social Security Number	Student Status:			Marital Status: (Check One)					
						Full Time	Part Time	N/A	M	S	D	Sep	Est	W
1														
2														
3														
4														
5														
6														

Marital Status: ***M-*** *Married* ***S-*** *Single* ***D-*** *Divorced* ***Sep-*** *Legally Separated* ***Est-*** *Estranged* ***W-*** *Widowed*

Please read each question carefully, answer each question as it pertains to your whole household, and be prepared to verify items marked "yes".

All Adults Initial: _____ _____ _____ _____

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Please list any vehicles that will be used on a regular basis by a household member.
Please note that parking spots are not assigned unless otherwise specified by management.

Vehicle 1 Used By:	Make/Model	Color:	License Plate #
Vehicle 2 Used By:	**Make/Model:**	**Color:**	**License Plate #:**

1.) Do you anticipate any changes in the size of your household within the next 12 months? ☐Yes ☐No
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
If yes, please describe any changes here:
_____

2.) Will anyone under age 18 listed above live in the unit ***less than*** 50% of the next 12 months? ☐ N/A ☐ Yes ☐ No

If yes, please explain here: _____

3.) Does any member in your household have a disability and require a live-in care attendant? ☐ Yes ☐ No
3a.) Is Head or Co-Head of Household handicap, elderly, or disabled? ☐ N/A ☐ Yes ☐ No

If yes, please list name of household member: (Applicant understands that verification is required.)
_____

4.) Does your household have a pet? ☐ Yes ☐ No
(Applicant understands pets are only allowed for qualified households at designated properties with prior written approval, signed Pet Agreement, and that a non-refundable pet fee may apply.)

5.) Does any member of your household have an assistance animal? ☐ Yes ☐ No
(Applicant understands that assistance animals are allowed as a reasonable accommodation and that verification is required.)

6.) Have you or any member of your household filed for bankruptcy or plan to do so? ☐ Yes ☐ No

7.) Are you and all members of your household a United States citizen? ☐ Yes ☐ No

8.) In specific federally funded properties there are certain benefits for those who meet the definition of elderly or persons with disabilities. To determine if any household member qualifies, please answer the following:
8a.) Is any household member 62 years of age or older? ☐ Yes ☐ No
8b.) Does any household member meet the definition of a person with disabilities? ☐ Yes ☐ No
8c.) Does any household member pay for medical or disability expenses out of pocket? ☐ Yes ☐ No
8d.) Would any household member benefit from a reasonable accommodation or modification? ☐ Yes ☐ No
If yes, please describe:_____

9.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? ☐ Yes ☐ No

10.) Are you or any member of the household registered as a sex offender? ☐ Yes ☐ No

11.) Do you or any member of the household have a pending criminal charge? ☐ Yes ☐ No
If yes, please explain:_____

All Adults Initial: _____ _____ _____ _____

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12.) Have you or any member of your household been convicted of a crime? ☐ Yes ☐ No
If yes, please explain:_____

13.) Are you or any member of the household a current user of illegal controlled substances? ☐ Yes ☐ No

14.) Have you or any member of your household been previously convicted for the illegal use, sale, manufacture, or distribution of a controlled substance? ☐ Yes ☐ No

*****If questions 11, 12, or 13 are marked yes, has this household member successfully completed or are they presently enrolled in a controlled substance abuse program? (Applicant understands that verification is required.)** ☐ N/A ☐ Yes ☐ No

STUDENT ELIGIBILITY QUESTIONS

Please read each question carefully, answer each question as it pertains to your entire household (including minors), and be prepared to verify items marked yes.

15.) Are **ALL** members of your household full-time students? ☐ Yes ☐ No

16.) Will **ALL** members of your household be full-time students during 5 months of **THIS** calendar year? ☐ Yes ☐ No
(Please note, months do not have to be consecutive.)

17.) Will **ALL** members of your household be full-time students during any 5 months of **NEXT** calendar year? ☐ Yes ☐ No

18.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? ☐ Yes ☐ No

18a.) If yes, who is enrolled? _____

18b.) Which school are they enrolled in? _____

18c.) How do they pay for their education? _____

19.) Does **ANY ADULT** member of your household intend to become a student ***within the next 12 months***? ☐ Yes ☐ No

19a.) If yes, who will be enrolling in school?_____

19b.) If yes, will they be enrolling as a full-time or part-time student?_____

ALIMONY / CHILD SUPPORT INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including those temporarily absent from the home) and be prepared to verify items marked yes.

20.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? ☐ Yes ☐ No Case Id #/File #:_____
IF "NO", SKIP TO QUESTION 23

21.) Name of person with court order: _____ Payment Amount: $_____ per _____

22.) Name of person(s) paying child support / alimony:
_____

22a.) Are the **FULL** court-ordered amount(s) being received? ☐ Yes ☐ No

22b.) If **"NO"**, are you making efforts to collect the amounts due? ☐ Yes ☐ No

22c.) If **"YES"**, please explain the efforts you're making here: _____

All Adults Initial: _____ _____ _____ _____

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23.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?
(This includes help from children's father or mother in the form of money, clothes, groceries, etc.) ☐ **Yes** ☐ **No**
IF "NO", SKIP TO NEXT SECTION: INCOME INFORMATION

23a.) Payment Amount: $ _____ per _____ **OR** type of help given (e.g. clothes, groceries, diapers): _____

23b.) Name of person(s) paying support / alimony: _____
Phone: _____ For child: _____

INCOME INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.

24.) Is any member of the household employed? ☐ **Yes** ☐ **No**

24a.) Who is employed? _____
Job 1.) What company? _____ Name of Supervisor: _____

Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

Job 2.) What company? _____ Name of Supervisor: _____

Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

24b.) Who is employed? _____
Job 1.) What company? _____ Name of Supervisor: _____

Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

Job 2.) What company? _____ Name of Supervisor: _____

Start Date: _____ Job Title: _____ Gross Monthly Earnings: _____

☐ **Check here if there are any additional jobs in the household** (Attach a separate sheet to list as needed.)

25.) Are any household members self-employed? ☐ **Yes** ☐ **No**

25a.) Who is Self-employed? _____

What type of work does this person do? _____ Net Annual Earnings: _____

26.) Are any adult members of your household unemployed? ☐ **Yes** ☐ **No**

25a.) Which adult members are unemployed? _____

27.) Does any household member receive pay from the military? ☐ **Yes** ☐ **No**

27a.) Who is paid by the military? _____

Amount $_____ Per_____ Which branch of the military? _____

Contact Person: _____ Phone: _____

All Adults Initial: _____ _____ _____ _____

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28.) Does any household member receive any payments from the Social Security Administration? ☐ **Yes** ☐ **No**

28a.) Who receives payments from the Social Security Office? _____

Which type: ____ SS ____ SSI ____Other Amount $_____ Per_____

29.) Does any household member receive severance pay or worker's compensation? ☐ **Yes** ☐ **No**

29a.) Who is receiving severance pay or worker's compensation? _____

Amount $_____ Per_____

What company pays them? _____

Contact Person: _____ Phone: _____

30.) Is any household member unemployed and receiving payments from an Unemployment Agency? ☐ **Yes** ☐ **No**

30a.) Who is receiving unemployment benefits? _____

Amount $_____ Per_____ Last Place Worked:_____

31.) Does any household member receive Public Assistance payments such as TANF or AFDC? ☐ **Yes** ☐ **No**
(Please do not include Food Stamp benefits here.)

31a.) Who is receiving TANF or AFDC benefits? _____

Amount $_____ Per_____

Caseworker: _____ Phone: _____

32.) Does any household member receive periodic payments from a pension, annuity, or retirement benefit account? ☐ **Yes** ☐ **No**

32a.) Who receives these benefits? _____

Which type: ____ Pension ____ Annuity ____ Other Retirement

Amount $_____ Per_____

What company pays this person? _____

33.) Does anyone outside of your household provide you or any other household member with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments, cell phone bills, or groceries? ☐ **Yes** ☐ **No**

33a.) Who receives these contributions? _____

Amount $_____ Per _____

What is the name of the person that pays you? _____

Relationship to recipient:_____ Phone Number? _____

All Adults Initial: _____ _____ _____ _____

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34.) Is there any other source of income we haven't already asked about above that you receive? ☐ **Yes** ☐ **No**

34a.) Please Describe: _____

Amount $_____ Per_____

35.) Does your household expect any changes to their income *within the next 12 months?* ☐ **Yes** ☐ **No**
(For example, taking a 2nd job, applying for social security, being awarded child support.)

35a.) Whose income is expected to change? _____

Please Describe: _____

36.) Do any adult members of your household have zero income? ☐ **Yes** ☐ **No**

36a.) Which adult members have zero income? _____

ACCOUNT / ASSET INFORMATION

Please read each question carefully, answer each question as it pertains to your entire household (including minors and those temporarily absent from the home), and be prepared to verify items marked yes.

37.) Does any household member have a Checking, Savings, CD or Money Market account? ☐ **Yes** ☐ **No**
(Please be reminded that this includes minors and those temporarily absent from the household.)

37a.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___CD ___Money Market

37b.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___CD ___Money Market

37c.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___CD ___Money Market

37d.) Bank Name: _____ Name(s) on Account: _____

Account Type: ___ Checking ___ Savings ___CD ___Money Market

☐ **Check if there are additional accounts of these types belonging to the household.** (Attach a separate sheet to list as needed.)

38.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments, or a Whole Life Insurance Policy? ☐ Yes ☐ No
(Please note that we do not count TERM insurance.)

38a.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___Stocks ___Bonds ___Mutual Funds ___Whole Life Insurance

38b.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___Stocks ___Bonds ___Mutual Funds ___Whole Life Insurance

All Adults Initial: _____ _____ _____ _____

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39.) Does any household member have an IRA, Keogh, 401k, Annuity, or similar retirement account? ☐ **Yes** ☐ **No**

39a.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___IRA ___Keogh ___401k ___Other:_____

39b.) Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: ___IRA ___Keogh ___401k ___Other:_____

40.) Does any household member have a Pension account that will pay upon retirement or termination of employment? ☐ **Yes** ☐ **No**

(NOT including IRA, Keogh, 401k, or Annuity accounts)

40a.) Institution Name: _____ Name(s) on Account:_____

Contact/Phone: _____ Account Type: _____

41.) Does any household member own any Real Estate? ☐ **Yes** ☐ **No**
(Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property, and property being sold by deed of trust or Contracts for Deed)

41a.) Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? _____
(Mortgage Holder, Contract Owner, etc.)

Contact: _____ Phone: _____

42.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.) ☐ **Yes** ☐ **No**

42a.) Type: _____ Estimated Cash Value: $_____

43.) Does any household member have a Trust Account? ☐ **Yes** ☐ **No**

43a.) Name(s) on Account: _____ Institution Name:_____

Is this account Revocable or Non-Revocable Trust Account?_____ Contact Phone: _____

44.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov) ☐ Yes ☐ No

44a.) Which household member(s):_____

Series: _____ Face Value: $_____ Serial Number: _____ Issue Date:_____

45.) Does any household member have cash on hand or in safe deposit boxes? ☐ **Yes** ☐ **No**

45a.) Which household member? _____ What amount is kept on hand? $_____

All Adults Initial: _____ _____ _____ _____

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46.) Does any household member have any accounts or assets that were not described above? ☐ **Yes** ☐ **No**
(For example, loadable debit cards not tied to checking accounts such as Direct Express, pay cards, etc.)
(Please DO NOT include personal use vehicles, furniture, clothing, etc.)

46a.) Who owns this asset? _____

What type of account or asset is this? _____

46b.) Who owns this asset? _____

What type of account or asset is this? _____

47.) In the past two years, has any household member given away any asset(s) for less than they were worth? ☐ **Yes** ☐ **No**
(Examples include property quit claims, transferring an asset account into someone else's name, charitable contributions etc.)

47a.) Who gave this asset away?_____Type of asset:_____

What was the estimated value of this asset? $_____ When was it given away?_____

MINORS IN THE HOUSEHOLD

Please read each question carefully, answer each question as it pertains to the minors in your household, and be prepared to verify items marked yes.

48.) Are there minors in the household? ☐ **Yes** ☐ **No** **IF "NO", SKIP TO NEXT SECTION: RENTAL HISTORY**

48a.) Name of minor:_____

Do you receive child support? ☐ Yes ☐ No Have you ever filed to receive child support? ☐ Yes ☐ No

Do you pay for child care? ☐ Yes ☐ No Amount $_____ Per_____

Child Care Facility:_____ Phone Number:_____

48b.) Name of minor:_____

Do you receive child support? ☐ Yes ☐ No Have you ever filed to receive child support? ☐ Yes ☐ No

Do you pay for child care? ☐ Yes ☐ No Amount $_____ Per_____

Child Care Facility:_____ Phone Number:_____

48c.) Name of minor:_____

Do you receive child support? ☐ Yes ☐ No Have you ever filed to receive child support? ☐ Yes ☐ No

Do you pay for child care? ☐ Yes ☐ No Amount $_____ Per_____

Child Care Facility:_____ Phone Number:_____

All Adults Initial: _____ _____ _____ _____

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48d.) Name of minor:_____

Do you receive child support? ☐ Yes ☐ No Have you ever filed to receive child support? ☐ Yes ☐ No

Do you pay for child care? ☐ Yes ☐ No Amount $_____ Per_____

Child Care Facility:_____ Phone Number:_____

☐ **Check if there are additional minors in the household.** (Attach a separate sheet to list as needed.)

RENTAL HISTORY

Please read each question carefully, answer each question as it pertains to the adult members in your household, and be prepared to verify items marked yes.

49.) Has anyone in your household ever had an eviction filed against them? ☐ **Yes** ☐ **No**

49a.) Which household member?_____ When?_____

Landlord Name:_____

What was the result of this filing?_____

Adult 1: Current Landlord's Name _____ Is this an apartment complex? ☐ Yes ☐ No

Address _____

Telephone _____ M/I Date _____ M/O Date_____ Rent Amount $ _____

Previous Landlord's Name _____ Is this an apartment complex? ☐ Yes ☐ No

Address _____

Telephone _____ M/I Date _____ M/O Date_____ Rent Amount $ _____

Adult 2: Current Landlord's Name _____ Is this an apartment complex? ☐ Yes ☐ No

Address _____

Telephone _____ M/I Date _____ M/O Date_____ Rent Amount $ _____

Previous Landlord's Name _____ Is this an apartment complex? ☐ Yes ☐ No

Address _____

Telephone _____ M/I Date _____ M/O Date_____ Rent Amount $ _____

☐ **Check if there are additional adults household.** (Attach a separate sheet to list as needed.)

All Adults Initial: _____ _____ _____ _____

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SELF-IDENTITY INFORMATION

To be completed by Head and Co-Head of Household.

Self- Identify Information: "The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure compliance with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, sexual orientation, reprisal, and disability. 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 the individual applicants on the basis of visual observation or surname."

Race: (check all that apply)	**Applicant**	**Co-Applicant**
1. American Indian/ Alaska native		
2. Asian		
3. Black or African American		
4. Native Hawaiian or Other Pacific Islander		
5. White		
Ethnicity:		
A. Hispanic		
B. Non-Hispanic or Latino		
Gender: Male		
Female		

HOUSEHOLD CERTIFICATION

All household members who are 18 years of age or older, or who will be 18 years of age within the upcoming 12 month period, should read each item carefully before signing agreement.

I/we understand that the information provided on this application will be used to determine my eligibility for housing. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in loss of my housing consideration at this property.

I/we also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility.

I/we understand that a credit, criminal, and residence history will be performed on all adult household members in order to process the application.

I/we understand that the management company, acting on behalf of the owner, is required to verify your income and assets in compliance with program regulations governing this property. Information obtained on this application may be used, as well as verification of information from third party sources. You, and all adult members, are required to complete and sign the release form attached to this application. After verifications are received, if the household income exceeds the program qualifying income limit or other eligibility requirements are not met, this application will be denied. Changes in household composition, income, assets, and/or student status changes during this verification period, you should immediately report to

"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."

the manager and your application may need updating.

I/we understand that approved applicants that remain on the waiting list for a period that exceeds 120 days must have all eligibility requirements re-verified upon notification. Should the re-verification process deem a previously approved applicant now ineligible; the applicant will be denied.

I/we understand that by signing this application, I/we are stating that should we move into this complex, this unit will become our primary place of residence, and we will not maintain a separate place of residence, whether subsidized or not.

CERTIFICATION: Having read and understood the above, all household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period, must sign below.

Head of Household	Printed Name	Date
Co-Head of Household	Printed Name	Date
Other Adult	Printed Name	Date
Other Adult	Printed Name	Date

MANAGEMENT:

This application was accepted by:_____ _____

Owner's Agent Date



If this is your first time submitting this application, please stop and do not go any further. You have already given your signature and acknowledgment when you signed above. **The section below is for updates only.**

THE SECTION BELOW IS FOR UPDATED APPLICATIONS THAT ARE OVER 120 DAYS OLD, ONLY.

Updated signature/acknowledgment for updated applications, only- **Must be signed and dated by all adult applicants.**			
Applicant, co-applicant, and all adult household members certify that all information on this application is still true and accurate OR has been updated to be true and correct. Applicant, co-applicant, and all adult household members understand that providing false statements or information is punishable by law and will lead to cancelation of this application or termination of tenancy.			
Updated Signature		Confirmed/Updated On	
Updated Signature		Confirmed/Updated On	
Updated Signature		Confirmed/Updated On	
Updated Signature		Confirmed/Updated On	

MANAGEMENT ACKNOWLEDGEMENT:

Updated application was accepted by:_____ _____

Owner's Agent Date

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INVESTORS MANAGEMENT COMPANY
OF VALDOSTA, INC.

TENANT RELEASE AND CONSENT

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 MEADOW CREEK APARTMENTS
(Apartment Complex)
for purpose of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity; employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past & Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement System
	Social Security Administration	Banks & Other Financial Institutions
Support & Alimony Providers	Medical & Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

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Investors Management Company
OF VALDOSTA INC.

Is Meadow Creek Right for Me?

In an effort to achieve out goal of providing the housing environment you desire; all prospective applicants are required to meet established criteria to be considered for residency. This community uses great care and will always abide by Federal, State, and Local Fair Housing Laws when processing all potential residents' applications.

A VALID STATE OR FEDERALLY ISSUED PHOTO I.D. IS REQUIRED PRIOR TO SHOWING ANY RENTAL HOME

- Occupancy standards are 2 occupants per bedroom
- Each head, co-head, or spouse must be of legal age to enter into a binding contract based on prevailing state law
- All applicants' combined income must not exceed the maximum income requirements as specified by the Internal Revenue Service, Section 42, LIHTC Program (if applicable) and Investors Management Company.
- All applicants must meet full time student requirements along with any other qualifications as required by the Section 42 LIHTC program (if applicable) and Investors Management Company
- All applicants must by able to provide a Social Security card or other proof of eligibility to reside in the United States for the term of the intended lease.
- A credit report will be processed on each applicant. An unsatisfactory report can result in the denial of the application. An unsatisfactory report is one that reflects past or current bad debts, late payments, or unpaid bills, liens, bankruptcy, or judgments. If your application is denied for poor credit history, you will be given the name, address, and phone number of the credit reporting agency that provided the report, as required by the Fair Credit Reporting Act.
- Landlord history must be verified verbally or in writing. The application can be denied for a negative landlord reference. A negative landlord reference constitutes any outstanding balance owed to a prior landlord, evictions occurring within the past 7 years, complaints or least violations to a current or previous landlord in the past 7 years. Applicant must have a minimum of 2 landlord references to qualify.
- Criminal history will be reviewed and considered on a case-by-case basis to distinguish between criminal conduct that risks safety and/or property from criminal conduct that does not. Any conviction involving a crime against persons or property or that is gang related, illegal manufacture or distribution of controlled substances, theft related, prostitution related, sex related, terrorism related or violent in nature could result in the denial of the application. If your application is denied for criminal history, you will be given the name, address, and phone number of the credit reporting agency that provided the report. Investors Management Company reserves the right to obtain additional criminal reports at will if criminal charges are evident.
- Incomplete or falsified documentation will result in denial of the application. All documentation provided during the course of processing your application must comply with all Federal and State LIHTC Program criteria (where applicable). Management must be notified of all changes to household composition, income, and student status.
- Minimum income standards do apply. Applicants are required to have a minimum income of 2 times the monthly rental rate unless rental assistance is received.
- Investors Management Company policy does not allow a Live in Care Attendant to be the spouse of an applicant. Live in Care Attendants must be able to meet the above-mentioned criteria regarding criminal and landlord.
- Self Employed individuals are required to provide a full calendar year tax return for their current business.

THE RENTAL APPLICATION FEE OF $ 27.50 per adult applicant, IS NON-REFUNDABLE. Please review these policies carefully before submitting an application. WE WILL CONSIDER ALL APPLICATIONS. HOWEVER, IF THE RENTAL QUALIFICATIONS AS STATED IN THIS DOCUMENT ARE NOT MET, THE APPLICATION FEE **WILL NOT BE REFUNDED.**

WARNING: SECTION 1010 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. THE SECTION 42 LIHTC PROGRAM IS REGULATED BY THE U.S. INTERNAL REVENUE SERVICE. In the event that any minimum requirement contained within this document is in conflict with any Local, State or Federal rule or law will prevail.

Agreement and Understanding:

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

THANK YOU FOR CHOOSING OUR COMMUNITY!

EQUAL HOUSING OPPORTUNITY

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