

Campbell-Stone Apartments Application for Admissions

Thank you for your interest in **Campbell-Stone Apartments**.

Campbell-Stone operates under the guidelines of the Low Income Housing Tax Credit Program in compliance with Section 42 of the Internal Revenue Code and the guidelines of the 221 (d) (4) program of the Department of Housing and Urban Development.

You will find in this package the following:

- Pages 2 – 10 = Application – please fill this out in its entirety in BLUE INK. Incomplete application will be rejected.
 - Please note that pages 9 and 10 must be filled out by ALL applicants.
 - Please make copies of these pages if needed.
- Pages 11 – 12 = Screening and Rejection Criteria.
- Pages 13 – 14 = “Things you Should Know” handout from HUD.
- Consent for Verification of Rental History

The application process is as follows:

- Complete and sign the enclosed application and consent forms.
- Enclose **copies** of the following:
 - **Proof of age** – birth certificate or valid United States Passport
 - **Government Issued Photo Identification**
 - **Social Security Card**
 - **Social Security Award Letter** (most recent)
 - **Bank Statement** (most recent) from all checking, money market and savings accounts
 - **Any other income generating documents** (pay stub, pension statement, etc)
 - **If divorced a copy of divorce decree**
 - **If you own property, a current property tax assessment**
- If you are not a naturalized or legal citizen of the United States
 - **Copy of your Naturalization Certificate or BOTH sides of your Permanent Resident Card.**

Return all of the above by mail or email to the appropriate location:

<p>Campbell-Stone Apartments, Buckhead Attn: Admissions and Office Coordinator 2911 Pharr Court South, NW Atlanta, Georgia 30305</p>	<p>Campbell-Stone Apartments, Sandy Springs Attn: Admissions and Office Coordinator 350 Carpenter Drive, NE Sandy Springs, Georgia 30328</p>
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Scanned and emailed documents and application can be sent to inquiry@campbellstone.org.

Upon receipt of your completed application packet, a member of the Campbell-Stone team will contact you to arrange an interview and tour of our community.

Thank you again for your interest and I look forward to seeing you soon.



Please complete the entire application in BLUE ink.
Applications that are not completed in their entirety will NOT be accepted.

Please select all for which you would like to apply.

Campbell-Stone Apartments, Buckhead	Campbell-Stone Apartments, Sandy Springs	Campbell-Stone Apartment, Personal Care at Sandy Springs
2911 Pharr Court South, NW	350 Carpenter Drive, NE	
Atlanta, Georgia 30305	Sandy Springs, Georgia 30328	
404.261.4132 fax: 404.233.8364	404.256.2612 fax: 404.843.3426	
Studio Apartment	Studio Apartment	
One Bedroom Apartment	One Bedroom Apartment	One Bedroom Apartment
Two Bedroom Apartment	Two Bedroom Apartment	Two Bedroom Apartment
ADA One Bedroom	ADA One Bedroom	

Do you need assistance completing this application? Yes No

How did you hear about Campbell Stone Apartments?

Word of Mouth Internet Search Referral Service Current Resident Other

Please elaborate _____

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Gender <i>m/f</i>	Social Security Number <i>123-45-6789</i>	Birth Date & Age <i>mm/dd/yyyy</i>
1.	HEAD			
2.				

Current Address Street - _____ Apt# _____

own rent City - _____ State - _____ Zip - _____

Phone Number(s) _____

Email Address(es) _____

Office Use Only – Date Received	Time Received	By Whom?
---------------------------------	---------------	----------



Marital Status	Single	Married	Divorced	Widowed
Applicant 1				
Applicant 2				

Please note that all persons that are separated or divorced must provide legal documentation of said separation or divorce.

HOUSING HISTORY

Please provide all names, addresses, and phone numbers of your landlords on a separate sheet.

Current Landlord _____

Current Address Street - _____ Apt# _____

own rent City - _____ State - _____ Zip - _____

Date moved in - _____

=====
 Previous Landlord _____

Previous Address Street - _____ Apt# _____

own rent City - _____ State - _____ Zip - _____

Date moved in - _____ Date moved out - _____
 =====

=====
 Previous Landlord _____

Previous Address Street - _____ Apt# _____

own rent City - _____ State - _____ Zip - _____

Date moved in - _____ Date moved out - _____
 =====



OTHER APPLICANT INFORMATION

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently living in government subsidized housing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone else named on this application been evicted from federally assisted housing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or anyone listed on this application a registered sex offender? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or anyone else named on this application currently engaged in the use of illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone listed on this application been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone in the household have a pattern of alcohol abuse, that may interfere with the health, safety, and right to peaceful enjoyment of other residents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household have or anticipate having any pets other than those used as service animals? Explain - _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or a member of your household plan to use a service or assistive animal in this community? If yes, please list the organization that trained and placed the animal.
Organization - _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any member of your household smoke? Please be advised that the Campbell-Stone House Rules prohibit smoking anywhere inside the building.
ALL APPLICANTS APPLICANT INTIAL HERE - _____ |



HUD Race and Ethnic Data Reporting (this section is optional)

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

The two ethnic categories you should choose from are defined below.

The five racial categories to choose from are defined below.

Select All That Apply	Applicant 1	Applicant 2
ETHNIC CATEGORIES		
Hispanic or Latino(a)	<input type="checkbox"/>	<input type="checkbox"/>
Not-Hispanic or Latino(a)	<input type="checkbox"/>	<input type="checkbox"/>
RACIAL CATEGORIES		
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>



ACCESSIBILITY FEATURES

Fully-accessible units (also known as ADA or UFAS compliant) are designed for residents with mobility-related disabilities, or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counters, cabinets, roll under sinks, etc. Applicants may apply for this type of unit anytime, during the application process. Upon request an eligible household may be offered a fully accessible unit based on availability. Applicants may request that special features be added to units where the household does not require full accessibility, ie. Tub cuts, grab bars, elevated toilet seat, etc.

YES NO

- Does any household member require a fully accessible unit?
- Does any household member require a unit with special features?
- Does any household member require a program modification due to a disability?
- Does any household member require the services of a live-in aide?

If yes to any of the above, please describe the special features needed to accommodate the household member's disability or handicap:



INCOME INFORMATION

For each type of income that anyone in your household receives, provide the source of the income and amount of the income that can be expected from that source, during the next twelve (12) months. This would include, but is not limited to, Social Security Benefits, Supplemental Security Income (SSI), Pensions, Alimony, Wages, Unemployment Benefits, or contributions from outside family members.

Family Member	Source of Income	Annual Total
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

ASSET INFORMATION

For each asset you or your household owns, list the type of asset, financial institution, current balance, and the anticipated annual earnings (e.g., checking and savings accounts, certificates of deposit, IRAs, stocks, bonds, annuities, home, real estate, whole life insurance policy, universal life insurance policy, etc.) Also, list any rental property owned or any notes being held.

Family Member	Asset Type (ch/sa/cd/etc)	Financial Institution	Current Value	Estimated Annual Earnings
TOTAL				



I/We authorize Campbell-Stone Apartments to verify all information provided on this application and to obtain, verify, and release information on any reports concerning me/us maintained by Federal, State and local agencies, present and past employers, present and past landlords, or other sources for credit, criminal background check, and verification information, that may be released or provided to other agencies.

I/We understand that the above information is being collected to determine my/our eligibility for residency.

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

I/We understand that false statements, omission or incomplete information are punishable under Federal law, and could result in this application being rejected, or Section 8 subsidy being denied.

I/We agree that a photocopy or telephone facsimile of this authorization shall be as valid as the original.

I/We authorize my/our consent to have management verify the information contained in this application for purposes of approving my/our eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process.

I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

I/We certify that if selected to move into this community that the apartment I occupy will be my only residence.

All ADULT household members must sign below:

Signature	Date
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Signature	Date
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**PLEASE COPY AND FILL OUT PAGE
NINE (9) AND TEN (10) FOR EACH APPLICANT**

**PAGES ELEVEN (11) THROUGH FOURTEEN (14)
ARE FOR YOUR INFORMATION ONLY**

NOTE THAT INCOMPLETE APPLICATIONS WILL BE REJECTED





Campbell-Stone Apartments

Consent and Authorization for Credit and Criminal Background Check

THIS NEEDS TO BE FILLED OUT FOR ALL APPLICANTS

I, _____, do hereby grant Campbell-Stone Apartments management, staff, or contractors, permission to perform credit and criminal background checks for the purposes of my rental application process. I do hereby release, hold harmless, and indemnify Campbell-Stone Apartments, RealPage Inc, and all persons or entities involved in this reporting of information about me from any claims or damages resulting in the provided information.

PLEASE PRINT

Date - _____

Full Legal Name - _____

Circle one - MALE FEMALE

Date of Birth - _____ Social Security Number - _____

Please circle all states that you have resided in -

- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN
IA KS KY LA ME MD MA MI MN MS MO MT NE NV
NH NJ NM NY NC ND OH OK OR PA RI SC SD TN
TX UT VT VA WA WV WI WY

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 and any owner (or any employee of HUD 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 willingly 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 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. Section **408 (a) (6), (7) and (8).**

Signature - _____ Date - _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)

SCREENING & REJECTION CRITERIA

An applicant may be rejected for any one of the following reasons:

- The applicant (head, co-head or spouse) is not 62 years of age or older;
- Verified poor or unsatisfactory housekeeping habits;
- Submission of false information or omission of information on the application, or failure to cooperate in the verification process;
- Negative reference from current or previous landlord, including but not limited to late rent, NSF checks, lease violations, etc.;
- The household size (including a Live-in Care Attendant) is not appropriate for size of apartment;
- Failure to complete all interviews including signing designated or required forms and/or documents upon request;
- Failure to provide Social Security number, proof of elderly status or verification of a disability which requires the design features of an accessible apartment, citizenship or evidence of eligible immigration, or income and asset information;
- Applicant has a derogatory or unsatisfactory credit history as reported by a credit agency or other source;
- Applicant demonstrates unreasonable hostile or abusive behavior toward management during the interview and eligibility process;
- For applicants who need assistance in order to satisfy the requirements of tenancy, an unwillingness or inability to secure such assistance;
- Evicted from a Federally Assisted Housing for Controlled Substance Use or any other reason within the last three (3) years;
- Inability to pay the appropriate security deposit(s) at move-in;
- Reliable evidence that reports a history of damaging the property of other housing; a history of disturbing the quiet enjoyment of others; or interfering with the efficient management and administration of the property;
- Reasonable evidence that the applicant's habits and practices may pose a threat of endangering the health or safety of others in the facility;
- Third refusal of a "request for an interview" or third refusal of an offered apartment for other than a verified medical reason;
- This will not be the only residence for the applicant;
- Current illegal use of drugs. Past illegal use of drugs without receiving treatment; or applicant or member of applicant's household is known to have engaged in the illegal use, distribution or manufacture of drugs;
- Reasonable evidence to believe that a household member's abuse of alcohol may interfere with the health, safety or right of peaceful enjoyment by other residents;
- Applicant or household member, including live-in aides, is subject to lifetime registration under a state sex offender registration program;
- Applicant has a pet (not service/companion animal) that does not conform to the current Pet Rules and Regulations;
- Applicants must have acceptable criminal background history, as reported by criminal background check.
- Applicant is not capable of fulfilling the terms of the Lease Agreement, and meet all their needs, or obtain the assistance necessary for the following activities:

Dressing, toileting, bathing, feeding, taking medication, transferring, mobility and associated tasks, following safety precautions, housekeeping and laundry, meal preparation and cleanup, communicating, obtaining transportation, money management, planning and decision making.

Campbell-Stone Apartments does not provide, nor have the authority to provide, any care or supervision of services, not to accept or retain residents who demonstrate any level of need for care and supervision services (beyond those based on a licensed physician's certification provided by the resident/family to be essential to their care or well-being such as a Live-in Care Attendant), nor to promise or make available in the future any medical care or nursing care.



DEROGATORY CREDIT IS DEFINED AS:

1. Any bankruptcy, or judgement within the last seven years, or
2. Any accounts listed as being paid over 60-90 days past due within the last 24 months, or
3. More than three accounts listed as being paid over 30 days past due within the last 12 months, or
4. Any accounts that are not listed as being current at the time that application is submitted.

APPEAL PROCESS FOR DEROGATORY CREDIT:

Applicants will be given a chance to correct their credit, or submit verifiable explanations regarding any derogatory credit, any derogatory items on the credit report, due to spousal death, major illness, or other unforeseeable events which caused financial hardship. If the applicant is able to correct their credit history or provide a satisfactory explanation of financial hardship which will not affect their ability to meet the terms of the Lease Agreement, s/he may then be reconsidered for admission.

DEROGATORY CRIMINAL HISTORY SCREENING POLICY

All applicants and household members, including live-in aides, will be screened for criminal history. A history of any of the following by any household member is cause for rejection of the applicant for housing.

Any conviction or adjudication other than an acquittal of:

- First-degree murder;
- Sex offenses, including forcible rape, child molestation, and aggravated sexual battery; and
- Arson.

Within 10 years from the date of application any conviction or adjudication other than acquittal of:

- A felony that involved bodily harm against a person, including but not exclusive of:
- Murder (other than first degree);
- Manslaughter; and
- Armed robbery.

Within five years from the date of application any conviction or adjudication other than acquittal of:

- A crime involving the illegal use, sales, or manufacture of a controlled substance;
- A felony that involved harm to another person's property, including but not exclusive of:
- Burglary or theft;
- Auto theft;
- Buying, receiving, or possession of stolen property; and
- Embezzlement.

Within three years from the date of application any conviction or adjudication other than acquittal of :

- Any other felony, not included above.

Within three years prior to the date of application, the applicant or any household member has been imprisoned after being convicted or a felony.

Extenuating circumstances may be considered.





November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"> ▫ Evicted from your apartment or house: ▫ Required to repay all overpaid rental assistance you received: ▫ Fined up to \$ 10,000: ▫ Imprisoned for up to 5 years; and/or ▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"> ▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.): ▫ Any money you receive on behalf of your children (child support, social security for children, etc.); ▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.); ▫ Earnings from second job or part time job; ▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none"> ▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.



- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

