



Thank you for your interest in residing at Oaks at Park Pointe.  
**2- & 3-Bedroom Affordable Apartment Homes**

## **PRE-APPLICATION INSTRUCTIONS:**

- Pre-application **MUST** be filled out in its entirety to be eligible for housing (one pre-application per household). Any incomplete applications will not be processed for the Oaks at Park Pointe waiting list.
- In order to be eligible, all households must meet the required income limits below. This income is based on the entire household.
- Pre-applications **MUST BE MAILED VIA US MAIL TO:**  
**Oaks at Park Pointe, 420 Park Road, Griffin, GA 30224**
- Please include a \$25 money order for each adult (including live-in aide) with your pre-application payable to: Oaks at Park Pointe.
- Please submit the Pre-application as soon as possible as the waitlist is open for a limited time.
- Pre-applications are time and date stamped, and processed in the order they are received. You will be contacted to complete the full application and interview process once an apartment becomes available.
- The following income restrictions apply: *(Effective 4/2022, subject to change)*

|                       | <b>1 Person</b> | <b>2 People</b> | <b>3 People</b> | <b>4 People</b> | <b>5 People</b> | <b>6 People</b> |
|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>LIHTC/PBRA 50%</b> | \$33,750        | \$38,600        | \$43,400        | \$48,200        | \$52,100        | \$55,950        |
| <b>LIHTC 60%</b>      | \$40,500        | \$46,320        | \$52,080        | \$57,840        | \$62,520        | \$67,140        |

### **Contact Us:**

OaksParkPointe.com | OaksAtPark@Penrose.com

T: 678.806.8900 | TTY: 711



Address: 420 Park Road  
Griffin, GA 30224  
Phone: 678.806.8900  
Fax: 678.806.8224  
Email: OaksAtPark@penrose.com  
TTY: 711

To be completed by office staff:  
Application Number \_\_\_\_\_  
Date Application Rec'd \_\_\_\_\_  
Time Application Rec'd \_\_\_\_\_  
Initials of Staff Member \_\_\_\_\_

**HEAD OF HOUSEHOLD**

|   |   |
|---|---|
| M | F |
|---|---|

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
(House #) (Street Name) (Apt. #)

CELL #: \_\_\_\_\_  
(City) (State) (Zip Code) WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_  
DRIVER LICENSE NUMBER: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

| Name | DOB | M/F | Relationship | Soc. Sec. Number | DL State & Number |
|------|-----|-----|--------------|------------------|-------------------|
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |

**ANNUAL HOUSEHOLD INCOME**

|                                   |    |
|-----------------------------------|----|
| Employment/Wages                  | \$ |
| Social Security Income            | \$ |
| Social Security Disability Income | \$ |
| Public Assistance (Welfare/TANF)  | \$ |
| Child Support                     | \$ |
| Pension                           | \$ |
| Other Income (Please Specify):    | \$ |



**Preferences for Determining Waiting List Position (if applicable)**

|  |                            |                           |   |   |
|--|----------------------------|---------------------------|---|---|
| Do you or any member of your household have a DISABILITY?  |                            |                           | Y | N |
| Is the Head of Household or Spouse 62 years of age or older or disabled?   |                            |                           | Y | N |
| Are you currently employed?  |                            |                           | Y | N |
| Are you a student or recent graduate of an educational or training program?  |                            |                           | Y | N |
| Were you involuntarily displaced due to a natural disaster?  |                            |                           | Y | N |
| Are you homeless?  |                            |                           | Y | N |
| Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.) |                            |                           | Y | N |
| If yes above, please circle features required:   |                            |                           |   |   |
| Unit for mobility impaired   | Unit for visually impaired | Unit for hearing impaired |   |   |
| Grab bars  | No steps                   | Other:                    |   |   |
| Describe:  |                            |                           |   |   |

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

|            |                          |     |                          |                          |                          |
|------------|--------------------------|-----|--------------------------|--------------------------|--------------------------|
| Tax Credit | <input type="checkbox"/> | 50% | <input type="checkbox"/> | 60%                      | <input type="checkbox"/> |
| ACC        | <input type="checkbox"/> | 30  | <input type="checkbox"/> | <input type="checkbox"/> |                          |

February 2021

