

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 _____

Moultrie Police Department Name-Based Criminal History Record Information Consent/Inquiry Form



I hereby authorize Moultrie Housing Authority 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) (First, Middle, Last) <i>Persona de Encuesta/Nombre por completo</i>			
Address (Street #, Name, City, State, Zip Code) <i>Direccion de la calle, Ciudad, Estado, Codigo Postal</i>			
Sex <i>Sexa</i>	Race <i>Raza</i>	Date of Birth <i>Fecha de Nacimiento</i>	Social Security # <i>Num Seguro Social</i>

X This authorization is valid for 30 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 *Firma/Persona de Escusta*

Date

Attorney for Individual (Pur E and U Only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (Check 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"/>	P-Public Records (No Consent Required)
<input type="checkbox"/>	F-Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U-Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J-Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z-Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (Check all that apply)

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

Wanting Agency Name: _____

Wanting Agency Telephone: _____

ATTN Field (Released To): Michael Boatwright

Agency Designee Signature and Title Date

SUBJECT IDENTIFICATION CARD PRESENTED:

