REVISED: 11/11/2021

APPLICATION PACKET
_____APARTMENTS

In this Application Packet you will find the forms listed below. Please follow the instructions carefully and ask questions if you are unsure how to complete the attached material.

1. **Rental Application:** **All applicants age 18 and over must sign the completed rental application.**
2. **Reasonable Accommodations/Modifications Policy:** **In order to grant equal access and/or equal opportunity to applicants in our apartment community, management will consider requests for reasonable accommodations by persons with disabilities. See the following policy for additional information.**
3. **Tenant Disclosure Form:** **This form must be signed by each applicant who is 18 years of age or older.**
4. **Tenant Selection Plan:** **Read carefully. This form must be signed by the Head of Household and any other household member who is 18 years of age or older.**
5. **Criminal Consent Form:** **A separate Criminal Consent Form must be signed by each household member who is 18 years of age or older.**
6. **Processing Fee:** **A $50.00 processing fee is required with each application. Please note this fee is NON-REFUNDABLE and must be paid by money order only. No cash.**

Additional documents you MUST provide are listed below. Please bring the originals with you to the office. Your application will be considered incomplete until these documents are received. If you are returning your rental application via first class mail, please enclose copies of the following documents.

~Social Security Cards: Social Security Cards must be provided for all household members.

~Photo ID: Driver's License or State Identification Card, Passport, or other form of photo ID.

~Birth Certificates: All applicants must provide birth certificates for every household member.

~Income: All forms of income must be provided when the application is returned.

~Food Stamps: If applicable, award letters must be provided.

I/We have been advised and understand that my/our application is not considered complete until all of the forms are completed in their entirety and the requested documents have been provided to management.

Applicant: _____ **Co-Applicant: _____**

Other: _____ **Other: _____**

This institution is an equal opportunity provider and employer.

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Revised January 6, 2021

EQUAL HOUSING OPPORTUNITY

RENTAL APPLICATION
PLEASE PRINT ALL INFORMATION

For Office use only Date Returned:
Time:_____ ☐ AM ☐ PM

Date: _____ Time: _____ Property Name: _____

Applicants Name: _____ Social Security Number: _____

Current Street Address: _____ Apt. No.: _____

Current Mailing Address:_____

City, State, Zip: _____ Phone #: ( ) home ( ) work

Email Address: _____

HOUSEHOLD COMPOSITION LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL LIVE IN THE APARTMENT AND INCLUDE COPIES OF ALL BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS.

FULL NAME	RELATIONSHIP	SEX	DATE OF BIRTH	SOCIAL SECURITY #
	HEAD			

Are you married ☐, divorced ☐, single ☐, or widowed ☐?

What size unit would you like to occupy? ☐ 1 BDRM ☐ 2 BDRM ☐ 3 BDRM

Does any member of your household need a reasonable accommodation to the usual rules, practices, or policies due to a disability? ☐ Yes ☐ No

Does any member of your household need a structural modification due to a disability? ☐ Yes ☐ No

If yes, please describe the modification(s) needed:_____

Do you certify that this residence will serve as the primary residence? ☐ Yes ☐ No

Is there any member 18 or older that is a full time student? ☐ Yes ☐ No

If YES, who and school attending? _____

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

If YES, explain: _____

Do you plan to have any one living with you in the future who is not listed above? ☐ Yes ☐ No

If YES, the Special Housing Needs questionnaire MUST be completed.

How many people reside in your home? _____ How many bedrooms in your home? _____

Why do you wish to move? _____

Are you being evicted? ☐ Yes ☐ No If YES, Why? _____

When must you be out of your home? _____

Have you ever been evicted in the past? ☐ Yes ☐ No If YES, when & where? _____

Have you lived in Subsidized Housing before? ☐ Yes ☐ No

If YES, list property name and address: _____

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Has assistance ever been terminated for any of the following reasons:

Fraud?	☐ **Yes**	☐ **No**
Nonpayment of rent?	☐ **Yes**	☐ **No**
Failure to cooperate with Recertification program?	☐ **Yes**	☐ **No**

LANDLORD INFORMATION:

Management will check the rental history for the past 5 years. Listed addresses and landlord information could be cross checked by other means. RELATIVES AND FRIENDS ARE NOT ACCEPTED AS LANDLORD REFERENCES.

Name: _____ Address: _____
Telephone Number: _____ How long have you lived at this address? _____
Amount of Rental Payments: _____ Do you pay utilities? ☐ Yes ☐ No

Former Landlord Information:
Name: _____ Address: _____
Telephone Number: _____ How long did you live at this address? _____
Amount of Rental Payments: _____ Did you pay utilities? ☐ Yes ☐ No

Former Landlord Information:
Name: _____ Address: _____
Telephone Number: _____ How long did you live at this address? _____
Amount of Rental Payments: _____ Did you pay utilities? ☐ Yes ☐ No

Former Landlord Information:
Name: _____ Address: _____
Telephone Number: _____ How long did you live at this address? _____
Amount of Rental Payments: _____ Did you pay utilities? ☐ Yes ☐ No

REFERENCES: (Personal: Not related, MUST be able to contact during business hours)

Name	Address	Phone Number

CREDIT INFORMATION: (Include Credit Card Accounts, Banks, Finance Companies, etc.)

Name	Address	Phone Number	Account Number
		( )	
		( )	
		( )	

Do You Own A Car? ☐ Yes ☐ No
If YES, please fill out the following information.

Make	Model	Year	Drivers License #	State	Expiration Date

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SOURCE(S) OF INCOME

LIST ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS WHO WILL OCCUPY THE APARTMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES, RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, SCHOLARSHIPS AND GRANTS, CONTRACT FOR DEED, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE FILL OUT THE FOLLOWING INFORMATION THAT PERTAINS TO THE INCOME OF YOUR HOUSEHOLD.

Source of Income	Name of Source	Phone #	Address	Annual Gross Income to You
Employment				
Employment				
Military				
Pension/Assistance				
Unemployment				
Veteran Disability				
Social Security				
Other				

ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH (YES) ANSWER, PROVIDE ACCURATE INFORMATION IN THE CHARTS PROVIDED.

1. **Does any member of your family work for someone who pays them in cash?** ☐ Yes ☐ No
2. **Does any member of your household now receive or expect to receive unemployment?** ☐ Yes ☐ No
3. **Is any member of your household on a leave of absence from work due to lay-off, medical, maternity, or military leave?** ☐ Yes ☐ No
4. **Is any member of your family residing, or not residing in your household, now receiving military pay and/or allowances?** ☐ Yes ☐ No
5. **Does any member of your household receive or expect to receive child support?** ☐ Yes ☐ No
6. **Is any member of your household entitled to child support that he/she is not now receiving?** ☐ Yes ☐ No
7. **Does any member of your household receive or expect to receive alimony?** ☐ Yes ☐ No
8. **Is any member of your household entitled to alimony payments that he/she is not now receiving?** ☐ Yes ☐ No
9. **Does any member of your family/household receive or expect to receive income from a pension or annuity?** ☐ Yes ☐ No
10. **Does any member of your family/household receive regular cash contributions from individuals not living in the unit, or from agencies?** ☐ Yes ☐ No

LIST ASSETS OF ALL HOUSEHOLD MEMBERS (Examples: checking, savings, stocks, bonds, trust, money market, certificate of deposit, IRA, Keogh account, Treasury bills, credit union shares, land, real estate.)

Type:_____ Yearly Income Generated: _____

Type: _____ Yearly Income Generated: _____

Have you sold or given away real property or other assets in the past two years? ☐ Yes ☐ No. If yes, what was the market value of the assets? $_____.

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CHILD CARE EXPENSES (To be completed for children 12 years of age or younger)

Do you pay child care due to employment? ☐ Yes ☐ No Amount of Weekly Expense $ _____

Do you pay for child care to attend school? ☐ Yes ☐ No Amount of Weekly Expense $ _____

List the name(s) and age(s) of each child for which you pay child care expenses:

Name of Child	Age

Institution or Individual Providing Child Care

Name: _____ Address: _____

Is the child care provided by AFDC or any other source? ☐ Yes ☐ No

If YES, provide the source: _____

HANDICAPPED ASSISTANCE EXPENSES (To be completed ONLY if the handicapped expense allows the handicapped individual or another household member to work.)
Amount of expenses $_____

Indicate the name and age of the individual for which you pay handicapped assistance:

Name: _____ Age: _____

List the name and address of the individual providing the handicapped assistance:

Name: _____ Address: _____

MEDICAL EXPENSES

Do you have Medicare? ☐ Yes ☐ No **Do you have other medical insurance?** ☐ Yes ☐ No.

If Yes, indicate: Name: _____ Policy Number: _____

Does any medical assistance pay your doctor or prescription drug bill? ☐ Yes ☐ No

Are you receiving medical assistance through welfare? ☐ Yes ☐ No

If you pay any portion of the medical/prescription drug costs, you should supply us with the bill and records of the expenses you have incurred.

If your medical condition is permanent and you will routinely have medical expenses that are not covered by Medicare, Medicaid or medical insurance, please indicate the type of medical expense, the frequency of the expense, and the amount of the expense on the following chart:

Type of Medical Expense	Frequency of Expense	Amount of Expense
		$
		$
		$

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IMPORTANT: Please read and answer the following questions carefully!

Do you understand that all income, assets and expenses must be verified? ☐ Yes ☐ No

Do you understand that you are responsible to report all income of the household? ☐ Yes ☐ No

Do you understand that you are to report any changes in income or expenses to the rental office as soon as they occur? ☐ Yes ☐ No

---

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone Number: (____)_____

Address: _____ Relationship: _____

Additional Contacts: _____

NONDISCRIMINATORY DISCLOSURE:

This is to inform you that in any programs and activities, the apartment community you have made application to shall not discriminate because of race, color, sex, religion, natural origin, handicap, or familial status in the leasing, rental or other disposition of housing or related facilities (including land) included in any project or projects under its jurisdiction, or in the use of occupancy thereof. This project will not, on account of race, color, sex, religion, national origin, handicap, or familial status deny any person the opportunity to apply for such housing, nor deny to any eligible applicant the opportunity to lease or rent any dwelling in any such housing suitable to its needs.

Disabled residents may request physical modifications be made to their living unit. These modifications will be made at the expense of the project unless it would require a fundamental alteration of the program or impose an undue financial/administrative burden on the above-mentioned property. Requests for reasonable accommodations and modifications must be made in writing to the property manager. This request will then be forwarded to the 504 Coordinator listed below for a final decision. All requests will be considered and a written response made to the property manager.

By Federal law, all properties must make reasonable accommodations in policies, procedures and facilities to enable persons with disabilities to occupy and make full use of dwellings and facilities.

The persons named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the United States Department of Housing and Urban Development's regulations implementing Section 504.

Judy Bostick
W. T. Lamb Investments
216 Broad Street
Wrens, GA 30833
(706) 547-0028
TDD (800) 255-0135

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REASONABLE ACCOMMODATION POLICY

The apartment community you have applied to is an equal housing opportunity provider and does not discriminate against our applicants/residents with disabilities. It is our policy to provide reasonable accommodations which includes structural modifications to our applicants/residents who are disabled and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy this community. If the need for the accommodation or modification is not obvious, it will be necessary to obtain documentation of the need for the requested accommodation/modification. The applicant/resident will need to provide the following information and forms:

- **Fill our and return to the leasing office the Reasonable Accommodation Request Form.**
- **If requested, sign the Verification Form and return it to the leasing office with the Request Form.**
- **Upon receipt of the Verification Form management will mail the form to the verifier.**
- **When it is returned management will notify the applicant/resident in writing of the determination concerning the request.**
- **If the request is for an assist or service animal, the applicant/resident will need to sign the lease addendum form that describes the animal owner's responsibilities concerning the animal.**

Please contact the manager if assistance is needed with this process.

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APPLICANT'S REASONABLE ACCOMMODATION REQUEST FORM

_____ is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the manager.

Resident's Name: _____

Address: _____

Date of Request: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

_____

_____

1. Do you consider yourself to be disabled?

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.
Please circle one.

YES NO

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community? (If needed, you may write on the back of this form or attach additional sheets of paper.)

_____

_____

_____

Please return this request to the office. You may be requested to provide authorization for the verification of this information.

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REASONABLE ACCOMMODATION VERIFICATION FORM

_____ provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability for the resident to use and enjoy an apartment community. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

Name of Resident (print): _____

Request for Reasonable Accommodation: _____

Signature of Resident: _____

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

1. Is this resident disabled?

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.
Please circle one.

YES NO I DON'T KNOW

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life:

_____

_____

_____

3. Does this resident need the accommodation requested above to be able to live in his/her apartment community? Please circle one. YES NO

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

_____

_____

5. If necessary will you be willing to testify in a court of law concerning the information provided in this form? Please circle one. YES NO

Name and position of verifier:
(Please print)_____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____

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TO WHOM IT MAY CONCERN:

☐ **TAX CREDIT PROPERTY - If this box is checked, all prospective tenants must be tax credit eligible (based on GROSS income) as regulated by the Internal Revenue Service (IRS) before income is adjusted. Certain income restrictions apply.**

Statements by All Household Members

I/We certify that all information given in this application thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in had occurred, terminate our Rental Agreement.

I/We authorize the Property to make any and all inquires to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies. A $50.00 NONREFUNDABLE charge for this service is required at the time the signed "Application for Lease" is submitted for eligibility determination.

If your application is approved and move-in occurs, we certify that only those persons listed in the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

I/We have read and understand, the information in this application in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

I/We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681 a (d). Seeking information on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Notice: you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

I/We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rents, damages, and Security Deposits. A Security Deposit of $_____ is required. Receipt of $_____ is hereby acknowledged as payment in consideration of the Owner's Agent holding this apartment for me. In the event I do not choose to enter into the rental contract applied for herein or provide written cancellation of same within 72 hours, I hereby waive all rights to the return of this deposit and forfeit as liquidated damages. (Management reserves the right to refund the deposit of any applicant who is not approved.)

How did you hear about our apartment complex? _____

Referred by a resident? ☐ Yes ☐ No. If yes, by whom? _____

Unit No. _____

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

IMPORTANT: I also understand, it is my responsibility to contact the Manager (in writing) at least every 6 months in order to keep my application on the waiting list.

All household members age 18 and over who will be residing in the apartment must sign below.

Head of Household	**Date**	**Co-Head of Household**	**Date**
Other	**Date**	**Other**	**Date**

Acceptance of complete application by Management:

Please Date Stamp When Received

Signature of Management Representative **Date & Time**

ALL PAGES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED, AND DATED.

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DISCLOSURE STATEMENT

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.

ETHNICITY OF APPLICANT/CO-APPLICANT

☐ **Hispanic or Latino**

☐ **Not Hispanic or Latino**

RACE (MARK ONE OR MORE)

1. ☐ **American Indian/Alaska Native**
2. ☐ **Asian**
3. ☐ **Black or African American**
4. ☐ **Native Hawaiian or Other Pacific Islander**
5. ☐ **White**

GENDER: ☐ **Male** ☐ **Female**

Information supplied by: Applicant _____ (Initials) **Co-Applicant** _____ (Initials) **Management** _____ (Initials)

Do you or does any member of the household listed on this application, use controlled substances, been convicted of the illegal manufacture or distribution of a controlled substance, or been convicted for the illegal use of a controlled substance?

☐ **Yes** ☐ **No** **If YES, Explain:**

_____

_____

_____

_____

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GA AN NO 664 (2-3560)

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 that 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 of Consent Date

_____ _____
Signature of Consent Date

_____ _____
Signature of Consent Date

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TENANT SELECTION PLAN

IT IS THE POLICY OF W. T. LAMB INVESTMENTS, INC. TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, FAMILIAL STATUS, NATIONAL ORIGIN OR HANDICAP.

WAITING LIST SELECTION PRIORITIES

It is likely that there will be more applicants for housing than can be assisted. In order to select those applicants most in need of housing, USDA RURAL DEVELPMENT has established the following priority and statutory categories that will be the basis of selecting residents from among all applicants:

1. Once an applicant has submitted a complete application and signed a form authorizing the borrower to verify household income, the date and time will be recorded on the waiting list to establish priority for selection. Selection from the waiting list will be made according to date and time received in the following order: very-low income applicants, low-income applicants and then moderate-income applicants.
2. Handicapped or disabled eligible applicants **when units are designated for their use.**
3. Applicants of the size and composition appropriate to available dwelling units.
4. Household income that does not exceed the limits defined by the USDA Rural Development or its successors.
5. Applicants will be offered a housing unit twice. If the applicant refuses to take the unit offered or refuses to be interviewed the applicant will be removed from the waiting list.
6. Rejected or withdrawn applicants may re-apply for housing consideration after a period of 12 months from the date of removal.

Within each of the above listed groups, approved applicants will be housed based solely on the date and time of application.

ELIGIBILITY (PROGRAM) CRITERIA

In the selection of applicants for admission, Eligibility Criteria have been established in accordance with USDA RURAL DEVELPMENT guidelines. All applicants will be screened carefully and the following eligibility standards will be applied:

1. ***Provide Information:*** All applicants must cooperate in completing the rental application and providing information necessary to determine their eligibility for USDA RURAL DEVELOPMENT housing assistance.
2. ***Income Limits:*** Applicants must qualify under the income guidelines established by USDA Rural Development. The current, applicable income limits will be posted in the management office.
3. ***Elderly families:*** A household where the tenant, co-tenant, member, or co-member is at least 62 years old, or disabled, as defined below.

   Disabled: A person is considered to meet the requirements for "disabled" if the following situation occurs:

   As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or his or her spouse) and is determined to have impairment which:

   (i) Is expected to be of long-continued and indefinite duration;
   (ii) Substantially impedes his or her ability to live independently; and
   (iii) Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in section 102(7) of the Development Disability and Bill of Rights Act (42 U.S.C. 600 1(7)).
4. ***Occupancy Standards:*** To avoid overcrowding and prevent waste of space, dwellings are to be leased in accordance with the occupancy standards set forth below. In the event, however, should there be dwellings which cannot be filled with households of appropriate size, after all possible efforts have been made to stimulate applications, eligible households of the most nearly appropriate size will be assigned them, with the understanding that the household will be transferred to a unit of the proper size should families of appropriate size require the unit. The move will be at the expense of the household. Reasonable accommodation requests will be considered for persons with a verifiable disability.

Dwelling units will be assigned in accordance with the following standards:

	Persons Per Household	
Bedroom Size	Minimum	Maximums
0	1	1
1	1	3
2	2	5
3	3	7

This institution is an equal opportunity provider and employer.

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Every family member, regardless of age, is to be counted as a person. For the purpose of occupancy, an unborn child is counted as a person. Foster children/adults are not counted for purposes of determining bedroom size. A family will not be granted an increase in bedroom size in order to accommodate adding additional people to the household, other than those added by marriage, birth, adoption or court-awarded custody. A minor may only be added to the household if an adult household member has legal custody or guardianship of the minor. Legal custody is determined by considering marriage, birth, adoption or court and government agency awarded custody. A nucleus family member moving back into the home as an adult will not increase the bedroom size. Requests to add additional household members will be approved or denied after taking into consideration whether the addition of such people will cause over-crowing of the unit, and in the case of an adult member, whether the person meets all applicant screening criteria.

5. ***Social Security Numbers:*** All applicants must disclose and provide documentation of social security numbers for all applicant/household members at the time the rental application is submitted.
6. ***Birth Certificates:*** Birth certificates must be provided for all applicants/household members at the time the rental application is submitted.
7. ***Criminal Activity:*** This apartment community has a Zero Tolerance Policy for criminal activity. Criminal checks are run for every household member age 18 years or older. Minor traffic offences such as parking violations, registration violations or failure to provide proof of insurance are not considered criminal activity and will not count against the applicant. It is our policy in compliance with the Code of Federal Regulations that a conviction for criminal activity is not necessary for the Criminal History Policy to be applied. The Criminal History Policy will be applied when a reasonable belief exists that criminal activity occurred and that belief is supported by most of the known evidence.
    1. A crime involving violence or bodily injury or death to another person; or
    2. A sex crime, or a crime that resulted in the registration of the application or household member on a state sex offender registry; or
    3. A crime involving harm to a child; or
    4. A crime involving terrorism or explosives; or
    5. A crime involving injury to a person or property within the past 10 years; or
    6. Drug-related criminal activity, including engaging in the sale, manufacture or illegal use of controlled substances and illegal drugs within the past 5 years.
    7. A felony or a misdemeanor involving drugs within the past 5 years; or
    8. Gang related crimes in the past 5 years; or
    9. A crime involving theft within 5 years; or
    10. Prostitution within the past 5 years; or
    11. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or which may interfere with the peaceful and quiet enjoyment of the premises.
8. **Other prohibited activity:** Applications may be rejected if the applicant or a household member:
    1. Has been evicted from federally assisted housing for drug related criminal activity; or
    2. Abuses alcohol or has a pattern of abusing alcohol that may interfere with the health and safety or right to peaceful enjoyment of the premises by other residents; or
    3. Is required to register with a state sex offender registry; or
    4. Has been incarcerated for more than one year within a jail or prison within the past 5 years; or
    5. Applicants may be rejected if household members have pending criminal charges that have not been adjudicated.

Management reserves the right to require criminal background checks at each recertification on household members age 18 years or older. Management will do criminal background checks at recertification if in receipt of credible and verifiable information.

9. ***Students:*** A student or other seemingly temporary resident of the community who may be considered an eligible applicant when all of the following conditions are met:
    - The student is of legal age in accordance with the applicable state law or is otherwise legally able to enter into a binding contract under state law;
    - The person seeking occupancy has established a household separate and distinct from the person's parents or legal guardians;
    - The person seeking occupancy is no longer claimed as a dependent by the person's parents or legal guardians pursuant to Internal Revenue Service regulations, and evidence is provided to this effect; and

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legal guardians, or others provide any financial assistance and this financial assistance is considered as part of current annual income and is verified in writing by the borrower.

ACCEPTANCE CRITERIA

All applicants must cooperate in completing the rental application and providing information necessary to determine eligibility. For acceptance the applicant and all members of the household must demonstrate:

1. ***Good Rental History:*** Applicants must supply a complete rental history for the past 5 years. Gaps in rental history must be explained. Landlord references will be checked for the full 5 years whenever possible. Listed addresses and landlord information may be cross checked by other means. Applicants will be denied for negative rental history such as but not limited to: evictions, damage to property, lease violations including disturbances, failure to pay on time, unauthorized occupants, failure to report income changes, subletting the unit, poor housekeeping, or committing fraud. **Relatives and friends are not accepted as landlord references.**

2. ***Good Credit History:*** Credit checks are conducted to determine the applicant's history of meeting financial obligations. Applicants with no credit history at all may be considered. Applicants are not permitted to present their credit report. All credit reports will be verified via third party through Experian and management cannot provide a copy of the credit report to the applicant.
3. ***Good Criminal Record:*** The apartment community you have applied to has a Zero Tolerance Policy for criminal activity. Each applicant age 18 years or older must demonstrate crime free living for a period of no less than five years.

REJECTION CRITERIA

Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

1. ***Misrepresentation:*** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit will result in your rental application being denied. Applicants that have committed fraud will be denied.

2. ***Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:*** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides, or which is disturbing or dangerous to neighbors or disrupts the quiet and peaceful enjoyment of their home and community life.

3. ***Violent Behavior:*** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
4. ***Non-compliance with Rental Agreement:*** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
5. ***Owing Prior Landlords:*** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
6. ***Owing Utility Providers:*** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
7. ***Unsanitary or Hazardous Housekeeping:*** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard, damage or misuse, including but limited to, causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.
8. ***Credit History:*** Credit checks are conducted to determine the applicant's history of meeting financial obligations and the monetary commitments that are outstanding which may affect eligibility or ability to pay under a rental agreement. Applicants owing landlords money will be denied admission. Applicants who have been evicted and/or have civil judgments for unpaid rent/damages will be denied. Applicants with unpaid utility accounts will be denied. Applicants with no credit history at all may be considered. Medical accounts and student loans will not be included. Credit history reports are run for every family member age 18 years or older. Applicants are not permitted to present their credit report. All credit reports will be verified via third party through Experian and management cannot provide a copy of the credit report to the applicant.

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9. ***Criminal Activity:*** Applicants will be rejected if the applicant's or a household member's criminal history does not comply with the criminal history policy contained at #7.

10. ***Grievance Procedure:*** Management will follow the grievance process in compliance with requirements set forth in the USDA RURAL DEVELOPMENT Handbook 2-3560.160 when rejecting an application, management will:

- Provide written notification to the applicant with reason(s) for denial via certified mail.
- Inform the applicant they have 10 days to request, in writing, a meeting to discuss the denial.
- Schedule an informal meeting with the applicant within 5 days of receipt of their written request.
- Provide the applicant a written response to the informal meeting within 10 days of the meeting.

REASONABLE ACCOMODATION

It is the policy of this apartment community pursuant to Section 504 of the Rehabilitation Act (if applicable) and the Federal Fair Housing Act to provide reasonable accommodations and modifications upon request to all applicants with disabilities. Management will make reasonable accommodations in rules, policies, practices and procedures to enable an individual with a disability(s) to benefit from the program(s) offered by the company at the site where the individual is an applicant.

Management will make accommodations that are both reasonable and necessary to afford an individual with a disability(s) equal opportunity. Management will determine whether a request for accommodations is reasonable and may propose an alternative, which is equally effective in affording equal opportunity. Reasonable accommodation request must be submitted in writing. Exceptions will be made if the individual has a physical impairment, which prevents him/her from submitting a request in writing. Management may verify such impairment. Management will respond in writing or in a manner understandable to the applicant within 10 working days from the date of the request. Management is not required to honor a reasonable accommodations request which would result in a fundamental alteration in the nature of this program, or undue financial burden and administrative burden.

I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. By signing below I/we certify that we have read and received a copy of these guidelines.

_____ _____

Applicant Date

_____ _____

Applicant Date

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DO NOT WRITE ON THIS PAGE
FOR OFFICE USE ONLY

CREDIT BUREAU	DATE OF FILE	CONTACT	WRITTEN REPORT REQUESTED
			☐ YES ☐ NO

Kind Of Business	Date Account Opened	Credit Limit	Payment Amount	Balance Due	Amount Past Due	Usual Manner Of Payment

Credit Approval:

☐ **Approved** ☐ **Disapproved (Credit Report at Home Office)**

If Disapproved, state reason: _____

Performed By:_____Date:_____

Report verified	Verified	Contact	Date
Criminal Background Check	☐ YES ☐ NO		
Present Employment	☐ YES ☐ NO		
Spouse Employment	☐ YES ☐ NO		
Present Landlord	☐ YES ☐ NO		
Previous Landlord	☐ YES ☐ NO		

COMMENTS:

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Revised January 6, 2021

Form RD 1910-5
(Rev.08-13)

UNITED STATES DEPARTMENT OF AGRICULTURE
HOUSING AND URBAN DEVELOPMENT
VETERANS ADMINISTRATION
(Community Planning and Development, and Housing - Federal Housing Commissioner)

Form Approved
OMB No. 0575-0172

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

PART I - REQUEST

1. TO: *(Name and Address of Employer)*

2. FROM: (*Name and Address of Lender or Local Processing Agency) This item must be completed before sending to employer.*

W. T. Lamb Investments, Inc.
D/B/A _____

3. I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

_____
(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)

4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER

5. DATE

6. HUD/FHA/CPD, VA OR USDA NO.

7. NAME AND ADDRESS OF APPLICANT

I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.

8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.

SIGNATURE OF APPLICANT

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA

9. APPLICANT'S DATE OF EMPLOYMENT

10. PRESENT POSITION

11. PROBABILITY OF CONTINUED EMPLOYMENT

13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?

OVERTIME ☐ Yes ☐ No

BONUS ☐ Yes ☐ No

PAY DATA

12A. BASE PAY *(Current)* OR OTHER INCOME

$_____ ☐ Annual $_____ ☐ Hourly

$_____ ☐ Monthly $_____ ☐ Weekly

$_____ ☐ Other *(Specify)*

12B. EARNINGS

Type	Year to Date as of _____	Past Year
BASE PAY	$	$
OVERTIME	$	$
COMMISSIONS	$	$
BONUS	$	$

For Military Personnel Only

Type	Monthly Amount
BASE PAY	$
RATIONS	$
FLIGHT OR HAZARD	$
CLOTHING	$
QUARTERS	$
PRO PAY	$
OVERSEAS OR COMBAT	$

14. REMARKS *(If paid hourly, please indicate average hours worked each week during current and past year)*

a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months	d. If seasonal employment, anticipated number of weeks in the next 12 months

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT

16. SALARY/WAGE AT TERMINATION PER ☐ YEAR ☐ MONTH ☐ WEEK

BASE PAY	OVERTIME	COMMISSIONS	BONUS
$	$	$	$

17. REASONS FOR LEAVING

18. POSITION HELD

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE

Printed name and phone number

20. TITLE OF EMPLOYER

21. DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

LANDLORD REFERENCE

Phone# (706) 547-0028 TDD# 7-1-1
Fax# (706) 547-0503

The person named below has applied for an apartment at our community and has stated that you are his/her present or previous landlord. Please complete the information requested below, sign and date the form and return in the enclosed self-addressed, stamped envelope. By signing below, the applicant is authorizing release of this information. Your assistance is greatly appreciated.

_____ _____
Manager **Date**

AUTHORIZATION TO RELEASE INFORMATION OF RESIDENCY

To: _____ **RE:** _____
(Landlord) _____ **SS#:** _____
_____ **Rented at:** _____
Phone: ( ) - **(Address)** _____
Fax: ( ) - _____

I hereby authorize the landlord named above to release information requested below. I will not hold the landlord, its agents or W. T. Lamb Investments, Inc. responsible or liable for any information released. I understand that the information includes, but is not limited, to rental payment history, reason for moving, housekeeping habits, damages, to the property, date of move-out and/or disturbances.

_____ _____
Applicant **Date**

1. **When did Applicant rent from you? From / /**
   To / /
2. **How much was the Applicant's monthly rent? $_____**
3. **Is any portion of the rent paid by HUD project based Section 8? ☐ Yes ☐ No**
4. **Did Applicant's payment history include any late payments? ☐ Yes ☐ No**
   If yes, how many times? _____
5. **Did Applicant have a history of disturbance to neighbors or domestic disputes? ☐ Yes ☐ No**
   If yes, how often? _____
6. **Did Applicant display housekeeping habits that would adversely affect the health or safety of other residents? ☐ Yes ☐ No**
   If yes, please describe. _____
   _____
7. **Did Applicant damage their unit or common areas? ☐ Yes ☐ No**
   If yes, please describe. _____
   _____
8. **Did Applicant give you proper notice to vacate? ☐ Yes ☐ No**
   Reason for moving? _____
   _____
9. **Did Applicant leave owing you money for rent or damage? ☐ Yes ☐ No**
   If yes: Amount of rent? _____
   Amount of damages? _____
10. **Was Applicant evicted? ☐ Yes ☐ No**
    If yes, Reason _____
    _____
11. **Was Applicant evicted for drug related criminal activity? ☐ Yes ☐ No**
    If yes: Is this federally assisted (subsidized) housing? ☐ Yes ☐ No
12. **Did Applicant engage in illegal use of a drug or display a pattern of illegal use that interfered with the health, safety, or right to peaceful enjoyment by other residents? ☐ Yes ☐ No**
13. **Did Applicant abuse alcohol or have a pattern of abuse that interfered with the health, safety, or right to peaceful enjoyment by other residents? ☐ Yes ☐ No**
14. **Would you rent to Applicant again? ☐ Yes ☐ No**

    Why?/Why not? _____
    _____
    _____
    _____

Verification completed by:

Signature: _____ Telephone Number (_____) _____

Title: _____ Date: _____

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W. T. Lamb Investments, Inc.

216 Broad Street, Wrens, GA 30833

Phone: 706-547-0028 Fax: 706-547-0503

TDD: 7-1-1

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 W. T. Lamb Investments, Inc. of Wrens, Georgia for the 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 inquiries that may be requested include, but are not limited to: personal identity; employment, income, assets; medical or childcare 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 but are not limited to:

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

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 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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Baldwin Police Department
155 Willingham Avenue
Baldwin, Georgia 30511-0247

Phone:(706) 776-5256 *Pride and Professionalism* **Fax:(706) 776-8125**

I HEREBY AUTHORIZE BALDWIN POLICE DEPARTMENT TO RECEIVE ANY GEORGIA CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

_____
FULL NAME (PRINT)

_____
ADDRESS

_____ _____ _____ _____
SEX RACE DATE OF BIRTH SOCIAL SECURITY NUMBER

APPLICANTS/TENANTS MUST MEET THE CRIMINAL HISTORY POLICY SET FORTH BY W. T. LAMB INVESTMENTS, INC. TO THIS END, I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY TO FURNISH ANY AND ALL BACKGROUND INFORMATION REQUESTED. THIS CONSENT WILL BE VALID FOR A PERIOD OF NO LESS THAN 1 YEAR BUT NO MORE THAN 5 YEARS.

_____ _____
SIGNATURE DATE

SPECIAL EMPLOYMENT PROVISIONS: (CHECK IF APPLICABLE)

_____ EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE M)

_____ EMPLOYMENT WITH ELDER CARE (PURPOSE CODE N)

_____ EMPLOYMENT WITH CHILDREN (PURPOSE CODE W)

_____ REGULAR EMPLOYMENT/HOUSING

*****CONSENTS ARE VALID AS SPECIFIED ABOVE FROM SIGNATURE DATE*****

_____ _____
EMAIL ADDRESS PHONE NUMBER

Baldwin Police Department
155 Willingham Avenue
Baldwin, Georgia 30511-0247

Phone:(706) 776-5256 *Pride and Professionalism* **Fax:(706) 776-8125**

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_____
FULL NAME (PRINT)

_____
ADDRESS

_____ _____ _____ _____
SEX RACE DATE OF BIRTH SOCIAL SECURITY NUMBER

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_____ _____
SIGNATURE DATE

SPECIAL EMPLOYMENT PROVISIONS: (CHECK IF APPLICABLE)

_____ EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE M)

_____ EMPLOYMENT WITH ELDER CARE (PURPOSE CODE N)

_____ EMPLOYMENT WITH CHILDREN (PURPOSE CODE W)

_____ REGULAR EMPLOYMENT/HOUSING

*****CONSENTS ARE VALID AS SPECIFIED ABOVE FROM SIGNATURE DATE*****

_____ _____
EMAIL ADDRESS PHONE NUMBER

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

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.

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

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7 CFR 3560.160 TENANT GRIEVANCES

(a) General.

(1) The requirements established in this section are designed to ensure that there is a fair and equitable process for addressing tenant or prospective tenant concerns and to ensure fair treatment of tenants in the event that an action or inaction by a borrower, including anyone designated to act for a borrower, adversely affects the tenants of a housing project.

(2) Any tenant/member or prospective tenant/member seeking occupancy in or use of Agency facilities who believes he or she is being discriminated against because of age, race, color, religion, sex, familial status, disability, or national origin may file a complaint in person with, or by mail to the U.S. Department of Agriculture's Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW., Washington DC 20250-9410 or to the Office of Fair Housing and Equal Opportunity, U.S. Department of Housing and Urban Development (HUD), Washington, DC 20410. Complaints received by Agency employees must be directed to the National Office Civil Rights Staff through the State Civil Rights Manager. USDA Office of Civil Rights (866) 632-9992 and FHEO (800) 669-9777

(b) Applicability.

(1) The requirements of this section apply to a borrower action regarding housing project operations, or the failure to act, that adversely affects tenants or prospective tenants.

(2) This section does not apply to the following situations:

(i) Rent changes authorized by the Agency in accordance with the requirements of Sec. 3560.203(a);

(ii) Complaints involving discrimination which must be handled in accordance with Sec. 3560.2(b) and paragraph (a)(2) of this section;

(iii) Housing projects where an association of all tenants has been duly formed and the association and the borrower have agreed to an alternative method of settling grievances;

(iv) Changes required by the Agency in occupancy rules or other operational or management practices in which proper notice and opportunity have been given according to law and the provisions of the lease;

(v) Lease violations by the tenant that would result in the termination of tenancy and eviction;

(vi) Disputes between tenants not involving the borrower; and

(vii) Displacement or other adverse actions against tenant as a result of loan prepayment handled according to subpart N of this part.

(c) Borrower responsibilities. Borrowers must permanently post tenant grievance procedures that meet the requirements of this section in a conspicuous place at the housing project. Borrowers also must maintain copies of the tenant grievance procedure at the housing project's management office for inspection by the tenants and the Agency upon request. Each tenant must receive an Agency summary of tenant's rights when a lease agreement is signed. If a housing project is located in an area with a concentration of non-English speaking individuals, the borrower must provide grievance procedures in both English and the non-English language. The notice must include the telephone number and address of USDA's Office of Civil Rights and the appropriate Regional Fair Housing and Enforcement Agency.

(d) Reasons for grievance. Tenants or prospective tenants may file a grievance in writing with the borrower in response to a borrower action, or failure to act, in accordance with the lease or

7 CFR 3560.160 TENANT GRIEVANCES

Agency regulations that results in a denial, significant reduction, or termination of benefits or when a tenant or prospective tenant contests a borrower's notice of proposed adverse action as provided in paragraph (e) of this section. Acceptable reasons for filing a grievance may include:
(1) Failure to maintain the premises in such a manner that provides decent, safe, sanitary, and affordable housing in accordance with Sec. 3560.103 and applicable state and local laws;
(2) Borrower violation of lease provisions or occupancy rules;
(3) Modification of the lease;
(4) Occupancy rule changes;
(5) Rent changes not authorized by the Agency according to Sec. 3560.205; or
(6) Denial of approval for occupancy.

(e) Notice of adverse action. In the case of a proposed action that may have adverse consequences for tenants or prospective tenants such as denial of admission to occupancy and changes in the occupancy rules or lease, the borrower must notify the tenant or prospective tenant in writing. In the case of a Borrower's proposed adverse action including denial of admission to occupancy, the Borrower shall notify the applicant/tenant in writing. The notice must be delivered by certified mail return receipt requested, or a hand-delivered letter with a signed and dated acknowledgement of receipt from the applicant/tenant, The notice must give specific reasons for the proposed action. The notice must also advise the tenant or prospective tenant of “the right to respond to the notice within ten calendar days after date of the notice” and of “the right to a hearing in accordance with Sec. 3560.160(f), which is available upon request.” The notice must contain the information specified in paragraph (a)(2) of this section. For housing projects in areas with a concentration of non-English speaking individuals, the notice must be in English and the non-English language.

(f) Grievances and responses to notice of adverse action. The following procedures must be followed by tenants, prospective tenants, or borrowers involved in a grievance or a response to an adverse action.
(1) The tenant or prospective tenant must communicate to the borrower in writing any grievance or response to a notice within 10 calendar days after occurrence of the adverse action or receipt of a notice of intent to take an adverse action.
(2) Borrowers must offer to meet with tenants to discuss the grievance within 10 calendar days of receiving the grievance. The Agency encourages borrowers and tenants or prospective tenants to make an effort to reach a mutually satisfactory resolution to the grievance at the meeting.
(3) If the grievance is not resolved during an informal meeting to the tenant or prospective tenant's satisfaction, the borrower must prepare a summary of the problem and submit the summary to the tenant or prospective tenant and the Agency within 10 calendar days. The summary should include: The borrower's position; the applicant/tenant's position; and the result of the meeting. The tenant also may submit a summary of the problem to the Agency.

(g) Hearing process. The following procedures apply to a hearing process.
(1) Request for hearing. If the tenant or prospective tenant desires a hearing, a written request for a hearing must be submitted to the borrower within 10 calendar days after the receipt of the summary of any informal meeting.
(2) Selection of hearing officer or hearing panel. In order to properly evaluate grievances and appeals, the borrower and tenant must select a hearing officer or hearing panel. If the

borrower and the tenant cannot agree on a hearing officer, then they must each appoint a member to a hearing panel and the members selected must appoint a third member. If within 30 days from the date of the request for a hearing, the tenant and borrower have not agreed upon the selection of a hearing officer or hearing panel, the borrower must notify the Agency by mail of the situation. The Agency will appoint a person to serve as the sole hearing officer. The Agency may not appoint a hearing officer who was earlier considered by either the borrower or the tenant, in the interest of ensuring the integrity of the process.

(3) Standing hearing panel. In lieu of the procedure contained in paragraph (g)(2) of this section for each grievance or appeal presented, a borrower may ask the Agency to approve a standing hearing panel for the housing project.

(4) Examination of records. The borrower must allow the tenant the opportunity, at a reasonable time before a hearing and at the expense of the tenant, to examine or copy all documents, records, and policies of the borrower that the borrower intends to use at a hearing unless otherwise prohibited by law or confidentiality agreements.

(5) Scheduling of hearing. If a standing hearing panel has been approved, a hearing will be scheduled within 15 calendar days after receipt of the tenant's or prospective tenant's request for a hearing. If a hearing officer or hearing panel must be selected, a hearing will be scheduled within 15 calendar days after the selection or appointment of a hearing panel or a hearing officer. All hearings will be held at a time and place mutually convenient to both parties. If the parties cannot agree on a meeting place or time, the hearing officer or hearing panel will designate the place and time.

(6) Escrow deposits. If a grievance involves a rent increase not authorized by the Agency, or a situation where a borrower fails to maintain the property in a decent, safe, and sanitary manner, rental payments may be deposited by the tenant into an escrow account, provided the tenant's rental payments are otherwise current.

(i) The escrow account deposits must continue until the complaint is resolved through informal discussion or by the hearing officer or panel.

(ii) The escrow account must be in a Federally-insured institution or with a bonded independent agent.

(iii) Failure to make timely rent payments into the escrow account will result in a termination of the tenant grievance and appeals procedure and all sums will immediately become due and payable under the lease.

(iv) Receipts of escrow account deposits must be available for examination by the borrower.

(7) Failure to request a hearing. If the tenant or prospective tenant does not request a hearing within the time provided by paragraph (f)(1) of this section, the borrower's disposition of the grievance or appeal will become final.

(h) Requirements governing the hearing. The following requirements will govern the hearing process.

(1) Subject to paragraph (f)(2) of this section, the hearing will proceed before a hearing officer or hearing panel at which evidence may be received without regard to whether that evidence could be used in judicial proceedings.

(2) The hearing must be structured so as to provide basic due process safeguards for both the borrower and the tenants or prospective tenants, which must protect:

(i) The right of both parties to be represented by counsel or another person chosen as their representative;

7 CFR 3560.160 TENANT GRIEVANCES

(ii) The right of the tenant or prospective tenant to a private hearing unless a public hearing is requested;

(iii) The right of the tenant or prospective tenant to present oral or written evidence and arguments in support of their grievance or appeal and to cross-examine and refute the evidence of all witnesses on whose testimony or information the borrower relies; and

(iv) The right of the borrower to present oral and written evidence and arguments in support of the decision, to refute evidence relied upon by the tenant or prospective tenant, and to confront and cross-examine all witnesses in whose testimony or information the tenant or prospective tenant relies.

(3) At the hearing, the tenant or prospective tenant must present evidence that they are entitled to the relief sought, and the borrower must present evidence showing the basis for action or failure to act against that which the grievance or appeal is directed.

(4) The hearing officer or hearing panel must require that the borrower, the tenant or prospective tenant, counsel, and other participants or spectators conduct themselves in an orderly manner. Failure to comply may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.

(5) If either party or their representative fails to appear at a scheduled hearing, the hearing officer or hearing panel may make a determination to postpone the hearing for no more than five days or may make a determination that the absent party has waived their right to a hearing under this subpart. If the determination is made that the absent party has waived their rights, the hearing officer or hearing panel will make a decision on the grievance. Both the tenant or prospective tenant and the borrower must be notified in writing of the determination of the hearing officer or hearing panel.

(i) Decision. Hearing decisions must be issued in accordance with the following requirements.

(1) The hearing officer or hearing panel has the authority to affirm or reverse a borrower's decision.

(2) The hearing officer or hearing panel must prepare a written decision, together with the reasons thereof based solely and exclusively upon the facts presented at the hearing within 10 calendar days after the hearing. The notice must state that the decision is not effective for 10 calendar days to allow time for an Agency review as specified in paragraphs (i)(3) and (i)(4) of this section.

(3) The hearing officer or hearing panel must send a copy of the decision to the tenant, or prospective tenant, borrower, and the Agency.

(4) The decision of the hearing officer or hearing panel shall be binding upon the parties to the hearing unless the parties to the hearing are notified within 10 calendar days by the Agency that the decision is not in compliance with Agency regulations.

(5) Upon receipt of written notification from the hearing officer or hearing panel, the borrower and tenant must take the necessary action, or refrain from any actions, specified in the decision.

Tenant Signature

Tenant Signature

Date

** IMPORTANT **

YOUR APPLICATION IS INCOMPLETE WITHOUT THE FOLLOWING:

☐ **- BIRTH CERTIFICATES FOR EVERYONE**

☐ **- SOCIAL SECURITY CARDS FOR EVERYONE**

☐ **- PICTURE ID FOR EVERYONE AGED 18 AND OVER**

☐ **- INCOME INFORMATION**
(EMPLOYMENT, CHILD SUPPORT, SSA, SSI, FAMILY CONTRIBUTIONS, AND ALL OTHERS)

☐ **- FOOD STAMP AWARD LETTER**
(OR SIGNED STATEMENT YOUR HOUSEHOLD DOES NOT RECEIVE FOOD STAMPS)

☐ **- SIX (6) MONTHS STATEMENTS ASSET INFORMATION**
(CHECKING, SAVINGS, DEPOSIT CARD STATEMENT, DIRECT DEPOSIT ACCOUNT STATEMENT)

☐ **- $50.00 MONEY ORDER FOR PROCESSING FEE**

I have reviewed & attached the required documentation:_____
(Applicant's Signature)

End of Application