TN Development Corporation

Forest Oaks Apartments

3111 Two Notch Road, Columbia, SC 29204 • Phone: 803.714.6169 • Fax: 803.754.6980 • www.tndevelopmentcorp.com

Byrnes Place Apartments Leasing Criteria

Application Fee $25.00 **Money Order**

Security Deposit: One Month's Rent

2 Bedrooms **$450** a Month

3 Bedrooms **$470** a Month

Thank you for your interest in Byrnes Place Apartments. The following is a list of criteria that will be verified with your rental application.

1) Monthly income of at least three times the monthly rent amount.

2) SLED Criminal Record Check

3) Credit Report

4) Personal References

5) Housing References (Past two years rental history)

6) All sources of income verified via third party, including any and all assets on deposit.

After your application is approved, the applicant must be able to obtain electric service from SCE&G, as well as water and sewer from the City of Columbia prior to moving into Byrnes Place Apartments.

TN Development Corporation

TN Development Corporation
Arbor Hill Apartments ~ Byrnes Place Apartments
Waters Crest Townhomes
Leasing Office
3111 Two Notch Road
Columbia, SC 29204
Office: (803)-714-6169 Fax: (803)-754-6980

RENTAL APPLICATION

APPLICANT **DATE OF BIRTH**

First MI Last (Mo/Day/Year)

SSN: _____-___-_____ DLN: State Number Exp. (Mo/Yr)

OTHERS TO OCCUPY APARTMENT

NAME **RELATIONSHIP**

HOUSING INFORMATION

1. PRESENT ADDRESS **Telephone #**

Street City SC Zip (___)_____ Home (___)_____ Work

LANDLORD **PHONE #** **DATES OF RESIDENCY** **RENT**

(___)_____ **FROM:** **TO:** $_____

2. PREVIOUS ADDRESS **REASON FOR LEAVING**

Street City SC Zip

LANDLORD **PHONE #** **DATES OF RESIDENCY** **RENT**

(___)_____ **FROM:** **TO:** $_____

SPECIAL HOUSING NEEDS

DO YOU HAVE ANY SPECIAL HOUSING NEEDS? YES NO If yes, please explain below:

TN Development Corporation

EMPLOYMENT INFORMATION

PRESENT EMPLOYER

Employer _____ Position _____

Address _____ Phone # (___)_____

Monthly Income $_____ Dates of Employment FROM: ____ TO: ____

SUPERVISOR: _____

PREVIOUS EMPLOYER

1. Employer _____ Position _____

2. Employer _____ Position _____

Monthly Income $_____ Dates of Employment FROM: ____ TO: ____

SUPERVISOR: _____

OTHER SOURCES OF INCOME

PENSION

Type(i.e. Social Security, SSI, VA) _____

Monthly Income $_____

OTHER SOURCES OF INCOME

Type _____

Monthly Income $_____

CREDIT INFORMATION

BANK REFERENCES:

Savings Account (s): _____ Account # _____

Checking Account (s): _____ Account # _____

EMERGENCY CONTACT INFORMATION

Name	Relationship	Address	Phone #
_____	_____	_____	(___)_____

The undersigned represents that the above statements are true and complete and authorizes verification of information and references given. It is understood that the deposit amount received $_____ will be returned if applicant is not accepted as a resident. If accepted, and subsequently the resident does not move in on the starting date, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. TN Development Corporation may verify all the information provided by me for eligibility purposes and release from liability all persons or entities supplying or collecting such information.

Applicant's Signature	Date	Management Signature	Date/Time
_____	_____	_____	_____

Non- refundable Application fee paid: _____ Deposit paid: _____ Initials: _____

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HOUSING VERIFICATION

Please Rush
Application Can Not Be Approved Until This Form Is Returned

TO: Present/ Previous Landlord:

_____
Property Name

_____
Street Address

_____
City State Zip

(_____)_____-_____
Telephone #

Applicant's Present/Previous Address

_____
Applicant's Name

_____
Street Address Apt.#

_____
City State Zip

Dear Landlord:

I hereby grant my permission to the present/ previous named above to release information relating to residency, credit, and references as outlined below to TN Development Corporation, with whom I am requesting current residency. This form consists of TWO pages. Please complete both forms and return to TN Development Corporation at: 3111 Two Notch Road, Columbia, SC 29204 or Fax to: (803)-754-6980. Please Do Not Give This Form To The Applicant To Return.

If you have any questions, you may contact the Property Management office of TN Development Corporation at (803)-714-6169.

Sincerely,

_____
Applicant's Signature

EQUAL HOUSING OPPORTUNITY

TN Development Corporation

HOUSING VERFICATION—Page 2

To Be Completed By Present/Previous Landlord Only. This form consists of TWO pages. The First Page is the Applicant's Permission; the Second Page is the Reference Form.

1. Dates of occupancy: From_____/_____/_____To_____/_____/_____
2. Amount of rent paid: $_____per_____
3. Any balance due? Yes / No Amount: $_____
4. Utilities included in the rent? Yes / No
5. Number of NSF_____
6. Number of Late Payments_____
7. Number of Notice(s) to Cure_____ Reason(s) _____
8. Is/Was the applicant being evicted? Yes No
9. Are/Were there any damages to the apartment Yes No
   If yes, please explain: _____
10. Does/Did the resident maintain a well kept home? Yes No
    (i. e. Good Housekeeping) If no, please explain: _____
11. Is/Was the applicant working? Yes No
12. Is/Was the applicant going to school? Yes No
13. Does/Did the applicant get along with other residents? Yes No
14. Are/Were the only people occupying the apartment those who were on the lease? Yes No
15. While living at your residence, does/did the resident and their guests abide by the lease rules and regulations? Yes No
    If no, please explain: _____
16. If the resident re-applied for housing with you in the future, would you rent to him/her again? Yes No
    If no, please explain: _____

Comments: _____

_____

_____ Owner/Agent/Manager

_____ Date

_____ Title

(____)_____-_____ Telephone #

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VERIFICATION OF EMPLOYMENT

Date: _____

This form is to be signed by the potential beneficiary and mailed to their employer by the Participant. This form should not be hand delivered by the potential beneficiary.

TO: (Name and address of Employer)	**FROM:** (Name,address & social security # of Beneficiary)

I have applied for housing assistance from TN Development Corporation. Please provide the salary and employment verification requested below.

_____
Signature of Beneficiary

EMPLOYER:

Is the beneficiary currently employed by you? Yes / No Position: _____

Dates of employment: _____ - _____ Probability of continued employment: Yes / No

_____Full Time _____ Part Time Hours per week:_____ Hours per year:_____

Basic Pay: $_____/hour Basic Pay: $_____ per year

Overtime Pay $_____/hour Overtime Hours per week:_____per year:_____

Commission: $_____/month $_____/year

Bonus/Other: $_____/month $_____/year

_____ _____
Employer Signature Date

_____
Telephone Number

The above information is confidential. Thank you for your cooperation. Please return this form directly to: TN Development Corporation, 3111 Two Notch Road, Columbia, SC 29204.

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TN Development Corporation
Arbor Hill ~ Byrnes Place ~ Forest Oaks ~ Oak Hill~ Waters Crest

SSI
SOCIAL SECURITY
PENSION AND ANNUITIES VERIFICATIONS

If you are the recipient of SSI, Social Security, Pension or Annuities, please include a copy of your award letter. The date on your award letter or printout **must not exceed ninety (90) days.** We **cannot** use check stubs as verification.

If you do not have access to a photo copier, please bring your original to the management office and we will copy it for you.

Thank you.

Arbor Hill Apartments
2511 Center Street
Columbia, SC 29204
Phone: 803.714.6169 • Fax: 803.754.6980

Byrnes Place Apartments
2313, 2321, 2335 Byrnes Drive
Columbia, SC 29204
Phone: 803.714.6169 • Fax: 803.754.6980

Oak Hill Apartments
2709 Two Notch Road
Columbia, SC 29204
Phone: 803.714.6169 • Fax: 803.754.6980

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VERIFICATION OF INCOME FROM RELATIVES AND/ OR FRIENDS

I, _____, do hereby certify that I give to _____
the sum of $_____ per month / week to assist with his / her living expenses.
(circle one) (circle one)

I will continue to provide this income until _____ has established adequate income of his / her own.
(circle one)

_____ _____
Signature Relationship

_____
Date

****

_____
Notary Public

My commission expires on:_____

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Verification of Assets on Deposit

Applicant's Name: _____

Name of Banking Institution: _____

I hereby authorize release of my information.
Signature of applicant: _____ Date: _____

OR copy of the attached executed release form which authorizes the information requested

Federal regulations require verification of assets for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: TN Development Corporation **Fax #: (803)-754-6980**

THIS SECTION TO BE COMPLETED BY BANKING INSTITUTION

Checking Account#	Avg.6 month Balance	Current % Rate	
1.	$	%	
2.	$	%	
Savings Account#	**Current Balance**	**Current % Rate**	
1.	$	%	
2.	$	%	
Money Market Account#	**Avg.6 month Balance**	**Current % Rate**	**Term (Months)**
1.	$	%	
2.	$	%	
Cert of Deposit Account#	**Avg.6 month Balance**	**Current % Rate**	**Term (Months)**
1.	$	%	
2.	$	%	

If a "6 month average" is requested above but unavailable, please explain why (i.e account open for four month, system only allows for three month averages, etc.) _____

Additional remarks: _____

Authorized Signature _____ Printed Name _____ Date _____

Title _____ Address _____ City _____ State _____ Zip _____

Phone# _____ Fax# _____ Email _____

Note: Section 1001 of Title 18 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 United States.

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PERSONAL REFERENCE

TO: _____
_____
_____

RE: _____
Applicant's Name

The above named individual has applied for housing with a TNDC community. He/She has given us your name as a personal reference. Please take a minute to complete the information below. Please be frank with your answers. Your responses will be treated confidentially. For your convenience, we have enclosed a self-addressed stamped envelope for your use.

Thank you,

_____
Management

I give my authorization for the personal reference to be requested.

_____
Applicant Signature

For Completion By Personal Reference Only

How long have you know the applicant? _____

What is your relationship to the applicant? _____

Do you feel that the applicant will respect our Community Rules, by the examples cited below?

	Yes	No
No loud parties	☐	☐
No loud playing of stereos, radios, TV, etc.	☐	☐
Driving carefully through parking areas	☐	☐
Keeping personal items, etc. picked up	☐	☐
Keeping apartment clean	☐	☐
Taking proper care of appliances	☐	☐

Please answer the following questions regarding any knowledge you may have regarding criminal activity of the applicant:

1. Has applicant been convicted of a violent crime?	☐	☐
2. Has applicant been convicted of an alcohol or drug related crime?	☐	☐

Additional comments:

_____

_____

_____
Signature

_____
Position/Title

_____
Telephone #

_____
Date

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor

MARK A. KEEL
Chief

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____

SSN _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): TN DEVELOPMENT CORPORATION

CHARITABLE VERIFICATION ACCOUNT # (if applicable): N0065

PLEASE NOTE:

The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588