

## **PEAKE POINT APARTMENTS – WAITING LIST OPENING**

This is to notify the public that Peake Point Apartments, located at 7081 Peake Road N., Macon, GA, 31210, will begin accepting pre-applications on **Monday, November 25, 2024**, at 9:00 a.m. Peake Point is a LIHTC/HOME funded multifamily property containing 60 units (24 1BR and 36 2BR units). Twenty-five (25) units have Section 8 Project Based Rental Assistance. The property is designed for households with at least one member who is 55 years of age or older. Annual income must not exceed the LIHTC 60% Income Limits for non-assisted units or 50% for assisted units. The property also accepts Housing Choice Vouchers. Peake Point provides a preference on the waiting list for disabled/homeless applicants referred by an assistance agency whose clients meet the definition of the Settlement Population. Applicants must have an acceptable rental history and pass a criminal background check. An application fee of \$25.00 must accompany the application to cover the cost of background screening. Also, a \$300.00 Security Deposit is due at move-in.

### **\*Request an application as follows:**

- (1) Website: Download an application from the MHA website: [www.maconhousing.com](http://www.maconhousing.com)**
- (2) Email: Request an application from: [pplpap@maconhousing.com](mailto:pplpap@maconhousing.com), or**
- (3) Call the Application Telephone Line: 478-200-8033.**

### **\*Return the completed application with a check/money order for the \$25.00 application fee :**

- (1) Mail: Peake Point Applications, PO Box 27210, Macon, GA 31221, Attn: B. Shivers**
- (2) Drop Box: Located at Macon Housing Authority, 2015 Felton Avenue, Macon, GA 31201.**

**\*Pre-applications will not be available at the property office. Incomplete or unsigned applications will not be accepted.**

Persons with hearing or speech impairments or limited English proficiency requiring assistance with the application process may call the **Georgia Relay Service at 7-1-1** or go to <http://georgiarelay.org> or call **478-200-8033** for assistance. There are units available designed for persons with mobility, hearing, and/or visual impairments. Peake Pointe Apartments does not discriminate in rental housing and is an Equal Housing Opportunity property dedicated to providing rental housing to all without regard to race, color, religion, sex, disability, familial status, age, national origin or sexual orientation.



**PEAKE POINT APARTMENTS  
PRE-APPLICATION INSTRUCTIONS**

Please fill out the Pre-application Packet as follows:

- Complete all lines on the Pre-application Form;
  - Answer all questions;
  - List all household members, all income, and assets;
  - Answer all screening questions;
  - Provide a mailing address, email address, and telephone number;
- All adult members must sign the Pre-application Form;
- All adult members must fill out and sign a Criminal Consent Form;
  - Print and fill out one Criminal Consent Form for each adult member;
- All adult members must sign the General Consent Form;
- List all family members, fill out, and sign the Student Affidavit Form.
- Attach a check or money order for the application fee of \$25.00/adult member payable to Peake Point Apartments.

Return the completed Pre-application Packet to:

- Peake Point Applications  
PO Box 27210  
Macon, GA 31221  
Attn: B. Shivers

or

- **Drop Box:** Deposit the Pre-application packet in MHA's drop box located at 2015 Felton Avenue, Macon, GA 31201.  
*Please Note: No applications will be given out at the property. Incomplete applications will not be listed on the waiting list and may be returned for completion. Applications must include an application fee in the form of a check or money order in the amount of \$25.00/adult payable to Peake Point Apartments to cover the cost of background screening. Questions concerning the application can be directed to Brenda Shivers, Property Manager at 478-200-8033.*



**Peake Point Apartments**  
**7081 Peake Rd N.**  
**Macon, GA 31201**

**FOR MANAGEMENT USE**  
 Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Application Number: \_\_\_\_\_

**PRE-APPLICATION**  
**478\_200-8033**

pplap@maconhousing.com

|   |  |
|---|--|
| <b>1. Name and address of head of household</b><br>Last name _____ First name _____ Middle initial _____<br>Mailing address _____ Apt. # _____ City _____ State _____ Zip _____<br>Address where you are currently living (if different) _____ City _____ State _____ Zip _____ | <b>2. Personal information</b><br>Social Security number _____<br>Birthdate (MM/DD/YY) _____<br>Area code _____ Telephone number _____ |
|---|--|

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>3. Sex</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>4. Ethnicity</b><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic | <b>5. Race</b><br><input type="checkbox"/> Native American<br><input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native American | <input type="checkbox"/> Black<br><input type="checkbox"/> White<br><input type="checkbox"/> Other | <b>6. Citizenship Status</b><br>US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Legal Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|---|--|--|

\*Questions are optional

**7. List others who will live with you.** Include unborn children and live-in aides. For "Ethnicity" and "Race" see categories above.

| # | Relationship | Last name | First Name & M. I. | *Ethnicity | *Race | *Sex | Social Sec. No. | Birthdate | Disability (Y/N) |
|---|--------------|-----------|--------------------|------------|-------|------|-----------------|-----------|------------------|
| 1 |              |           |                    |            |       |      |                 |           |                  |
| 2 |              |           |                    |            |       |      |                 |           |                  |
| 3 |              |           |                    |            |       |      |                 |           |                  |
| 4 |              |           |                    |            |       |      |                 |           |                  |
| 5 |              |           |                    |            |       |      |                 |           |                  |

**8. Household type:**  Family (for more persons)  Disabled (head or spouse disabled)

**9. Disability or handicap:** (It is not necessary to give us details about your disability or handicap.)  
 Will any member of the household require a unit having handicap accessible features?  Yes  No

**9a.** Do you claim any disability or handicap?  Yes  No  
**9b.** Do you need special accommodations to complete the application process?  Yes  No  
**9c.** If yes, what assistance do you request? \_\_\_\_\_

**10. Unit size (# bedrooms) requested:**  1-BR  2-BR

**11. Do you need a handicapped accessible unit:** Yes \_\_\_ No \_\_\_  
 If yes, type of unit: Mobility: \_\_\_\_\_  
 Vision: \_\_\_\_\_  
 Hearing: \_\_\_\_\_

**11a.** Disabled/Homeless meeting definition of US vs GA Settlement Population   
**11b.** If 11a is yes, list the referral agency. \_\_\_\_\_

**12. Assets and income:** Provide gross (not net) amounts for all questions.

|  |   |
|--|---|
| <b>12a.</b> <input type="checkbox"/> Checking Bank/Institution _____<br><input type="checkbox"/> Savings Bank/Institution _____<br><input type="checkbox"/> CD's Bank/Institution _____<br><input type="checkbox"/> EBT Card Type _____ Balance \$ _____<br><input type="checkbox"/> Real Estate Type _____ Value \$ _____ | Avg. Bal. last 6 mo. \$ _____ Annual Inc. \$ _____<br>Current balance \$ _____ Annual Inc. \$ _____<br>Current balance \$ _____ Annual Inc. \$ _____<br>Insurance Policy Cash Value \$ _____<br>Mortgage amount \$ _____ Annual Inc. \$ _____ |
|--|---|

**12b.** Have you disposed of any assets during the past 2 years for less than fair market value?  YES  NO  
 If yes, explain \_\_\_\_\_

**12c. Income source(s):** Check all that apply and indicate gross monthly income.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> SSA \$ _____/mo.   | <input type="checkbox"/> Pension \$ _____/mo.       | <input type="checkbox"/> Bills paid by another \$ _____/mo. |
| <input type="checkbox"/> SSI \$ _____/mo.   | <input type="checkbox"/> Child support \$ _____/mo. | <input type="checkbox"/> Gifts for support \$ _____/mo.     |
| <input type="checkbox"/> TANF \$ _____/mo.  | <input type="checkbox"/> Alimony \$ _____/mo.       | <input type="checkbox"/> Annuities \$ _____/mo.             |
| <input type="checkbox"/> Wages \$ _____/mo. | <input type="checkbox"/> Workers Comp. \$ _____/mo. | <input type="checkbox"/> Asset Income \$ _____/mo.          |

**13. Have you ever:** (Check either Yes or No on all questions.)

|  |  |
|--|--|
| Lived in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lived in Section 8 housing? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Been terminated or evicted from subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Owe money to a housing authority or a Section 8 landlord that is unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No | Current Illegal Drug User? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Been convicted of a drug related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Registered sex offender? State _____ <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Been convicted of violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Had a pattern of abuse of alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Used a name other than indicated above? (If yes, what name was used? _____) <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**14. Marketing:** How did you hear about the property? \_\_\_\_\_

**15. Is any household member a full or part-time student?**  YES  NO If yes, who? \_\_\_\_\_

**Certification of applicant:** I hereby certify that the information I have provided in this pre-application is true and accurate.  
 I understand that:  
 • Having provided any false information will result in cancellation or denial of my application or termination of my housing assist.  
 • At the time I rise to the top of a waiting list, I will be required to update and verify the information I have provided here.  
 • Changes occurring after filing this pre-application may affect my qualification for subsidized housing.  
 • I must keep management informed of my current address and phone number, and failure to do so will result in cancellation of my application.

|  |            |                     |
|--|------------|---------------------|
| Signature of head of household _____     | DATE _____ | EMAIL ADDRESS _____ |
| Signature of spouse or other adult _____ | DATE _____ | PHONE NUMBER _____  |



**Warning:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government.

TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to Macon Housing Authority for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups that may be asked to release the above information include, but are not limited to:

|  |                                  |  |
|--|----------------------------------|--|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement System                      |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|  | Medical and Child Care Providers |  |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

|                   |              |       |
|-------------------|--------------|-------|
| _____             | _____        | _____ |
| Head of Household | (Print Name) | Date  |
| _____             | _____        | _____ |
| Spouse or Co-Head | (Print Name) | Date  |
| _____             | _____        | _____ |
| Adult Member      | (Print Name) | Date  |
| _____             | _____        | _____ |
| Adult Member      | (Print Name) | Date  |

**PENALTIES FOR MISUSE OF INFORMATION**

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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. 408 (a) (6), (7) and (8).

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize **PEAKE POINT (FJ180)** to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**\*\* ALL FIELDS ARE REQUIRED**

| FULL NAME (PRINT) <span style="float: right;">MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID</span> |   |               |  |
|---|---|---------------|--|
|   |   |               |  |
| LAST  | FIRST   | MIDDLE        |  |
| ADDRESS   |   |               |  |
| STREET  |   |               |  |
| CITY, STATE ZIP   |   |               |  |
| SEX   | RACE  | DATE OF BIRTH | SOCIAL SECURITY NUMBER   |
| <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> UNKNOWN                | <input type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> HISPANIC<br><input type="checkbox"/> UNKNOWN |               | <input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER |

CHECK ONE BOX

This authorization is valid for 180 days from the date of signature.

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Purpose Code Used: (check one)**

| NON-CRIMINAL JUSTICE PURPOSES       |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | E – Employment / Volunteer Work / Tenancy                                       |
| <input type="checkbox"/>            | M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work |
| <input type="checkbox"/>            | N - Working with Elderly – NOT for Volunteer work                               |
| <input type="checkbox"/>            | W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work              |

ORI STAMP REQUESTED

# Certification of Student Status

*Please complete one form per household*

Property Name \_\_\_\_\_ GA ID # \_\_\_\_\_  
 Head of Household \_\_\_\_\_ Co-Head \_\_\_\_\_  
 Unit Number \_\_\_\_\_ Move in Date \_\_\_\_\_ Effective Date \_\_\_\_\_

**All Adults must read:** A full-time student is **any** individual who is currently enrolled in **any** educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

## Section One: Household Members and Status

Please list **all** household members regardless of age. Indicate student status.

| Name | Date of Birth | Age | Student Status |    |           |    |           |    |
|------|---------------|-----|----------------|----|-----------|----|-----------|----|
|      |               |     | Full-Time      |    | Part-Time |    | Verified* |    |
|      |               |     | Yes            | No | Yes       | No | Yes       | No |
| 1    |               |     |                |    |           |    |           |    |
| 2    |               |     |                |    |           |    |           |    |
| 3    |               |     |                |    |           |    |           |    |
| 4    |               |     |                |    |           |    |           |    |
| 5    |               |     |                |    |           |    |           |    |
| 6    |               |     |                |    |           |    |           |    |
| 7    |               |     |                |    |           |    |           |    |
| 8    |               |     |                |    |           |    |           |    |

\* No verification needed for self certified full-time students. Verify part time status only when everyone in household is a student.

Did anyone graduate from school/college/university during calendar year? ..... Yes No if Yes, when? \_\_\_\_\_  
 Are all residents of the household full time students? ..... Yes No If No, skip to section 3  
**Is at least 1 household member (listed above) a part of the original qualifying household? Yes No**

## Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

|     |    |   |
|-----|----|---|
| Yes | No | At least one member of the household receives assistance under title IV of the Social Security Act (i.e., payments under AFDC or TANF). <i>Please provide a third-party verification of AFDC/TANF award.</i>  |
| Yes | No | At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. <i>Please provide a verification of enrollment &amp; mission statement of the program if not JTPA.</i>                |
| Yes | No | The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. <i>Please provide a signed copy of most recent tax return.</i>                     |
| Yes | No | The members of the household are married and eligible file a joint federal tax return. <i>Please provide a signed copy of most recent tax return or marriage license.</i>   |
| Yes | No | At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <i>Please provide court documents, state agency documentation or Social Security verification.</i> |

## Section Three: Signatures and Acknowledgement

\_\_\_\_\_ I agree to notify management immediately if any household members' student status changes including, but not limited to my own. (All Adult Residents Initial)

**I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.**

|           |      |           |      |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
| Signature | Date | Signature | Date |

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency**