



CONSENT FORM

I hereby authorize Renters Reference Services, Inc. to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or any other state.

PLEASE PRINT LEGIBLY AND COMPLETE ALL BLANKS.

Full Name (Printed)

Street Address

City, State, & Zip Code

Date of Birth

Sex

Race

Social Security Number

Signature

CANTON MILL LOFTS

550 RIVERSTONE PARKWAY, CANTON GA 30114
TEL: 678-493-2012, FAX: 678-493-2016

CANTON MILL LOFTS



CONSENT FORM

I/We _____, the undersigned hereby authorize to release without liability, information regarding my/our employment, income, and/or assets to **CANTON MILL LOFT APARTMENTS** for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications or inquiries that may be requested include, but are not limited to: personal identity; employment, income and any medical and 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.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals 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	State Unemployment	Retirement Systems
Public Housing	SS Administration	Banks and other Finances
Support & Alimony	Medical & Child Care	Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. 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 the right to review and correct any information that I/we can prove incorrect.

SIGNATURES

Head of Household (Print Name) Date

Spouse (Print Name) Date

Adult Member (Print Name) Date

Adult Member (Print Name) Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST COPY OF TAX RETURNS IF A TAX RETURN IS NEEDED. IRS FORM 4505 "REQUEST FOR COPY OF TAX FORMS BE PREPARED TO SIGN SEPERATELY.

CANTON MILL LOFTS

STATEMENT OF ASSETS

Apt # _____

This form may be used to support the income certification \ recertification of a household's assets. Owners/Managers must properly verify the value of assets and any income derived.

ASSETS INCLUDE:

- Average six months balance in checking accounts.
- Amounts in saving accounts.
- Stocks, bonds, savings certificates, money market funds and other investment accounts.
- Equity in real property or other capital investments, i.e. rental property that you own.
- The cash value of trusts that are available to the household.
- Contributions to company retirement/ pension funds that can be withdrawn without retiring or terminating employment.
- IRA, Keogh and similar retirement saving accounts, even though withdrawal would result in a penalty.
- Assets that, although owned by more than one person, will allow unrestricted access by the applicant.
- Lump Sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.
- Personal property held as an investment such as gems, jewelry, coin collections, etc.
- Assets disposed of for less than fair market value during two years proceeding certification or recertification.
- Cash On Hand.

Based on the guidelines listed above, the combined value of the assets of all the members of this household totals \$_____. For the next 12 months, the income (for example interest, dividends, etc.) from our assets is expected to be \$_____.

I have carefully read this statement and I swear or affirm that it is true to the best of my knowledge, information, and belief.

Applicant Signature: _____

Applicant Signature: _____

Printed Name : _____

Printed Name: _____

Date: _____

Date: _____

Sworn to before me and subscribed in my presence

Sworn to before me and subscribed in my presence.

This _____ day of _____, 20_____.

This _____ day of _____, 20_____.

Signature of Notary Public

Signature of Notary Public

Name of Notary Public

Name of Notary Public

Notary Seal

Notary Seal

CANTON MILL LOFTS

FULL-TIME STUDENT ELIGIBILITY SELF AFFIDAVIT

(One form to be complete per household)

Applicant / Resident Name: _____ Unit #: _____

EACH ADULT MUST READ THE FOLLOWING DEFINITION: A **full-time student** is any individual who is currently enrolled in an educational institution on a full-time basis, expects to be enrolled within the next 12 months, or has been enrolled on a full-time basis for at least 5 months out of the current calendar year.

1. List the names of all adult (18 and older) household members and indicate full-time student status, “yes” or “no”.

Name	F/T Student?	Name	F/T Student?
1.		3.	
2.		4.	

2. List the names of all minor (under age 18) children who will reside or are residing in the apartment:

Name	Age	F/T Student?(K-12)	Name	Age	F/T Student?(K-12)
1.			4.		
2.			5.		
3.			6.		

Statement of Applicant/Resident – This section is only applicable if ALL household members are full-time students.

Check all the student exceptions that are applicable to your household (proof of the exception MUST be provided):*

- A. At least one member of the household receives assistance under title IV of the Social Security Act (for example, payments under AFDC). *(Please provide: A third-party verification of AFDC/TANF award required.)*
- B. At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. *(Please provide: A verification of enrollment & mission statement of the program if not JTPA)*
- C. The head of household is a single parent with children and neither the parent nor the children are the dependent of another individual. *(Please provide: A signed copy of most recent tax return.)*
- D. The members of the household are married and file a joint federal tax return. *(Please provide: A signed copy of most recent tax return) (Note: this is the only exception to the full-time student rule for properties with tax-exempt bond financing.)*

****If all household members are full-time students, and proof cannot be provided that the household is able to meet one of the above mentioned exceptions, then the above household is not eligible to reside in a LIHTC unit.***

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

(Applicant/Resident Signature) (Date)

(Applicant/Resident Signature) (Date)

(Applicant/Resident Signature) (Date)

(Applicant/Resident Signature) (Date)

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

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

(Signature of Notary Public)

(Commission Expires)

STUDENT STATUS VERIFICATION

Property Address: _____ Telephone: _____
 _____ Fax: _____

Applicant's Name: _____
 Social Security Number: _____
 Apt. Number: _____ Date: _____

The above referenced individual has applied for residency at this community. This community is operated under Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the Student Status of this individual. To comply with this regulation, we ask that you complete and return this form to the above address. The information will be used solely for the determination of resident eligibility under Section 42 and will not be furnished to a third party.

Please provide written verification of your institution's definition of "full-time" student.

You may fax this form, along with the full-time student definition, in order to expedite residency approval of the above applicant. We must have the original in our resident's file; therefore, we have enclosed a self-addressed envelope for your convenience.

I authorize the release of the information requested.

 Applicant / Resident Date

Name of Institution: _____

Has the above named applicant been enrolled as full-time students during any part of this calendar year?	YES _____	NO _____
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If yes, for what period(s) _____

If yes, how many hours enrolled for each period _____

Is the above named applicant/resident currently enrolled as a <i>full-time</i> student?	_____	_____
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Has the above named student registered as a <i>full-time</i> student for any period during the next twelve months?	_____	_____
--	-------	-------

If the above named applicant/resident is not currently a student, has he/she applied for admission to your institution?	_____	_____
---	-------	-------

If yes, has he/she applied as a <i>full-time</i> student?	_____	_____
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Is he/she expected to graduate within the next twelve months?	_____	_____
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Clarification if needed _____

 Signature Title Date

CANTON MILL LOFTS

550 RIVERSTONE PARKWAY, CANTON GA 30114
TEL: 678-493-2012 FAX: 678-493-2016



EMPLOYMENT VERIFICATION

Date: _____ Regarding: _____
 To: _____ Social Security Number: _____
 _____ Phone: _____
 Attention: _____ Fax: _____

I authorize the above-mentioned employer to release the information requested below regarding my employment status and compensation.

 Signature Date

The above referenced individual has made application for residency at our community. The individual lists your company as the current or anticipated employer. This community operates under the IRS Section 42 program. For the applicant to be eligible to apply for housing, this form must be completed by an authorized associate of your company. All information provided will be held in strict confidence. We appreciate your prompt attention to this verification. Please complete this form in its entirety. If you have any questions, please feel free to contact us at the number listed above. Thank you,

 Management Representative

Please complete the following in its entirety. If a section does not apply please show "No":

Position/Title: _____

1. Presently Employed: Yes Date of Hire: _____ ⇒ Is this a W-2 Employee: Yes No
 No Last Date of Employment: _____

2. Gross Pay Before Deductions: *(Select One: Hourly or Annualized Income):*
 Hourly \$ _____ x _____
(rate) *(average weekly hours)*

OR

Annually \$ _____
(Base Pay Only)

3. Is the Employee Compensated for Overtime:
 Yes Average OT Hours Worked Per Week _____ ⇒ Overtime Pay Rate \$ _____
 No

Please answer each question below yes or no for anticipated earnings. Each question must be completed.

4. Commissions? Yes No If yes, anticipated amount \$ _____ ⇒ **wk / mo / yr / other** _____
(circle one)

5. Bonuses? Yes No If yes, anticipated amount \$ _____ ⇒ **wk / mo / yr / other** _____
(circle one)

6. Tips? Yes No If yes, anticipated amount \$ _____ ⇒ **wk / mo / yr / other** _____
(circle one)

7. Other Pay? Yes No If yes, anticipated amount \$ _____ ⇒ **wk / mo / yr / other** _____
(circle one)

8. Do you anticipate a Pay Increase for your employee within the next 12 months:
 Yes Amount of Increase \$ _____ ⇒ **Hr / Wk / Mo / Yr** ⇒ Date Anticipated _____
 No *(circle one)*

9. Other Remarks: _____

I certify that the information given is true and complete to the best of my knowledge. I also certify that I have the authority to provide this information on behalf this company/agency. I understand that the providing false or misleading information may be subject to criminal penalties.

 Signature of the Employer or Employer's Authorized Representative Date Completed

 Print Name Title: _____ Print Phone Number

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



CANTON MILL LOFTS

550 RIVERSTONE PARKWAY, CANTON GA 30114, TEL: 678-493-2012 FAX: 678-493-2016

OFFICE USE ONLY	
Apt #	_____
Rent	_____
Special	_____
M/I Date	_____
Agent	_____



RENTAL APPLICATION

You have applied to rent an apartment, which is only available to qualified participants in the Section 42 Low-Income Housing Tax Credit Program. In order to determine qualification, you must fully complete the information on this application. The Owner will keep the information confidential, except as necessary to prove income qualification. Read each item carefully, and provide the information requested truthfully and completely. Making a false statement under oath may subject you to criminal penalties. If you have any questions, please consult with the Property Manager.

APPLICANT INFORMATION

DATE: _____

Home #: _____ Work #: _____ Cell #: _____

MARITAL STATUS (check one) Never Been Married Married Divorced Separated Widowed

List all permanent household members who will live in the apartment home during the next 12 months. Be sure to list any temporarily absent family members. ALL UNMARRIED APPLICANTS 18 YEARS OLD AND UP MUST FILL OUT A SEPARATE APPLICATION.

Legal Names of Household Members	Relationship	DOB	Age	SS #	Full Time Student *
					Y or N
					Y or N
					Y or N
					Y or N

*Circle Yes if the individual *is/will* be attending any educational institution FULL TIME in the next 12 months. This includes kindergarten through Post Graduate School, Trade Schools, and job training programs.

GENERAL INFORMATION

YES NO

- Have you been enrolled as a full-time student for the proceeding five months?
- Is there anyone living with you now who will not be living with you at this property?
If yes, please explain: _____
- Do you expect any changes to your household within the next 12 months?
If yes, please explain: _____

- Are there any absent household members who under normal conditions would live with you?
(for example, a spouse away in military) If yes, please explain: _____
- Have you ever been evicted from an apartment community?
- Do you own a Pet? If yes, what kind: _____ Weight: _____ (Vet records and pictures required)
- Do you have the right to legally enter into a lease?
- Do you carry renters insurance? (You must carry Renter's Insurance per the lease agreement)
- Have you ever filed for bankruptcy?
If yes, please explain & include dates: _____
(Discharge papers required)
- Have you ever been convicted of any crime?
If yes, please explain: _____

EMERGENCY CONTACTS – PLEASE LIST TWO SEPARATE CONTACTS

Name _____ Relationship _____
 Address _____ City _____ St _____ Zip _____
 Home Phone # _____ Work Phone # _____

Name _____ Relationship _____
 Address _____ City _____ St _____ Zip _____
 Home Phone # _____ Work Phone # _____

VEHICLE INFORMATION

Drivers License #: _____ State Issued: _____ License Plate #: _____
 Make: _____ Model: _____ Year: _____ Color: _____

Drivers License #: _____ State Issued: _____ License Plate #: _____
 Make: _____ Model: _____ Year: _____ Color: _____

EMPLOYMENT INFORMATION

Must have 12 months verifiable employment history

Employer: _____ Phone #: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Started: _____ Occupation/Title: _____

Supervisor's Name: _____ Gross Monthly Income: \$ _____

Do you have a second job? _____ If Yes, where? _____ Gross Mo. income: \$ _____

Address: _____ Dates of Employment: _____

Previous Employer if currently employed less than 12 months: _____

Phone #: _____ Dates of Employment: _____ - _____

RESIDENT HISTORY

Please list all residences and applicable landlord references for the past three years

<u>LANDLORD'S NAME</u>	<u>ADDRESS</u>	<u>OWN</u>	<u>RENT</u>	<u>DATES</u>
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	From: _____
Relationship: _____	_____			To: _____
Amount Paid \$ _____	_____			
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	From: _____
Relationship: _____	_____			To: _____
Amount Paid \$ _____	_____			
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	From: _____
Relationship: _____	_____			To: _____
Amount Paid \$ _____	_____			
Name: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	From: _____
Relationship: _____	_____			To: _____
Amount Paid \$ _____	_____			

INCOME INFORMATION

ANY QUESTIONS THAT DO NOT APPLY, PLEASE INDICATE "NONE" Or \$0.00.

Please indicate each source of income or status that any member of your household receives or anticipates receiving in the next 12 months.

DESCRIPTION OF INCOME OR STATUS	RECEIVES OR ANTICIPATES RECEIVING	HOUSEHOLD MEMBERS NAME	GROSS MONTHLY AMOUNT RECEIVED
EMPLOYMENT	Yes or No		\$
SELF EMPLOYMENT	Yes or No		\$
UNEMPLOYMENT BENEFITS	Yes or No		\$
SSI, SSD (SOCIAL SECURITY)	Yes or No		\$
VA BENEFITS	Yes or No		\$
DISABILITY, WORKERS COMP	Yes or No		\$
PENSIONS AND ANNUITIES	Yes or No		\$
RECURRING GIFT	Yes or No		\$
TANF	Yes or No		\$
CHILD SUPPORT OR ALIMONY	Yes or No		\$
MILITARY / RESERVE PAY	Yes or No		\$
OTHER INCOME	Yes or No		\$

Total Income \$ _____

ASSET INFORMATION

ANY QUESTIONS THAT DO NOT APPLY, PLEASE INDICATE "NONE" Or \$0.00.

DISCRIPTION OF ASSET	CURRENTLY HAVE	HOUSEHOLD MEMBER NAME	CURRENT VALUE	INTEREST OR DIV/YR
CASH	Yes or No		\$	\$
CHECKING ACCOUNT	Yes or No		\$	\$
SAVINGS ACCOUNT	Yes or No		\$	\$
CERTIFICATE OF DEP.	Yes or No		\$	\$
TRUST ACCOUNT	Yes or No		\$	\$
TREASURY BILLS OR MONEY MARKET FUNDS	Yes or No		\$	\$
STOCKS OR BONDS	Yes or No		\$	\$
RETIREMENT ACCOUNT PLAN:	Yes or No		\$	\$
401k	Yes or No		\$	\$
Pension	Yes or No		\$	\$
Keogh	Yes or No		\$	\$
IRA	Yes or No		\$	\$
Other: _____	Yes or No		\$	\$
INDEPENDENT LIFE INSURANCE POLICY	Yes or No		\$	\$
REAL ESTATE CURRENTLY OWNED	Yes or No		\$	\$
RENTAL PROPERTY	Yes or No		\$	\$
PERSONAL PROPERTY HELD FOR INVESTMENT	Yes or No		\$	\$
ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS	Yes or No		\$	\$

Asset Total \$ _____ \$ _____

LUMP SUM PAYMENT – I.E. INSURANCE SETTLEMENT, INHERITANCE, LOTTERY WINNINGS, ETC.

YES NO

Do you anticipate any Lump Sum Payments in the next 12 months ?

If Yes, Please explain: _____

Amount anticipated \$ _____ Source _____

Have you received any Lump Sum payments in the last 24 months?

If Yes, Please explain: _____

Amount received \$ _____ Source _____

Where is the money now? _____

SECURITY DEPOSIT AGREEMENT

I/WE, have given a security deposit in the amount of \$ _____ on (Date) _____
for Canton Mill Lofts Apt # _____.

Applicant will forfeit deposit upon cancellation, once applicant is informed that he/she is approved for move-in or a move-in date is confirmed. I understand that I/we will be contacted upon approval or disapproval. I/we understand that deposit is forfeited if I/We cancel once approved.

If I/We are not approved, I/we understand that the Security Deposit is fully refundable and I/We will receive a refund within thirty (30) Days.

I will report any and all changes to my living situation, including my student status. I will not allow my spouse or any other individual to move into my apartment without prior approval from management. I further understand that I shall re-certify each year that I remain a resident in this apartment.

I have read this application and undersigned it. I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize the owner, its subsidiaries and its agents to investigate my credit worthiness and criminal background through any credit bureau or other reasonable means.

This application is not a rental agreement, contract or lease. All applications are subject to the approval or the owner or managing agent.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Owner or Owner's Representative _____ Date: _____

