



DECATUR CHRISTIAN TOWERS APPLICATION FOR ADMISSION



Enhancing the quality of life of older adults by providing affordable housing in a caring, vibrant community.

Phone #
404-377-5507

Web Site
<http://www.christiantowers.com>

Fax #
404-377-5509

1438 Church Street – Decatur, Georgia, 30030



LeadingAge™
Georgia
formerly Aging Services of Georgia

NOTE: (This application is not complete without the supplements requested on the last page).

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Enhancing the quality of life of older adults by providing affordable housing in a caring, vibrant community.

Decatur Christian Towers is a high-rise apartment community for seniors. We have fourteen floors that offer 136 one-bedroom suites and 80 studio apartments. It is a residential housing provider for qualified persons who are capable of providing means to be self-sufficient. Decatur Christian Towers has 43 slots for assistance under the Section 8 Program. To be eligible for assistance under Section 8, you must be a current resident of Decatur Christian Towers.

ELIGIBILITY REQUIREMENTS

1. Must be 62 years of age or older. If married, only one person is required to be 62.
2. Applicant must also have the ability to:
 - a. Meet all requirements of the lease.
 - b. Respond to emergencies in the prescribed manner.
 - c. Care for your daily needs alone or with assistance.
 - d. Care for your apartment or obtain assistance.
 - e. Evacuate your apartment should there be an emergency.
3. Applicant must be mentally or emotionally able to:
 - a. Comprehend time, place, and person
 - b. Communicate and relate well with others.
 - C. Be responsible for you in the community.
4. Decatur Christian Towers does not provide the following:
 - a. Housekeeping in resident apartments
 - b. Attendant care services
 - c. Full-time staff on weekends and holidays.

INCOME REQUIREMENTS

Written verification of all assets and income is required and it is very important that this information is available at the time of the interview. Income requirements are as follows:

Minimum income for a Studio or one bedroom is \$1,202 monthly.

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RENT

Rent includes all utilities except telephone. Rent is due and payable on the first day of each month – no later than the fifth day of each month. Late rent will be assessed at \$5 on the sixth day of the month, with an additional \$1 for each day thereafter.

Basic rent for the studio apartment is between \$601 and \$646 per based on income. Basic rent for a one-bedroom apartment is between \$792 and \$856 per month based on income. Standard rent for a studio \$646 and for a one bed-room is \$856 per month.

A security deposit equal to one month's rent is required. This security deposit is placed in a separate account and is held until the termination of the lease, following a complete apartment inspection. If the rental account is paid in full and the apartment is clean, in good condition, and shows only normal wear and tear, the security deposit will be returned in full. Any unpaid rent, damages, unreturned keys, or unusual expenses will be deducted from the deposit.

All residents are encouraged to obtain Renter's Insurance from your insurance agent.

The Courtesy Desk is staffed from 7:00 am until 10:00 pm seven days a week. During the hours from 10:00 pm to 7:00 am, your resident access card is required to enter the building.

APPLICATION PROCEDURE

1. Completed application with income/asset information and birth certificate.
2. Interview and tour with applicant
3. Application reviewed and screened for credit and criminal history.
4. If application is approved, applicant is notified when a unit becomes available.

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REJECTION CRITERIA

Your application may be rejected for any one of the following reasons:

1. If you are under 62 years of age
2. Your family monthly income is not at least two times the monthly rent
3. Negative rental history information
4. Submission of false information on your application or failure to cooperate in the verification process.
5. Inappropriate household size for the unit available
6. Failure to sign designated forms and/or documents
7. Failure to pass the criminal background check
8. Failure to disclose and document Social Security number
9. Failure to meet credit scoring requirements

MOVE-IN PROCEDURES

1. A move-in inspection is done by personnel, with a representative of your choice present, to insure the condition of the unit meets your approval. Any unusual conditions should be noted on the inspection form.
2. A time for your move-in must be scheduled with the office by calling 404-377-5507 in advance to avoid conflicts in the use of the service elevator. All items must be moved in or out of the building through the service entrance in the rear of the building, using the service elevator.

Please answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. If you choose not to answer, please state that it is your choice not to do so. Print in ink or type the answers on the application.

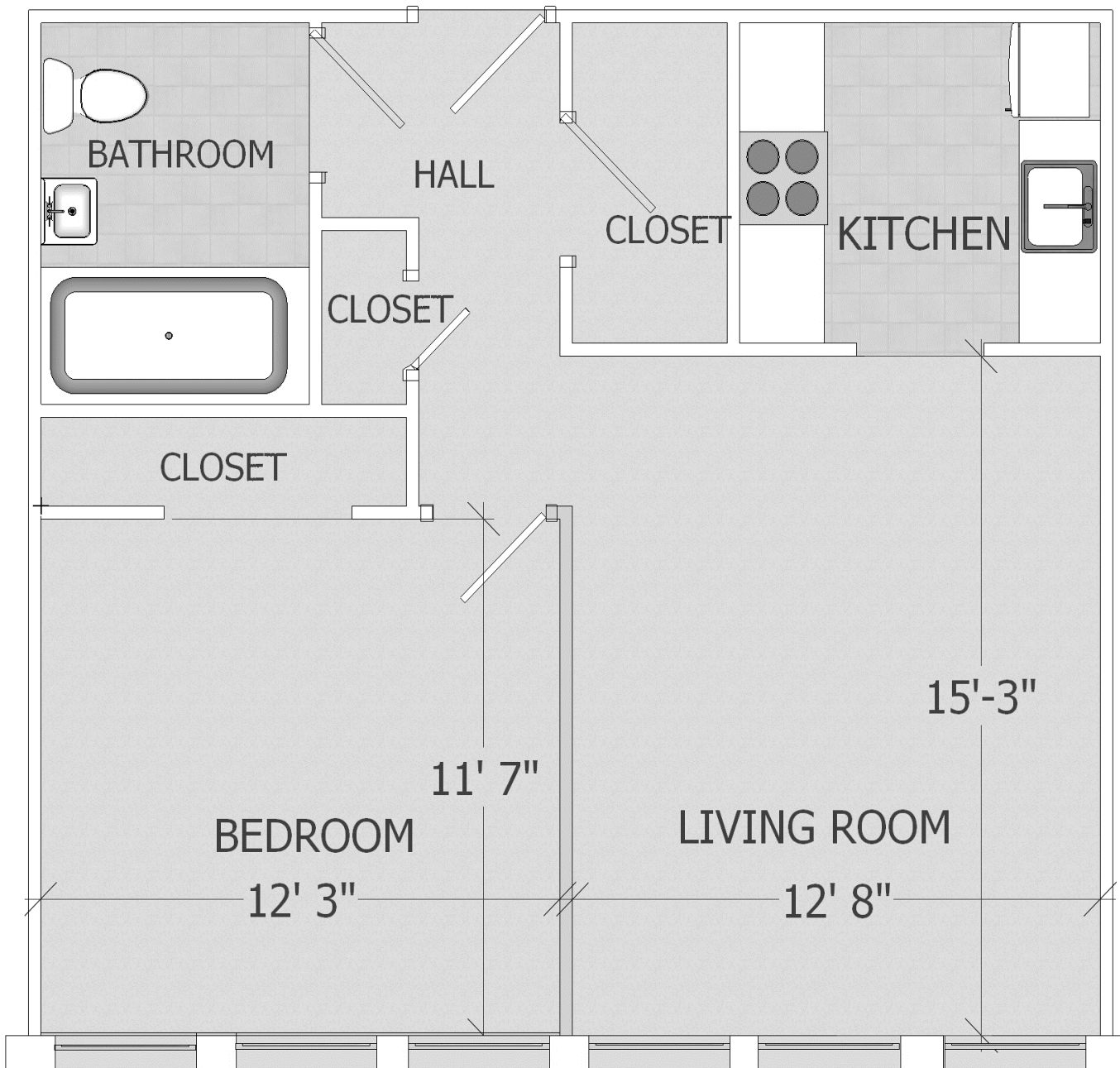
Applications will not be considered unless they are fully completed.

Thank you for your interest in becoming one of our neighbors at Decatur Christian Towers!

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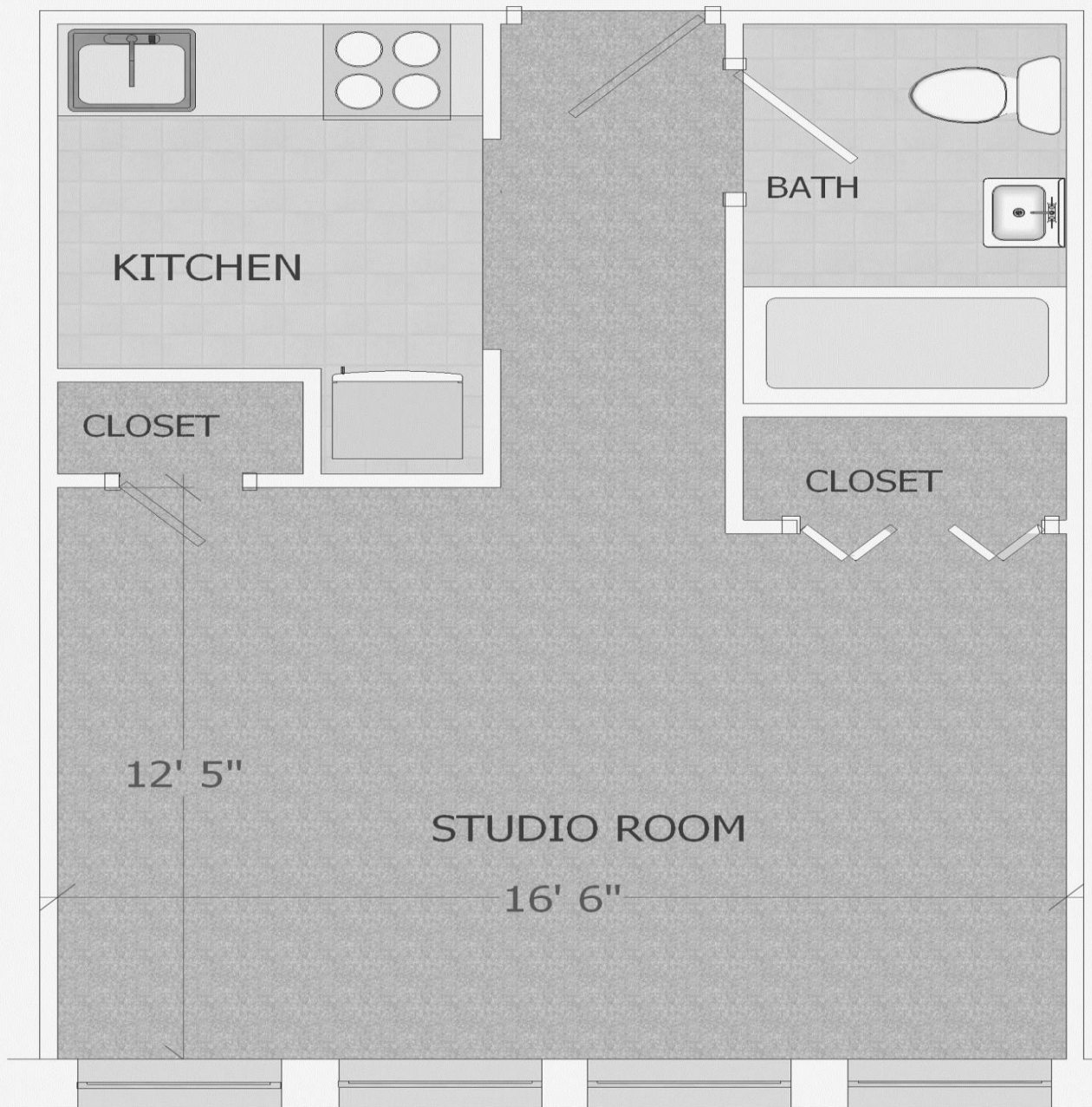
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TOTAL FOOTAGE
572 SQUARE FEET

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TOTAL FOOTAGE

396 SQUARE FEET

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APARTMENT PREFERENCESTUDIO _____
ONE BEDROOM _____**DECATUR CHRISTIAN TOWERS****APPLICATION FOR ADMISSION****FOR OFFICE USE ONLY**

DATE: _____

TIME: _____

Applicant Information Head of Household:

Full Name: _____ Mr.____ Mrs.____ Ms.____

Current Address: _____

City: _____ County: _____ State: _____ ZIP: _____

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

Email Address: _____

Place of Birth (City and State): _____

County of Birth _____

Date of Birth: _____ Age: _____ Social Security #: ____/____/____

SSN Disclosure and Verification:

Two exemptions: – Individuals who do not contend eligible Immigration status

– Participants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010

Marital Status: Single ____ Married ____ Widowed __ Divorced ____

Have you ever used any name(s) or Social Security Numbers other than the one you are currently using?

Yes ____ No ____ If yes, explain: _____

Spouse/Co-head

Full Name: _____ Mr.____ Mrs.____ Ms.____

Current Address: _____

City: _____ County: _____ State: _____ ZIP: _____

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

Email Address: _____

Place of Birth (City and State): _____

County of Birth _____ Date of Birth: _____ Age: _____ Social Security #: ____/____/____

Marital Status: Single ____ Married ____ Widowed ____ Divorced ____

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Have you ever used any name(s) or Social Security Numbers other than the one you are currently using?

Yes ___ No ___ If yes, explain: _____

ALTERNATE CONTACT INFORMATION

List names, addresses and telephone numbers of two relative or friends who will know how to contact you.

1. Name _____

2. Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Relationship _____

Relationship _____

CURRENT HOUSING STATUS

1. How many people live in your home now? _____

2. Does anyone live with you know who is not listed on the application? Yes _____ No _____

3. Do you expect this to change in the future? Yes _____ No _____

4. Do you wish to move? Yes _____ No _____

5. Are you being evicted? Yes _____ No _____

If yes, explain the circumstances _____

6. What is your current rent? \$_____, and your current Security Deposit? \$_____

7. What are your monthly costs for all utilities (except telephone)? \$_____

8. Are you now living in a Government subsidized unit? Yes _____ No _____

(e. g. Section 236 or Section 221 (D) (3) Subsidized Project)

If yes, where? _____

When? From _____ To _____ were you evicted? Yes _____ No _____

If yes, did you owe rent at the time of move out? Yes _____ No _____

If yes, how much did you owe? \$_____

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9. Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures? Yes _____ No _____

10. If you are not renting, please explain your current living arrangements.

11. List current address and all states and addresses where you have lived for the last 10 years: (Use additional sheets if necessary.)

Address: _____
Street City State Zip

Dates: _____ Rental: Yes _____ No _____

(If yes, complete the following information)

Landlord/Mgr: _____

_____.

Address: _____
Street City State Zip

Dates: _____ Rental: Yes _____ No _____

(If yes, complete the following information) Landlord/Mgr.

12. Do you receive Section 8 Assistance where you live now? Yes _____ No _____

13. Are you a student? Yes _____ No _____

What institution do you attend? _____. If you are not a student currently, do you plan to register at an institution of higher learning within the next 12 months?

Yes _____ No _____

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Income information:

Please answer the following questions.

1. Are you or any member of your household employed full-time, part-time or seasonally?
___Yes ___ No
2. Do you or any member of your household expect to work for any period of time during the next 12 months? ___Yes ___No
3. Do you or any member of your household work for someone who pays him or her in cash?
___Yes ___No
4. Are you or any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? ___Yes ___No
5. Do you or any member of your household now receive, or expect to receive unemployment benefits? ___Yes ___No
6. Do you or any member of your household now receive or expect to receive alimony payments? ___Yes ___No
7. Are you or any member of your household entitled to alimony payments that he/she is not now receiving? ___Yes ___No

Asset Information

1. List all checking and savings accounts (including IRA's, Keogh Accounts and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Type of Account	Current Balance	Annual Percentage Yield
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

2. List the value of all stocks, bonds, trust, pension contributions or other assets

3. Do you own a home or other real estate? Yes ☐ No ☐

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4. Have you sold, given away, disposed of or transformed any real property (e.g. real estate, Certificates of deposit, stocks, bonds, mutual funds or cash) or other assets in the past two (2) years for less than fair market value? Yes ☐ No ☐
 If yes, what is the current market value of the asset? \$ _____
 Description of the asset _____
 Divestiture costs (e.g., realtor commission, CD penalty) \$ _____
 Amount received \$ _____
 Name and address of bank, institution, real estate agent or appraiser who can verify transaction: _____

Medical Expense Information

1. Do you have Medicare Insurance? Yes ☐ No ☐ If yes, what is your monthly premium? \$ _____
2. Do you have any other kind of medical insurance (including Medicare supplement, hospitalization, cancer or long-term care policies)? Yes ☐ No ☐ if yes, give the insurance company's name, type policy, policy number and monthly premium.

Insurance Company	Type Policy	Policy Number	Monthly Premium
			\$
			\$
			\$

3. Do you receive medical assistance through the Welfare department? Yes ☐ No ☐
4. Do you have any outstanding medical bills on which you are paying? Yes ☐ No ☐ if yes, give the creditor and the amount.

5. Do you expect to have any substantial medical expenses (excluding prescriptions) during the next twelve months? Yes ☐ No ☐ if yes, give the amount. \$ _____
6. What are your estimated monthly prescription costs? \$ _____
7. What are your estimated monthly expenses for nursing care? \$ _____
8. Please provide the name and address of any doctors or providers who can verify this information. _____

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9. Do you expect any changes in your income, assets or medical expenses during the next 12 months? Yes ☐ No ☐ if yes, please explain.
- _____

Miscellaneous Information

*** Please note that Decatur Christian Towers is a 100% smoke-free environment. We provide an outdoor pavilion for residents and their guests.**

1. Do you or any members of your household smoke? Yes ☐ No ☐

If yes, who? _____

2. Do you have any pets? Yes ☐ No ☐ If yes, what kind?

_____ Weight _____

3. How many vehicles does the family applying to Decatur Christian Tower own? _____
please provide the following information for each automobile.

Year	Make	Model	Color	Tag Number	Handicap Decal

4. Will a live-in attendant be required for any member of the household? Yes ☐ No ☐ if yes, please enter the name of the attendant and the name and address of a physician who can verify the need for the attendant?

Name of Attendant _____

Name and Address of Physician _____

5. Do you or the members of your household have a need for an accessible unit or accessible features? Yes ____ No ____

6. Have you or anyone in your household ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, lease violations, failure to cooperate with recertification procedures, or for any other reason? Yes ☐ No ☐ if yes, please explain.

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7. Have you been evicted from a federal assisted housing program for drug related charges or alcohol abuse in the past five years. (If the applicant has completed a supervised drug / alcohol rehabilitation program or the circumstances leading to the eviction no longer exist, the applicant's eligibility may be reconsidered with proper documentation.) Yes ☐ No ☐
8. Do you or any member of your household use illegal drugs or any other illegal, controlled substances? Yes ☐ No ☐
- If yes, please explain. _____
9. Have you or any member of your household ever used illegal drugs or had a history of alcohol abuse? Yes ☐ No ☐ if yes, please explain _____
- If yes, have you or the member of your household, completed a drug or alcohol rehabilitation program? Yes ☐ No ☐ If yes, third party verification will be required.
10. Have you or any member of your household ever been convicted or received any adjudication other than acquittal within the past 10 years involving the use or possession of any controlled or illegal substance? Yes ☐ No ☐ if yes, please explain. _____
11. Have you or any member of your household ever been convicted or received any adjudication other than acquittal for the sale, distribution or manufacture of an illegal drug or other illegal controlled substance? Yes ☐ No ☐ if yes, please explain. _____
12. Have you or any member of your household ever been convicted or received any adjudication other than acquittal of a felony that involved bodily harm or molestation of a child? Yes ☐ No ☐ if yes, please explain. _____
13. Are you or any member of your household currently or have you ever been registered with any state Sex Offender Registry? Yes ☐ No ☐ if yes, please explain. _____
14. Have you or any member of your household ever been convicted or received any adjudication other than acquittal of a felony within the past 10 years that involved injury to a person or property? Yes ☐ No ☐ if yes, please explain. _____
15. Have you or any member of your household been convicted or received any adjudication other than acquittal within the past 10 years of a felony or a misdemeanor other than a traffic violation other than those specifically listed above? Yes ☐ No ☐ if yes, please explain. _____

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16. Have you or any household member used different names from the names given in this application? Yes ☐ No ☐ if yes, give name(s) and explain. _____
17. Have you or any members of your household ever used Social Security Numbers different from those listed in this application?
Yes ☐ No ☐ if yes, please explain. _____
18. How did you hear about Decatur Christian Towers (e.g., newspaper, internet, word of mouth, etc.)? _____
19. Are you a victim of domestic violence? Yes ☐ No ☐

Please note:

Decatur Christian Towers is a residential housing provider for qualified persons who:

1. Are physically capable of providing means sufficient for caring for their normal needs and;
2. Have mental ability sufficient to accept responsibility for self in this type of facility.

Decatur Christian Towers offers housing and maintenance services. This facility has no license, obligation or staff to provide any medical services, medicines, special diets, food service or other household services to tenants.

Are you physically and mentally capable of providing means for caring for your normal needs and accepting responsibility for yourself in this facility? Yes ☐ No ☐

The completion of this application creates no obligation on your part. At a later date, when your name(s) comes near the top of the waiting list, and you are offered a unit, a personal interview will be required. In addition, all current income and assets must be verified.

Please be advised that if you are offered an apartment and you refuse it, your name will be moved to the bottom of the waiting list. When a second apartment is offered, if you refuse, your name will be removed from the active waiting list.

All information submitted by you will be used for management purposes only and will remain confidential.

Do you wish to have your name added to the Studio waiting list? Yes ☐ No ☐

and/or

Do you wish to have your name added to the One-Bedroom waiting list? Yes ☐ No ☐

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Applicant Signature and Certification

I (we) understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. I (we) understand any false information may make me (us) ineligible for a unit.

I (we) certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I (we) understand that if any of this information is false, misleading or incomplete, Management may decline my (our) application or, if move-in has occurred, terminate my (our) Rental Agreement.

I (we) authorize Management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If my (our) application is approved, and move-in occurs, I (we) certify that only those persons listed in this application will occupy the apartment, that I (we) will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

I (we) agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

I (we) have read and understand the information in this application, and I (we) agree to comply with such information.

I (we) authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a (d) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

I (we) also understand that all adult members of the household must sign the HUD required **Consent Form** (“Authorization for Release of Information” HUD 9887 & 9887-A) before we can be offered a unit.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

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CHECK LIST OF REQUIRED DOCUMENTS

The Items listed below must be submitted with your application in order to be considered

- ☐ **A copy of your current Social Security letter clearly stating the amount of your income received monthly or annually.**
- ☐ **A copy of your State ID or Driver's License and Social Security Card.
(A valid passport will substitute for the driver's license)**
- ☐ **A copy of the last 6 months of bank checking account balance.**
- ☐ **A copy of the most recent savings account balance.**
- ☐ **A copy of your tax return IF you are still working full or part-time.**
- ☐ **A copy of any pension statement or retirement account.**
- ☐ **A copy of your birth certificate.
(a valid passport may be substituted)**
- ☐ **A copy of your power of attorney if applicable.**

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