

TINDALL FIELDS III
1850 TINDALL AVENUE
MACON, GA 31201

MARCH 1, 2021

RE: PRE-APPLICATION PACKET

Thank you for your interest in Tindall Fields III. Please fill out, sign, and date the attached pre-application and release forms. You may return the pre-app packet as follows:

Tindall Fields III (deposit the pre-app packet in the drop box):
1850 Tindall Avenue
Macon, GA 31201

Tindall Fields III (mailing address)
P. O. Box 4928
Macon, GA 31208

Please include a check or money order payable to Tindall Fields III in the amount of **\$25.00 for each adult household member listed on the application.** The application fee covers the administrative costs of processing your application and a criminal background check. This fee is non-refundable.

Also, if your application is approved, there will be a **\$300.00 Security Deposit** due at the time of lease signing along with the prorated rent for the month. Residents will be responsible for electricity and water/sewer service. Electric and water utility services must be connected prior to move-in.

MAXIMUM INCOME LIMITS: Total family income must be within the following Income Limits:

60% AMI (LIHTC – 40 units)

50% AMI (Section 8 PBV - 25 units)

1 PERSON - \$24,420

1 PERSON - \$20,350

2 PERSONS - \$27,900

2 PERSONS - \$23,250

3 PERSONS - \$31,380

3 PERSONS - \$26,150

4 PERSONS - \$34,860

4 PERSONS - \$29,050

5 PERSONS - \$37,680

5 PERSONS - \$31,400

6 PERSONS - \$40,440

6 PERSONS - \$33,700

The property has a total of 65 two and three bedroom units, 25 of which have Section 8 PBV rental assistance and the tenant rent is based on the total family income. Tindall Fields III will also accept Housing Choice Vouchers.

For the 40 LIHTC units (no rental assistance), residents will be charged the full contract rent of \$565 for a 2BR, and \$630 for a 3BR. The family's monthly income must be at least 1 1/2 times the amount of the contract rent to qualify for one of these units.

All application forms and releases must be completed in their entirety, signed by all adults that will reside in the unit, and the application fee(s) included. Incomplete applications will not be accepted.

If you have questions or need assistance filling out the application, please contact our office at 478-259-1539 for assistance. Persons with disabilities or limited English proficiency may call the GA Relay at 7-1-1 or <http://georgiarelay.org> for assistance.

Sincerely,

Crystal Palmer, Property Manager
Tindall Fields III



TINDALL FIELDS III
 P. O. BOX 4928
 MACON, GA 31201

PRE-APPLICATION

MANAGEMENT USE ONLY

Received by: _____
 Date: _____ Time: _____
 Application Number: _____

TELEPHONE NO. 478-259-1539

GA RELAY SERVICE: 7-1-1 or <http://www.georgiarelay.org>

<p>1. Name and address of head of household</p> <p>_____</p> <p style="text-align: center;">Last name First name Middle initial</p> <hr/> <p>Mailing address Apt. # City State Zip</p> <hr/> <p>Address where you are currently living (if different) City State Zip</p>	<p>2. Personal information</p> <p>____-____-____</p> <p>Social Security number</p> <hr/> <p>Birthdate (MM/dd/yy)</p> <p>() --</p> <p>Area code Telephone number</p>
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<p>3. *Sex</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>4. *Ethnicity</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p>	<p>5. *Race</p> <p><input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander</p>	<p><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian</p>
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7. List others who will live with you. Include unborn children and live-in aides.

#	Relation	Last name	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate
1								
2								
3								
4								
5								
6								

***INFORMATION IS OPTIONAL**

8. 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

<p>8a. Do you claim any disability or handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8b. Do you need special accommodations to complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8c. If yes, describe assistance _____</p>
<p>8d. Do you need a unit for Hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8e. Do you need a unit for Sight impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

9. Unit size (# bedrooms) requested: 2-BR 3-BR

10. Are any household members full or part-time students? Yes No

if so, list the name of the school. _____

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

<p>11a. <input type="checkbox"/> Checking Bank/Institution _____</p> <p><input type="checkbox"/> Savings Bank/Institution _____</p> <p><input type="checkbox"/> CD's Bank/Institution _____</p> <p><input type="checkbox"/> Real Estate Type _____ Value \$ _____</p> <p><input type="checkbox"/> Electronic Banking Card (EBT) _____</p> <p><input type="checkbox"/> Life Insurance (Other than Term Life) Cash Value \$ _____</p>	<p>Avg. Bal. last 6 mo. \$ _____ Annual Inc. \$ _____</p> <p>Current balance \$ _____ Annual Inc. \$ _____</p> <p>Current balance \$ _____ Annual Inc. \$ _____</p> <p>Mortgage amount \$ _____ Annual Inc. \$ _____</p> <p>Current balance on EBT card \$ _____</p> <p>Interest, dividends, or growth Annual Inc. \$ _____</p>
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11b. 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 anothe | \$ _____/mo. |
| <input type="checkbox"/> SSI | \$ _____/mo. | <input type="checkbox"/> Child support | \$ _____/mo. | <input type="checkbox"/> Gifts for support | \$ _____/mo. |
| <input type="checkbox"/> Retirement | \$ _____/mo. | <input type="checkbox"/> Alimony | \$ _____/mo. | <input type="checkbox"/> Other Assistance | \$ _____/mo. |
| <input type="checkbox"/> Wages | \$ _____/mo. | <input type="checkbox"/> Workers Comp. | \$ _____/mo. | | |

12. Are you a former tenant of Tindall Heights Apartments and were in residency on September 9, 2015? Yes
No

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 housir asst.
- 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 may result in cancellation of my application.

_____ Signature of head of household	_____ Date	_____ Signature of spouse or co-head of household	_____ Date
_____ Signature of other adult family member	_____ Date	_____ Signature of other adult family member	_____ Date

WARNING: Section 1001 of Title 18 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 or agency of the United States.

Tindall Fields III
1850 Tindall Avenue
Macon, GA 31201

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 Tindall Fields III 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 including, but 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).

**Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form
(Head of Household)**

I hereby authorize Tindall Fields III (X9895) 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

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")

____ Non-Criminal Justice Employment and Licensing Purposes (Purpose Code "E")

One of the following must be checked:

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

____ I, _____, give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

**Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form
(Adult Family Member)**

I hereby authorize Tindall Fields III (X9895) 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

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")

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(Adult Family Member)**

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Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

X

Signature

X

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

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