

ATTENTION: THIS PRE- APPLICATION IS FOR

TINDALL FIELDS I 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 I

1850 TINDALL AVE

Pay from: PRINT YOUR NAME AND ADDRESS ON MONEY ORDER

☐ **I understand at least 1 member is required per bedroom for an income-based apartment**

☐ **I understand I must make at least 2.5 times the rent for a non-income-based apartment**

Rent amount for Tindall Fields I 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 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:

<u>60% AMI (Tax Credit)</u>	<u>50% AMI (Section 8 PBV)</u>
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 per 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

PRE-APPLICATION

FOR 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>

1. Name and address of head of household					2. Personal information	
Last name _____ First name _____ Middle initial _____					Social Security number _____	
Mailing address _____ Apt. # _____ City _____ State _____ Zip _____					Birthdate (MM/dd/yy) _____	
Address where you are currently living (if different) _____ City _____ State _____ Zip _____					Area code _____ Telephone number _____	

3. *Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. *Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. *Race <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____
--	--	--

7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories in 4 & 5 above.

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

***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

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

9. Unit size (# bedrooms) requested: ☐ 1-BR ☐ 2-BR ☐ 3-BR

10 Are any household members full time students? ☐ Yes ☐ No

If so, list the name of the school. _____

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

11a.

<input type="checkbox"/> Checking Bank/Institution _____	Avg. Bal. last 6 mo. \$ _____	Annual Inc. \$ _____
<input type="checkbox"/> Savings Bank/Institution _____	Current balance \$ _____	Annual Inc. \$ _____
<input type="checkbox"/> CD's Bank/Institution _____	Current balance \$ _____	Annual Inc. \$ _____
<input type="checkbox"/> Real Estate Type _____ Value \$ _____	Mortgage amount \$ _____	Annual Inc. \$ _____
<input type="checkbox"/> Electronic Banking Card (EBT) _____	Current balance on EBT card \$ _____	
<input type="checkbox"/> Life Insurance (Other than Term Life) Cash Value \$ _____	Interest, dividends, or growth	Annual Inc. \$ _____

11b. Income source(s): Check all that apply and indicate gross monthly income.

<input type="checkbox"/> Zero Income	<input type="checkbox"/> Bills paid by another \$ _____/mo.
<input type="checkbox"/> SSA \$ _____/mo.	<input type="checkbox"/> Gifts for support \$ _____/mo.
<input type="checkbox"/> SSI \$ _____/mo.	<input type="checkbox"/> Other Assistance \$ _____/mo.
<input type="checkbox"/> Retirement \$ _____/mo.	<input type="checkbox"/> Sec 8 Voucher \$ _____/mo.
<input type="checkbox"/> Wages \$ _____/mo.	<input type="checkbox"/> voucher lease end date _____
<input type="checkbox"/> Pension \$ _____/mo.	
<input type="checkbox"/> Child support \$ _____/mo.	
<input type="checkbox"/> Alimony \$ _____/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 housing assistance.
- 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.

email _____

Signature of head of household _____

Date _____

Signature of spouse or co-head of 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 persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Tindall Fields 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	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

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).

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
City State Zip			
Sex	Race	Date of Birth	Social Security Number

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

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

Signature _____

Date _____

Purpose Code Used: (check only one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	Possible SO information
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

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

☐ **I understand at least 1 member is required per bedroom for an income-based apartment**

☐ **I understand I must make at least 2.5 times the rent for a non-income-based apartment**

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:

<u>60% AMI (Tax Credit)</u>	<u>50% AMI (Section 8 PBV)</u>
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 per 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



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

PRE-APPLICATION

TELEPHONE NO. 478-259-1539

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

FOR MANAGEMENT USE ONLY

Received by: _____

Date: _____ Time: _____

Application Number: _____

1. Name and address of head of household						2. Personal Information			
Last name _____ First name _____ Middle initial _____						Social Security number _____			
Mailing address _____ Apt. # _____ City _____ State _____ Zip _____						Birthdate (MM/dd/yy) _____			
Address where you are currently living (if different) _____ City _____ State _____ Zip _____						Area code _____ Telephone number _____			
3. *Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. *Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		5. *Race <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____					
7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories in 4 & 5 above.									
#	Relation	Last name	First Name & M. I.	*Ethnicity	*Race	*Sex	Social Sec. No.	Birthdate	* Disabled
2									
3									
4									
*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? <input type="checkbox"/> Yes <input type="checkbox"/> No									
8a. Do you claim any disability or handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No			8b. Do you need special accommodations to complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No			8c. If yes, what assistance do you request? _____			
8d. Do you need a unit for Hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No			8e. Do you need a unit for Sight impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Unit size (# bedrooms) requested: <input type="checkbox"/> 2-BR <input type="checkbox"/> 3-BR									
10. Are any household members full time students? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list the name of the school. _____									
11. Assets and Income: Provide gross (not net) amounts for all questions.									
11a. <input type="checkbox"/> Checking Bank/Institution _____ Avg. Bal. last 6 mo. \$ _____ Annual Inc. \$ _____ <input type="checkbox"/> Savings Bank/Institution _____ Current balance \$ _____ Annual Inc. \$ _____ <input type="checkbox"/> CD's Bank/Institution _____ Current balance \$ _____ Annual Inc. \$ _____ <input type="checkbox"/> Real Estate Type _____ Value \$ _____ Mortgage amount \$ _____ Annual Inc. \$ _____ <input type="checkbox"/> Electronic Banking Card (EBT) _____ Current balance on EBT card \$ _____ <input type="checkbox"/> Life Insurance (Other than Term Life) Cash Value \$ _____ Interest, dividends, or growth Annual Inc. \$ _____									
11b. Income source(s): Check all that apply and indicate gross monthly income.									
<input type="checkbox"/> Zero Income			<input type="checkbox"/> Pension \$ _____/mo.			<input type="checkbox"/> Bills paid by another \$ _____/mo.			
<input type="checkbox"/> SSA \$ _____/mo.			<input type="checkbox"/> Child support \$ _____/mo.			<input type="checkbox"/> Gifts for support \$ _____/mo.			
<input type="checkbox"/> SSI \$ _____/mo.			<input type="checkbox"/> Alimony \$ _____/mo.			<input type="checkbox"/> Other Assistance \$ _____/mo.			
<input type="checkbox"/> Retirement \$ _____/mo.			<input type="checkbox"/> Workers Comp. \$ _____/mo.			<input type="checkbox"/> Sec 8 Voucher \$ _____/mo.			
<input type="checkbox"/> Wages \$ _____/mo.						<input type="checkbox"/> voucher lease end date _____			
12. Are you a former tenant of Tindall Heights Apartments and were in residency on September 9, 2015? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that: • Having provided any false information will result in cancellation or denial of my application or termination of my housing assistance. • 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. email _____ Signature of head of household _____ Date _____ Signature of spouse or co-head of 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 persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Tindall Fields 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	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

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).

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
City State Zip			
Sex	Race	Date of Birth	Social Security Number

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

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

Signature

Date

Purpose Code Used: (check only one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	Possible SO information
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

ATTENTION: THIS PRE- APPLICATION IS FOR

TINDALL FIELDS III 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 III

1850 TINDALL AVE

Pay from: PRINT YOUR NAME AND ADDRESS ON MONEY ORDER

- ☐ **I understand at least 1 member is required per bedroom for an income-based apartment**
- ☐ **I understand I must make 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

3 BEDROOMS \$ 630.00 x2.5= \$1575 per month income required for non-income-based unit

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:

<u>60% AMI (Tax Credit)</u>	<u>50% AMI (Section 8 PBV)</u>
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 per 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



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

PRE-APPLICATION

TELEPHONE NO. 478-259-1539

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

FOR MANAGEMENT USE ONLY

Received by: _____

Date: _____ Time: _____

Application Number: _____

1. Name and address of head of household

Last name First name Middle initial

Mailing address Apt. # City State Zip

Address where you are currently living (if different) City State Zip

2. Personal Information

____ Social Security number

Birthdate (MM/dd/yy)

Area code Telephone number

3. *Sex

☐ Male
☐ Female

4. *Ethnicity

☐ Hispanic
☐ Non-Hispanic

5. *Race

☐ Native American ☐ Alaskan Native
☐ Pacific Islander ☐ Asian

☐ Black
☐ White
☐ Other: _____

7. List others who will live with you. Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories in 4 & 5 above.

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

***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

8a. Do you claim any disability or handicap? ☐ Yes ☐ No

8b. Do you need special accommodations to complete the application process? ☐ Yes ☐ No

8c. If yes, what assistance do you request?

8d. Do you need a unit for Hearing impairment? ☐ Yes ☐ No

8e. Do you need a unit for Sight impairment? ☐ Yes ☐ No

8f. Other reasonable accommodation requested

9. Unit size (# bedrooms) requested:

☐ 2-BR ☐ 3-BR

Minimum of 1 person per bedroom for PBV (incomebased units)

Maximum of 2 persons per bedroom

10. Are all household members full time students?

☐ Yes ☐ No

If so, list the name of the school _____

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

11a. ☐ Checking Bank/Institution _____ Avg. Bal. last 6 mo. \$ _____
☐ Savings Bank/Institution _____ Current balance \$ _____
☐ CD's Bank/Institution _____ Current balance \$ _____
☐ Real Estate Type _____ Value \$ _____ Mortgage amount \$ _____
☐ Electronic Banking Card (EBT) _____ Current balance on EBT card \$ _____
☐ Life Insurance (Other than Term Life) Cash Value \$ _____ Interest, dividends, or growth Annual Inc. \$ _____

11b. Income source(s): Check all that apply and indicate gross monthly income.

<input type="checkbox"/> Wages \$ _____/mo.	<input type="checkbox"/> Self Employment \$ _____/mo.	<input type="checkbox"/> Bills paid by another \$ _____/mo.
<input type="checkbox"/> SSA \$ _____/mo.	<input type="checkbox"/> Pension \$ _____/mo.	<input type="checkbox"/> Gifts for support \$ _____/mo.
<input type="checkbox"/> SSI \$ _____/mo.	<input type="checkbox"/> Child support \$ _____/mo.	<input type="checkbox"/> Other Assistance \$ _____/mo.
<input type="checkbox"/> Retirement \$ _____/mo.	<input type="checkbox"/> Alimony \$ _____/mo.	<input type="checkbox"/> Sec 8 Voucher \$ _____/mo.
<input type="checkbox"/> Zero Income	<input type="checkbox"/> Workers Comp. \$ _____/mo.	<input type="checkbox"/> Unemployment \$ _____/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 housing assistance.
- 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 member

Date

Signature of other adult 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
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 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	State Unemployment Agencies	Retirement System
Public Housing Agencies)	Social Security Administration	Banks and other Financial
Support and Alimony Providers	Medical and Child Care Providers	Institutions

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).

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
City State Zip			
Sex	Race	Date of Birth	Social Security Number

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

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

Signature _____

Date _____

Purpose Code Used: (check only one)

NON-CRIMINAL JUSTICE PURPOSES	
X	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children

	No Criminal Record Available
	Criminal Record (Attached/Released)
	Possible SO information
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____