

**CENTRAL CITY APARTMENTS
PRE-APPLICATION INSTRUCTIONS**

Please fill out the Pre-application Packet as follows:

- Complete all lines on the Pre-application Form;
 - Answer all questions;
 - List all household members, all income, and assets;
 - Answer all screening questions;
 - Provide a mailing address, email address, and telephone number;
- All adult members must sign the Pre-application Form;
- All adult members must fill out and sign a Criminal Consent Form;
 - Print and fill out one Criminal Consent Form for each adult member;
- All adult members must sign the General Consent Form;
- List all family members, fill out, and sign the Student Affidavit Form.
- Attach a check or money order for the application fee of \$25.00 payable to Central City Apartments.

Return the completed Pre-application Packet to:

Central City Apartments
PO Box 13387
Macon, GA 31208
Attn: Central City Apartments Applications

or

- **Drop Box:** Deposit the Pre-application packet in the drop box located at:

Hunt School Village Apartments
990 Shurling Drive
Macon, GA 31211

Please Note: No applications will be given out at the property. Incomplete applications will not be listed on the waiting list and may be returned for completion. Applications must include an application fee in the form of a check or money order in the amount of \$25.00 payable to Central City Apartments to cover the cost of background screening. Questions concerning the application can be directed to 478-292-8081.





Central City Apartments
PO Box 13387
Macon, GA 31208

FOR MANAGEMENT USE
Received by: _____
Date: _____ Time: _____
Application Number: _____

PRE-APPLICATION
478-292-8081 centralcity@maconhousing.com

1. Name and address of head of household					2. Personal information						
Last name _____ First name _____ Middle initial _____					Social Security number _____						
Mailing address _____ Apt # _____ City _____ State _____ Zip _____					Birthdate (MM/dd/yy) _____						
Address where you are currently living (if different) _____ City _____ State _____ Zip _____					Area code _____ Telephone number _____						
3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		5. Race <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native American		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other		6. Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Immigrant?	

*Questions are optional

7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories above.

#	Relationship	Last name	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate	Disability (Y/N)
1									
2									
3									
4									
5									

8. Household type: Family (for more persons) Meets the definition of US vs GA Settlement (Daybreak referrals only)

9. Disability or handicap: (It is not necessary to give us details about your disability or handicap.)
Will any member of the household require a unit having handicap accessible features? Yes No

9a. Do you claim any disability or handicap? Yes No
9b. Do you need special accommodations to complete the application process? Yes No
9c. If yes, what assistance do you request? _____

10. Unit size (# bedrooms) requested: 1-BR 2-BR

11. Do you need a handicapped accessible unit: Yes ___ No ___ If yes, type of unit: Mobility: _____
Vision: _____
Hearing: _____

12. Assets and income: Provide gross (not net) amounts for all questions.

12a. <input type="checkbox"/> Checking Bank/Institution _____ Avg. Bal. last 6 mo. \$ _____ Annual Inc. \$ _____
<input type="checkbox"/> Savings Bank/Institution _____ Current balance \$ _____ Annual Inc. \$ _____
<input type="checkbox"/> CD's Bank/Institution _____ Current balance \$ _____ Annual Inc. \$ _____
<input type="checkbox"/> EBT Card Type _____ Balance \$ _____ Insurance Policy Cash Value \$ _____
<input type="checkbox"/> Real Estate Type _____ Value \$ _____ Mortgage amount \$ _____ Annual Inc. \$ _____

12b. Have you disposed of any assets during the past 2 years for less than fair market value? ___ YES ___ NO
If yes, explain _____

12c. Income source(s): Check all that apply and indicate gross monthly income.

<input type="checkbox"/> SSA \$ _____/mo.	<input type="checkbox"/> Pension \$ _____/mo.	<input type="checkbox"/> Bills paid by another \$ _____/mo.
<input type="checkbox"/> SSI \$ _____/mo.	<input type="checkbox"/> Child support \$ _____/mo.	<input type="checkbox"/> Gifts for support \$ _____/mo.
<input type="checkbox"/> TANF \$ _____/mo.	<input type="checkbox"/> Alimony \$ _____/mo.	<input type="checkbox"/> Annuities \$ _____/mo.
<input type="checkbox"/> Wages \$ _____/mo.	<input type="checkbox"/> Workers Comp. \$ _____/mo.	<input type="checkbox"/> Asset Income \$ _____/mo.

13. Have you ever: (Check either Yes or No on all questions.)

Lived in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Illegal Drug User? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lived in Section 8 housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of a drug related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Been terminated or evicted from subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender? State _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Owe money to a housing authority or a Section 8 landlord that is unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted of violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Had a pattern of abuse of alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Used a name other than indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(If yes, what name was used?) _____

14. Marketing: How did you hear about the property? _____

15. Is any household member a full or part-time student? ___ YES ___ NO If yes, who? _____

Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate.
I understand that:
• Having provided any false information will result in cancellation or denial of my application or termination of my housing assist.
• At the time I rise to the top of a waiting list, I will be required to update and verify the information I have provided here.
• Changes occurring after filing this pre-application may affect my qualification for subsidized housing.
• I must keep management informed of my current address and phone number, and failure to do so will result in cancellation of my application.

Signature of head of household _____ DATE _____ EMAIL ADDRESS _____

Signature of spouse or other adult _____ DATE _____ PHONE NUMBER _____



Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Central City Apartments to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			

LAST		FIRST	MIDDLE
ADDRESS			
STREET	_____		
CITY, STATE ZIP	_____		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> UNKNOWN	_____	<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

This authorization is valid for 180 days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED

CENTRAL CITY APARTMENTS

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 Central City Apartments for purposes 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 inquiries 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 that may be asked to release the above information include, but are not limited to:

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

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.

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse or Co-Head	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

PENALTIES FOR MISUSE OF INFORMATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

LIHTC Certification of Student Status

Please complete one form per household

Head of Household _____ Co-Head of Household _____
 Unit number _____ Move in Date _____

All Adults must read: A full-time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

Section One: Household Members and Status

Please list all household members regardless of age. Indicate student status.

#	Name	Age	Student Status					
			Full-Time		Part-Time		Verified*	
			Yes	No	Yes	No	Yes	No
1								
2								
3								
4								
5								
6								
7								
8								

* no verification for self certified full-time students. Verify part time status only when everyone in household is a student.

Did anyone graduate from school/college/university during calendar year? Yes No If yes, when: _____
 Are all residents of the household full time students? Yes No If no, skip to section 3

Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

Yes No	At least one member of the household receives assistance under title IV of the Social Security Act (i.e.. payments under AFDC or TANF). <i>Please provide a third-party verification of AFDC/TANF award.</i>
Yes No	At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. <i>Please provide a verification of enrollment & mission statement of the program if not JTPA.</i>
Yes No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. <i>Please provide a signed copy of most recent tax return.</i>
Yes No	The members of the household are married and eligible file a joint federal tax return. <i>Please provide a signed copy of most recent tax return or marriage license.</i>
Yes No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <i>Please provide court documents, state agency documentation or Social Security verification.</i>

Section Three: Signatures and Acknowledgement

_____ I agree to notify management immediately if any household members student status changes including, but not limited to my own. (All Adult Residents Initial)

I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.

Signature Date

Signature Date

Signature Date

Signature Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency