

APPLICANT INFORMATION

MOULTRIE LEASED HOUSING CORPORATION

- SOUTHERN PINES 1- BEDROOM (ELDERLY UNITS ONLY)
- TALLOKAS VILLAGE 2 & 3 BR
- MEADOWRUN 1, 2 & 3 BR - (LOCATED IN BERLIN)
- WOODRIDGE 3 BR
- ROSEWOOD 1, 2, 3 & 4 BR
- WOODLAND HEIGHTS 1, 2, 3, 4 & 5 BR

Please circle the above properties and bedroom size you are interested in.

Have you or other adult members resided in other states: No___ Yes___ If yes, list each state_____

The following items must be submitted with your application:

- a. Social Security Card for each adult member (**List name on application printed on SS Card**)
- b. Photo Identification for each adult member
- c. Proof of income for each adult member (**1 month of check stubs**)

APPLICANT ACKNOWLEDGEMENT

DATE RETURNED

TIME



MOULTRIE LEASED HOUSING CORPORATION

800 4TH AVE S.E.
P O BOX 1058
MOULTRIE, GA 31776
229-890-5316



APPLICATION FOR RENTAL

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTHDATE	HOME PHONE ()	WORK PHONE ()	CELL NUMBER	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
OTHER OCCUPANTS				
LIST NAMES, BIRTH DATES AND SSN's OF ALL ADDITIONAL OCCUPANTS				
PETS				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY	
2. CO-APPLICANT OCCUPATION		EMPLOYER/COMPANY	MONTHLY SALARY	
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE	RELATIONSHIP	
2. NAME	ADDRESS	PHONE	RELATIONSHIP	
VEHICLE INFORMATION				
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE	
2. MAKE & MODEL		YEAR	LICENSE NO. & STATE	
OTHER VEHICLES				

Have you ever been convicted of a felony? [] Yes [] No

Are you or any household member a registered sex offender? [] Yes [] No

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature _____
Applicant

Date _____

Signature _____
Co-Applicant

Date _____

Received By _____

Date _____

Time _____

INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION

I, the undersigned, hereby authorize Moultrie Housing Authority to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

Person of Inquiry/Full Name *Persona de Encuesta/Nombre por completo*

Street Address *Direccion de la calle* City *Ciudad* State *Estado*

Zip *Codigo Postal* Phone Number *Telefono* Race *Raza* Sex *Sexo*

Date of Birth *Fecha de Nacimiento* Social Security Number *Num. Seguro Social*

Signature/Person of Inquiry *Firma/Persona de Escusta*

Notary Date

(Seal)

Commission Expires

PURPOSE OF INQUIRY (Circle One)

- Housing School Non-Law Enforcement Employment Law Enforcement Employment
- Employment with Elderly Employment with Children Employment with Mental Health
- Contractor Registration Occupational Tax

REQUESTOR'S ACKNOWLEDGEMENT

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed by the individual or group making the decision, of all pertinent information which resulted in the adverse action. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information shall be a misdemeanor.

REQUESTING:

- () MPD Record Only
- () GCIC Record NO RECORD SEE ATTACHED
- (FEES: Record Search/Dissemination—\$_____)

X Requestor's Signature *Firma del persona de encuesta*

Representing—Company, Firm, etc...

Dissemination Officer _____

Date _____