Time Received:

<u>APPLICATION FOR HOUSING</u> Low-Income Housing Tax Credit Property

This is an application for housing at:	Brittany & Park Apartments, LP
	<u>1150 Old Statenville Road, Management Office</u>
	Valdosta, GA 31601
	TEL (229) 244-1770 *FAX (229) 244-2724
	www.reliantrs.com

Please complete this application and return to the address above. Please Print Clearly.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. ANY QUESTIONS THAT DO NOT APPLY, PLEASE MARK "NONE" OR "\$0.00". DO NOT LEAVE ANY BLANK LINES.

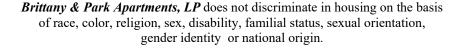
A. APPLICANT AND FAMILY INFORMATION

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, foster children/adults, unborn children or Live In Care Attendants.

	Name	Relationship to head of household	Date of Birth	Age	Sex	Social Security #	Are you a Student? List "No", "Part Time", or "Full Time"
Head		Self					
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							
Do you :	anticipate any additions to the	household	in the n	ext two	elve m	onths? 🗆 YES 🛛 NO	
If yes, e	xplain						
Are all 1	members of the household U.S	citizens o	r nermai	nent re	sident	aliens? 🗆 YES 🗆 NO	

Address:						
Street	Apt. #	City	State	Zip		
Home/Cell Phone:			Other Pho	ne:		
Email:						
Bedroom size requested:	🗆 One B	edroom	□ Two Bedroom	□ Three Bedroom		
Do you desire an apartment with accessible features? ☐ Yes ☐ No (check one)						
If so, what features?						







B. STUDENT STATUS INFORMATION

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? If YES_ANSWER THE FOLLOWING OUESTIONS:

IT TES, ANSWER THE FOLLOWING QUESTIONS.		
Are any full-time student(s) married and filing a joint tax return?	□ YES	\Box NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job	□ YES	□ NO
Training Partnership Act?		
Are any full-time student(s) a TANF or a Title IV recipient?	□ YES	□ NO
Are any full-time student(s) a single parent living with his/her minor child who is not a	□ YES	□ NO
Dependant on another's tax return?		
Was any member of the household previously in foster care up to age of 25 (this does not	□ YES	□ NO
include students currently in foster care)?		

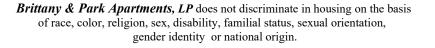
	C. EMPLOYMENT INFORMATION
	Employer:
	Gross Monthly Income \$
	including bonuses, overtime, tips, commission, etc.
Head of Household Employer	Date Started:
	Position Held:
	Do you have a second job? □ Yes □ No
	If yes, where Gross Monthly Income §

	Employer:
	Gross Monthly Income \$
	including bonuses, overtime, tips, commission, etc.
Co-head/ Roommate Employer	Date Started:
	Position Held:
	Do you have a second job? 🗆 Yes 🗆 No
	If yes, where Gross Monthly Income §

	Employer:			
	Gross Monthly Income \$ including bonuses, overtime, tips, commission, etc.			
Co-head/ Roommate Employer	Date Started:			
Position Held:				
	Do you have a second job? □ Yes □ No			
	If yes, where Gross Monthly Income \$			

D. ADJUSTEI	D INCOME DEDUCTIONS			
For family households only- List below any amounts paid by you for child care expenses for family members below 13				
years of age which enable you to be gainfu	ally employed or to attend school on a full-time basis.			
Paid to:	Monthly Amount Paid:			
For elderly/disabled households only- (Head of Household or Spouse is over 62 years old, is handicapped or disabled). List below any medical expenses that you currently pay.				
Paid to:	Monthly Amount Paid:			



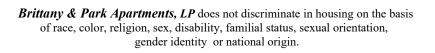




		COME INFO		2	
DESCRIPTION OF INCOME		source of income received or anticipated within the next 12 monthsRECEIVES NOW ORIF YES, HOUSEHOLDGROSS AMOUNT			
OR STATUS	ANTICI		MEMBER NAME	RECEIVED	
	RECE			MONTHLY	
	(Must check	x Yes or No)			
HOH Employment/ Anticipated Employment	□ YES			\$	
Co-head/ Roommate					
Employment/ Anticipated	□ YES	□ NO		\$	
Employment					
Self- Employment	□ YES			\$	
Military Pay				\$	
Alimony	□ YES			\$	
Child Support				\$	
Unemployment Benefits				\$	
Social Security		\Box NO		\$	
SSI, SSD		\Box NO		\$	
V.A. Benefits		□ NO		\$	
Public Assistance		□ NO		\$	
Disability, Worker's Comp.	□ YES	□ NO		\$	
Recurring Gift of monetary value		□ NO		\$	
Regular Payments from Retirement Account		□ NO		\$	
Regular Payments from Trust Account		□ NO		\$	
Scholarships		□ NO		\$	
Grants				\$	
Insurance Policies, Death and Disability Benefits				\$	
Income from Rental Property	□ YES			\$	
Other: Type	□ YES			\$	

F. ASSETS				
Ple	ase include al	l assets, inclu	ding assets for children	
DESCRIPTION OF ASSET	CURRENT	LY HAVE	IF YES, HOUSEHOLD MEMBER NAME	VALUE
Cash on hand	□ YES			\$
Checking Account (6 mo. Avg. balance)		□ NO		\$
Savings Account (current balance)		□ NO		\$
CDs, Money Market, Mutual Funds, Stocks		□ NO		\$
IRA, 401K, Pensions, Annuities	□ YES			\$
Life insurance policy (Whole)	□ YES	□ NO		\$
Real Estate currently owned/ Rental Property	□ YES	□ NO		\$







Assets disposed of for less than Fair Market Value in past 2 yrs	□ YES	□ NO	\$
Have you received any lump sum payments such as Inheritance, Lottery winnings, Insurance settlements, Etc.	□ YES	□ NO	\$
Other:	□ YES		\$

G. R	REFERENCE INFORMATION		
	CURRENT LANDLORD		
Landlord Name			
Address			
Phone			
Month and year moved in:			
Reason for moving:			
No. of BR's in current unit:			
Do you Rent of Own?			
Amount of current monthly rental or mortgage payment?			

H. ADDITONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?		\Box NO
Have you or any member of your family been evicted due to drug activity in the past 3	□ YES	\Box NO
years?		
Have you or any member of your family ever been convicted of a felony?	□ YES	\Box NO
If yes, describe:		
Have you or any member of your family ever been evicted from housing?	□ YES	\Box NO
If yes, describe:	-	

I. EMERGENCY CONTACT

In case of emergency	notify:
Address:	

Relationship:

Phone #

J. VEHICLE INFORMATION (if applicable)					
List any cars, trucks, or other vehicles owned.					
Type of Vehicle:	License Plate #:				
Year/Make:	Color:				
Type of Vehicle:	License Plate #:				
Year/Make:	Color:				

K. PET INFORMATION (if applicable)						
Please be aware that Brittany & Park Apartments, LP does not permit pets. Service animals are not considered pets.						
Do you own any pets?	□ YES	\Box NO				
If yes, describe:						





Please list every State that each member of the household member has resided in:
Head of Household:
Member 2:
Member 3:
Member 4:
Member 5:
Member 6:
Member 7:
Member 8:
Is any member of your household subject to a lifetime sex offender registration requirement in any State?
\Box YES \Box NO
I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at
admission, management will immediately pursue eviction and termination of assistance for the household member
\Box YES \Box NO

Marketing Information	<u>1:</u>						
How did you hear about the property?							
www.reliantrs.com	🗆 Walk By	🗆 Flyer					
🗆 Apartment Guide	🗆 Rent.com	□ Apartments.com	🗆 Craigslist	□ GoSection8.com			
Newspaper (which paper?)							
Housing Authority (specify agency)							
Tenant Referral (who can we thank?)							
□ Other (specify)			

CERTIFICATION

I/We hereby certify that I/WE DO/WE WILL not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application.

SIGNATURE (S):

(Signature of Tenant)

(Signature of Tenant)

(Signature of Tenant)

(Signature of Tenant)

Date

Date

Date

Date



