## ATTENTION: THIS PRE- APPLICATION IS FOR

# **TINDALL FIELDS I only**

☐ \$25.00 MONEY ORDER IN	NCLUDED
☐ MY APPLICATION IS COM	PLETE LISTING ALL WAGES/INCOME OR ZERO
☐ ALL SOCIAL SECURITY NU	IMBERS ARE ENTERED
☐ MY MONEY ORDER INCLUD	DES THE FOLLOWING:
Pay to:	
TINDALL FIELDS I	
1850 TINDALL AVE	
Pay from: PRINT YOUR	NAME AND ADDRESS ON MONEY ORDER
	ember is required per bedroom for an income-based apartment e at least 2.5 times the rent for a non-income-based apartment
Rent amount for Tindall Fields	for NON-Subsidized apartments: requires income of 2.5 times rent:
1 BEDROOMS \$ 554.00 x2.5=	\$1385 per month income required for non-income-based unit
2 BEDROOMS \$ 622.00 x2.5=	\$1555 per month income required for non-income-based unit
3 BEDROOMS \$ 694.00 x2.5=	\$1735 per month income required for non-income-based unit
☐ my gross annual income is l	less than the income limits provided on the following page
Name	
Date	

# P.O. BOX 4928 MACON, GA. 31208

#### **RE: PRE-APPLICATION PACKET**

Thank you for your interest in Tindall Fields. Please fill out, sign, and date the enclosed pre-application forms for each adult member, and return to:

Tindall Fields (mail only)
P. O. Box 4928
Macon, GA 31208
Or visit our drop box at
Tindall Fields
1850 Tindall Ave
Macon GA, 31201

Please include a check or money order payable to the property you are interested in applying for, either Tindall Fields II, or Tindall Fields III, in the amount of \$25.00 for each adult household member listed on the application. This application fee covers the administrative costs of processing your application. This is non-refundable.

MAXIMUM INCOME LIMITS – Depending on the number of persons residing in the unit, the total family income must be within the following 2020 MTSP Income Limits for Macon-Bibb County:

60% AMI (Tax Credit)	50% AMI (Section 8 PBV )
1 PERSON - \$26,640	1 PERSON - \$22,200
2 PERSONS - \$30,480	2 PERSONS - \$25.400
3 PERSONS - \$34,260	3 PERSONS - \$28,550
4 PERSONS - \$38,040	4 PERSONS - \$29,050
5 PERSONS - \$37,680	5 PERSONS - \$31,700
6 PERSONS - \$44,160.	6 PERSONS - \$36,800

Please note that Tindall Fields will accept Housing Choice Vouchers.

For Tindall Fields I, LIHTC units without rent subsidy, residents will be charged the full contract rent of \$554.00 for a 1 BR: \$622 for a 2BR, and \$694 for a 3BR. Tindall Fields II and Tindall Fields III; LIHTC units without rent subsidy, residents will be charged the full contract rent of \$565 for a 2BR, and \$630 for a 3BR. For non-subsidized units, the family's monthly income must also be at least 2 1/2 times the amount of the contract rent to qualify.

All application forms 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. To qualify for PBV, a minimum of 1 occupant her bedroom is required. Section 8 requirements apply.

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

Sincerely,

Crystal Palmer, Property Manager Tindall Fields



REV:2021

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

Signature of head of household

# **PRE-APPLICATION**

Received b	y:	123/19
Date:	Time:	

		NO. <u>478-259-1</u>				-		Application Numb	per:	St. 1
GA	RELAY SE	RVICE: 7-1-1	or ht	tp://www.gec	orgiarelay.	org				
1.		ddress of head o		sehold		Middle initis	4	2. Personal infor	mation	
	Cost limite		A Hanne			Milde Hee	"	Sucial Security number		
	Mailing address	Apt	#	City	State	Zip		Birthdate (MM/dd/yy)		
	Address where	you are currently living (	(if differe	rent) City	State	Zip		Area code Telepho	one number	
3.	*Sex	4. *Ethnicity		5. *Race				☐ Black		
	☐ Male	Hispanic		☐ Native An		Alaskan I	Native	White		
	Female	Non-Hispa	anic	☐ Pacific Isl	ander	☐ Asian		Other:		
7.	List others who	o will live with you. In	clude ur	nborn children and liv	e-in aides. For	"Ethnicity" and "	Race s	ee categories in 4 & 5 abo	ove.	
#	Relation	Last name	$\bot$	First Name & M. I.	*Ethnicity_	*Race	*Sex	Social Sec. No.	Birthdate	* Disabled
2	<del>                                     </del>		$\bot$			<u> </u>	igsqcup			ــــــ
_3	<del>                                     </del>		+		<u> </u>					<u> </u>
4							Ļ	<u></u>	<u> </u>	<u> </u>
q	Disability or h	ON IS OPTIONAL	ot none		talla abaut wa	dischiliby or '	dia			
Q.	-	nanoicap: (it is no ber of the household i		essary to give us de e a unit having hand			lanuica	ap.) □ Yes □ No		
8a.	Do you claim a			you need special			s 8c	. If yes, what assistance	e do you requ	iest?
^4	disability or har			complete the applic		? <u>No</u>	<u>,</u>			
Ba.	Do you need a Hearing impair	= 1		o you need a unit fo ght impairment?						
	ricaring impan	ments 🗀 No			No	<u> </u>				
9.	Unit size (# be	edrooms) requested	J: 	☐ 1-BR ☐	2-BR	3-BR				
10		shold members full tings the name of the sci		ients?				☐ Yes ☐	No	
11.		come: Provide gros		net) amounts for al	Il questions.					
	☐ Checking	Bank/Institution_		,	•	Avg. Bal. last	6 mo. 5	\$ Annual Inc	:. \$	
	☐ Savings	Bank/Institution_				Current baland			s. \$	
	☐ CD's	Bank/Institution			-	Current balance			: \$	_
	Real Estate	te Type Banking Card (EBT)		Value \$	\$	Mortgage amo			:. \$	_
	_	ince (Other than Tern			<del></del>	Interest, divide				
11b.		ource(s): Check all the					<u> </u>	- greenar	. •	
	☐ Zero Incom				-	_ I	s paid	by another \$	/mo.	
	☐ SSA	\$/mo.		Pension	\$/mc			upport \$	/mo	
	□ ssi	\$/mo.	_		\$/mc			sistance \$	/mo	
	☐ Retirement ☐ Wages	\$/mo. \$ /mo.			\$/mc	(i)	c 8 Vou		/mo.	
		ner tenant of Tindall H				-011				
	Certification c	of applicant: Thereb	w certif	fy that the informati	ion I have nrov	ided in this nm		No cation is true and accura		
	I understand th	- *	y 001 an	y triot are arrestmen	Off Horo pro-	lucu in uno pro	-ahh	dion is the and access	2l6.	
	<ul> <li>Having provide</li> </ul>	ded any false informat	tion will	result in cancellatio	n or denial of m	y application o	r termin	nation of my housing ass	sistance.	
	* At the time I	rise to the top of a wa	aiting li	ist, I will be required	d to update and	d verify the info	ormatio	on I have provided here		
		curring after filing this								
		Management informe on of my application.	ed of my	y current address a	and phone num	nber, and failur	re to do	so may result		
	email									

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.

Signature of spouse or co-head of household

#### Tindall Fields 1850 Tindall Avenue Macon, GA 31201

#### **TENANT RELEASE AND CONSENT**

	the undersigned hereby authorize all
	liability, information regarding employment, rmation on my/our apartment rental
luding, but not limited to: personal i	g me/us may be needed. Verifications and identity; employment, income, and assets; ion cannot be used to obtain any information ticipation as a Qualified Tenant.
lease the above information include	, but are not limited to:
Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers	Veterans Administration Retirement System Banks and other Financial Institutions
py of this authorization may be used will stay in effect for a year and one iew this file and correct any information.	for the purposes stated above. The original month from the date signed. I/We tion that is incorrect.
(Print Name)	Date
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	ious or current information regardin luding, but not limited to: personal if/We understand that this authorizat my eligibility for and continued par lease the above information include  Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers py of this authorization may be used will stay in effect for a year and one iew this file and correct any information (Print Name)  (Print Name)

#### 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).

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize			to conduct an inquiry for
the purpose listed beloas authorized by state			l history record information
Full Name (print)			
Address			
City State Zip			
Sex	Race	Date of Birth	Social Security Number
entity to perform perio	odic criminal history backg		consent to the above-named tion of my employment.
Purpose Code Us	ed: (check only one)  NON-CRIMINA	AL JUSTICE PURPOSES	
X E - Employmen			
	th Mentally Disabled		
N - Working wit	<del> </del>	<del>.</del>	
w - working wi	tremuren		
No Criminal Reco			
Possible SO infor	(Attached/Released)		- <del>-</del>
	CIC Warrant (List Wanting A	Agency Below)	
Vanting Agency Name:	one:		_280

## **ATTENTION: THIS PRE- APPLICATION IS FOR**

# **TINDALL FIELDS II only**

□ \$25.00 MONEY ORDER INCLUDED	
☐ MY APPLICATION IS COMPLETE LISTING ALL WAGES/INCOME OR ZERO	
☐ ALL SOCIAL SECURITY NUMBERS ARE ENTERED	
MY MONEY ORDER INCLUDES THE FOLLOWING:	
Pay to:	
TINDALL FIELDS II	
1850 TINDALL AVE	
Pay from: PRINT YOUR NAME AND ADDRESS ON MONEY ORDER	
$\square$ I understand at least 1 member is required per bedroom for an income-based apartme	ent
$\square$ I understand I must make at least 2.5 times the rent for a non-income-based apartme	nt
Rent amount for Tindall Fields I for NON-Subsidized apartments: requires income of 2.5 times rent:	:
2 BEDROOMS \$ 565.00 x2.5= \$1413 per month income required for non-income-based unit	
3 BEDROOMS \$ 630.00 x2.5= \$1575 per month income required for non-income-based unit	
my gross annual income is less than the income limits provided on the following page	
Name	
Date	

### TINDALL FIELDS P.O. BOX 4928 MACON, GA. 31208

#### RE: PRE-APPLICATION PACKET

Thank you for your interest in Tindall Fields. Please fill out, sign, and date the enclosed pre-application forms for each adult member, and return to:

Tindall Fields (mail only)
P. O. Box 4928
Macon, GA 31208
Or visit our drop box at
Tindall Fields
1850 Tindall Ave
Macon GA, 31201

Please include a check or money order payable to the property you are interested in applying for, either Tindall Fields I, Tindall Fields II, or Tindall Fields III, in the amount of \$25.00 for each adult household member listed on the application. This application fee covers the administrative costs of processing your application. This is non-refundable.

MAXIMUM INCOME LIMITS – Depending on the number of persons residing in the unit, the total family income must be within the following 2020 MTSP Income Limits for Macon-Bibb County:

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5 PERSONS - \$37,680	5 PERSONS - \$31,700
6 PERSONS - \$44,160.	6 PERSONS - \$36.800

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Sincerely,

Crystal Palmer, Property Manager Tindall Fields



**REV:2021** 

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

## PRE-APPLICATION

Received by	γ:
Date:	Time:

					<u> </u>		MENTAL BUILDING	11000	
TEI	LEPHONE N	O. <u>478-259-153</u>	9			_	Application Numb	per:	Marie II
GA	RELAY SER	VICE: 7-1-1 or	_ http://www.ged	orgiarelay.	ora				
1		dress of head of h		or gran oray i	J. 9	$\neg$	2. Personal Infor	mation	
"						[	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		$\Box$
1	Last name	First na	ama .	<del> </del>	Middle initia	.   L	Social Security number	J L	Ш
1	Lastralio	FUSCIE	21116		WHICHE REEL	a   S	social Security number		
1	Mailing address	Apt.#	City	State	Zip	·∣₌	Birthdate (MM/dd/yy)		
1		74	4,	-	p	7	)		
-	Address where yo	u are currently living (if d	ifferent) City	State	Zip	-   >		one number	
云	40	1.5.2							
3.	*Sex	4. *Ethnicity	5. *Race		_		Black		
ı	☐ Male	Hispanic	Native A		☐ Alaskan f	Vative	☐ White		
	☐ Female	Non-Hispanio	c Pacific Is	lander	■ Asian		Other:		
7.	List others who	will live with you. Includ	te unborn children and it	ve-in aides. For	Ethnicity" and "	Race" see	categories in 4 & 5 ab	OVO.	
*	Relation	Lest name	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate	* Disabled
2	Relation	Cast Harris	THE SEATING OF MY. P.	Eulineity	- REGE	-561	SOCIAL SEC. NO.	BIFURGES	- Desabled
-	<del>                                     </del>	<del></del>							
3						$\vdash$			
4			<u> </u>						Ь—
	INFORMATION								
8.			ecessary to give us de				<del>-</del> -		
-		r of the household req					J Yes ∐ No		- 15
oa	<ul> <li>Do you claim an disability or hand</li> </ul>	· _	Do you need special to complete the appli				f yes, what assistance	e ao you requ	iest?
8d.	Do you need a u		Do you need a unit fo						
	Hearing impairm		Sight impairment?	□ No					
=									
9.	Unit size (# bed	irooms) requested:	☐ 2-E	BR □ 3-8	R				
10	Are now househo	old members full time :	ot identa?			Г	Yes 🗆	Na	
						L_	) ies 🗀	NO	
		the name of the school	_	** **					
11.		ome: Provide gross (r							
11a.	☐ Checking				Avg. Bal. last			i. \$	
l	☐ Savings				Current balan	· ·		:. \$	
ľ	☐ CD's ☐ Real Estate	Bank/Institution		<u>*</u>	Current balan	-		:. \$	
		Type anking Card (EBT)	Value	•	Mortgage amo	_		:. \$	_
		ce (Other than Term L			Current balan- Interest, divide			<u> </u>	
11b.		rce(s): Check all that	<del></del>	_		orius, or s	growdi Armuar me	· 4	
115.	_		apply and indicate gr	oss monuny inc	1 —				
	☐ SSA		☐ Pension	• 600	1 –		another \$	/mo.	
	□ ssi	\$/mo. \$/mo.	☐ Child support	\$/mi		ts for sup ner Assisi	· —	/mo.	
1	Retirement	\$ /mo.	Alimony	\$/m	I —	c 8 Voud		/mo. /mo.	
l	☐ Wages	\$/mo.	☐ Workers Comp.	\$ /m			se end date	/////	
10									
12	Are you a former	r tenant of Tindali Heig	ints Apartments and v	vere in resident	y on Septemb	ier 9, 201	15? Yes No	ìΗ	
	Certification of	applicant: I hereby c	ertify that the informat	ion I have prov	ided in this pre	-applicat	tion is true and accur	ate.	
	I understand that	t:							
	<ul> <li>Having provide</li> </ul>	d any false information	will result in cancellation	on or denial of m	y application o	r terminat	tion of my housing ass	istance.	
		se to the top of a waitir			•				
		ming after filing this pr		• .			_		,
		anagement informed o	of my current address	and phone nun	iber, and fallu	re to do s	o may result		
	in cancellation	of my application.							
	oit								
Ì	email								
L	Signature of head of	household	Date	Sign	sture of spouse or	co-head of	f household	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 1850 Tindall Avenue Macon, GA 31201

#### **TENANT RELEASE AND CONSENT**

I/We		, the undersigned hereby authorize all
	gories listed below to release without Fields for purposes of verifying info	liability, information regarding employment ormation on my/our apartment rental
INFORMATION COVERED		
inquiries that may be requested in medical or child care allowances	ncluding, but not limited to: personal	ng me/us may be needed. Verifications and identity; employment, income, and assets; tion cannot be used to obtain any information reticipation as a Qualified Tenant.
The groups that may be asked to	release the above information include	e, 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
of this authorization is on file and	copy of this authorization may be used will stay in effect for a year and one eview this file and correct any inform	
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).

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize			to conduct an inquiry for
the purpose listed below as authorized by state a			I history record information
Full Name (print)			
Address			· · · · · · · · · · · · · · · · · · ·
City State Zip		•	
Sex	Race	Date of Birth	Social Security Number
	is valid for <u>180</u> days fron lic criminal history backg		consent to the above-named tion of my employment.
Signature			Date
Signature  Purpose Code Used		AL ILISTICE DI IPPOSES	Date
Purpose Code Used		AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment	NON-CRIMINA	AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment	NON-CRIMINA Mentally Disabled	AL JUSTICE PURPOSES	Date
X E - Employment M - Working with	NON-CRIMINA Mentally Disabled Elderly	AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment  M - Working with  N - Working with  W - Working with	NON-CRIMINA Mentally Disabled Elderly n Children	AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment M - Working with N - Working with W - Working with	NON-CRIMINA Mentally Disabled Elderly Children d Available	AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment M - Working with N - Working with W - Working with No Criminal Record Criminal Record (A	NON-CRIMINA Mentally Disabled Elderly Children d Available httached/Released)	AL JUSTICE PURPOSES	Date
Purpose Code Used  X E - Employment M - Working with N - Working with W - Working with W - Working with Criminal Record Criminal Record (A	NON-CRIMINA Mentally Disabled Elderly Children d Available httached/Released)		Date

## ATTENTION: THIS PRE- APPLICATION IS FOR

# **TINDALL FIELDS III only**

🗆 \$25.00 MONEY ORDER IN	NCLUDED
☐ MY APPLICATION IS COM	IPLETE LISTING ALL WAGES/INCOME OR ZERO
☐ ALL SOCIAL SECURITY NU	IMBERS ARE ENTERED
☐ MY MONEY ORDER INCLUD	DES THE FOLLOWING:
Pay to:	
TINDALL FIELDS III	
1850 TINDALL AVE	
Pay from: PRINT YOUR	NAME AND ADDRESS ON MONEY ORDER
I understand at least 1 m	ember is required per bedroom for an income-based apartment
☐ I understand I must make	e at least 2.5 times the rent for a non-income-based apartment
☐ my gross annual income	is less than the income limits provided on the following page
Rent amount for Tindall Fields I	for NON-Subsidized apartments: requires income of 2.5 times rent:
2 BEDROOMS \$ 565.00 x2.5=	\$1413 per month income required for non-income-based unit
B BEDROOMS \$ 630.00 x2.5=	\$1575 per month income required for non-income-based unit
Name	
Date	

# P.O. BOX 4928 MACON, GA. 31208

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Or visit our drop box at
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Sincerely,

Crystal Palmer, Property Manager Tindall Fields



REV:2021

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

# PRE-APPLICATION

FOR MANAGEMENT USE ONLY			
Received by:			
Date:	Time:		
Application Nu	ımber.		

		NO. <u>478-259-1</u> RVICE: 7-1-1 o		o:/hanny goos	raiarolay a		_	Application Numb	oer.	
1.		ddress of head of			giai elay.u	ry	-	2. Personal infor	mation	_
							4	<i>_</i>		
	Last name	.=	st name			Middle initia		Social Security number		_
	Mailing address			City	State	Zip		Birthdate (MM/dd/yy) ( )		
	Address where	you are currently living (it	differe	nt) City	State	Zîp	_	Area code Telepho	one number	
3.	*Sex	4. *Ethnicity		5. *Race				☐ Black		
	☐ Male	☐ Hispanic		☐ Native Ar		Alaskan I	Vative	☐ White		
	☐ Female ☐ Non-Hispanic ☐ Pacific Islander ☐ Asian ☐ Other:									
7.	List others who	o will live with you. Inc	lude ur	nborn children and l	ive-in aldes. F	or "Ethnicity" and	"Race"	see categories in 4 & 5 a	above.	
2	Relation	Last name	+	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate	* Disabled
3	<del>                                     </del>									
4			$\dashv$			-				
	*INFORMATIO	ON IS OPTIONAL	_							
8.	*INFORMATION IS OPTIONAL  8. Disability or handicap: (It is not necessary to give us details about your disability or handicap.)									
	Will any memb	er of the household re	quire a	a unit having handi	cap accessible	e features?		☐ Yes ☐ No		
8a.	Ba. Do you claim any Yes Sb. Do you need special accommodations Yes Sc. If yes, what assistance do you request?  disability or handicap? No to complete the application process? No									
8d.	Do you need a Hearing impair			you need a unit fo ght impairment?	Yes No	8f. Other reas	onable	accomodation request	led	
								<del></del>		
9.	9. Unit size (# bedrooms) requested: 2-8R 3-BR  Minimum of 1 person per bedroom for PBV (incomebased units) Maximum of 2 persons per bedroom									
10	Are all househ	old members full time	studer	nts?				☐ Yes ☐	No	
	If so, list the name of the school									
11.	11. Assets and Income: Provide gross (not net) amounts for all questions.									
11a.	fa.   Checking Bank/Institution Avg Bal last 6 mo. \$									
	Savings Bank/Institution Current balance \$									
	☐ CD's	Bank/Institution_				Current balan				
	Real Estat			Value	\$	Mortgage amo				
	_	Banking Card (EBT) nce (Other than Term			<del></del>	Interest, divide		BT card \$ r growth Annual Inc		
11b.		eurce(s): Check all the					silus, o	glowin Alindarine	ν Ψ <u></u>	
' '		\$/mo.			•	-	hien e	oy another \$	/mo	
	☐ SSA	\$/mo.	_	Pension	\$ /m				/mo.	
	□ SSI	\$ /mo.	_	Child support	\$ /m	_		istance \$_	/mo.	
1	Retirement			Alimony	\$ /m	1 —	8 Vou		/mo.	
	Zero Incom	ie		Workers Comp.	\$/m	I —	employ	ment \$	/mo.	
12										
	Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate.									
	I understand th									
								tion of my housing assis	stance	
		rise to the top of a wai								
	_	curring after filing this p		•				•		
		Management informed on of my application.	ot my	current address ar	na phone num	per, and failure	to do s	so may result		
	Signature of head	of household		- Date	Sign	nature of spouse or	co-head	of household	Date	
WAR	Signature of other		II C	Date Code states that a		ature of other adu		r noty and willingly makin	Date	

fraudulent statements to any department or agency of the United States.

#### Tindall Fields 1850 Tindall Avenue Macon, GA 31201

#### **TENANT RELEASE AND CONSENT**

I/We		, the undersigned hereby authorize all	
persons or companies in the categorincome, and/or assets to <u>Tindall Fapplication</u> .	ories listed below to release without ields for purposes of verifying info	liability, information regarding employment	
INFORMATION COVERED			
inquiries that may be requested inc medical or child care allowances.	luding, but not limited to: personal	ng me/us may be needed. Verifications and identity; employment, income, and assets; ion cannot be used to obtain any information ticipation as a Qualified Tenant.	
The groups that may be asked to re	elease the above information include	, 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	
of this authorization is on file and	py of this authorization may be used will stay in effect for a year and one iew this file and correct any informa		
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).

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize			to conduct an inquiry for
the purpose listed belo as authorized by state a			l history record information
Full Name (print)			
Address			
City State Zip			
Sex	Race	Date of Birth	Social Security Number
	n is valid for 180days from		consent to the above-named tion of my employment.
Signature			Date
Purpose Code Use	ed: (check only one)  NON-CRIMINA	AL JUSTICE PURPOSES	
X E - Employment	<del></del>		
	h Mentally Disabled		
N - Working with			
W - Working wit	n Children		
No Criminal Reco	rd Available		
	Attached/Released)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Possible SO inform			·
	nation		
Possible NCIC/GC	nation IC Warrant (List Wanting A	Agency Below)	