

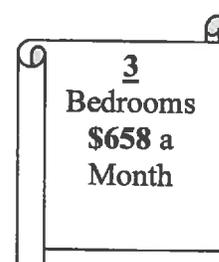
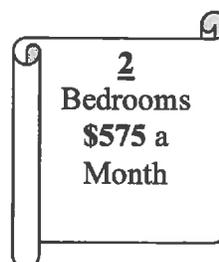
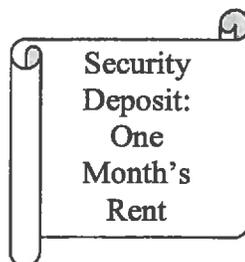


TN Development Corporation

Forest Oaks Apartments

3111 Two Notch Road, Columbia, SC 29204 • Phone: 803.714.6169 • Fax: 803.754.6980 • [www.tndevelopmentcorp.com](http://www.tndevelopmentcorp.com)

# Waters Crest Townhomes Leasing Criteria



Thank you for your interest in Waters Crest Townhomes. The following is a list of criteria that will be verified with your rental application.

- 1) Monthly income.
- 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 Waters Crest Townhomes.**

#### Arbor Hill Apartments

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#### Byrnes Place Apartments

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Phone: 803.714.6169 • Fax: 803.754.6980

#### Oak Hill Apartments

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 Waters Crest Townhomes  
 Leasing Office  
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 Columbia, SC 29204  
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**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:**

\_\_\_\_\_  
 \_\_\_\_\_



**EMPLOYMENT INFORMATION**

**PRESENT EMPLOYER**

**PREVIOUS EMPLOYER**

Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Monthly Income \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 \$ \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

1. Employer \_\_\_\_\_ Position \_\_\_\_\_  
 2. Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Monthly Income \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 \$ \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**OTHER SOURCES OF INCOME**

**PENSION**

**OTHER SOURCES OF INCOME**

Type( i.e. Social Security, SSL, VA) \_\_\_\_\_

Type \_\_\_\_\_

Monthly Income \_\_\_\_\_

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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**Office: (803)-714-6169 Fax: (803)-754-6980**

## HOUSING VERIFICATION

Please Rush

Application Can Not Be Approved Until This Form Is Returned

TO: Present/ Previous Landlord:

Applicant's Present/Previous Address

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address Apt.#

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(\_\_\_\_)\_\_\_\_\_  
Telephone #

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



**HOUSING VERIFICATION—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)

Table with 2 columns: TO (Name and address of Employer) and FROM (Name, address & social security # of Beneficiary). The table contains three empty rows for data entry.

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.

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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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**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,

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

\_\_\_\_\_  
 Management

\_\_\_\_\_  
 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	<input type="checkbox"/>	<input type="checkbox"/>
No loud playing of stereos, radios, TV, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Driving carefully through parking areas	<input type="checkbox"/>	<input type="checkbox"/>
Keeping personal items, etc. picked up	<input type="checkbox"/>	<input type="checkbox"/>
Keeping apartment clean	<input type="checkbox"/>	<input type="checkbox"/>
Taking proper care of appliances	<input type="checkbox"/>	<input type="checkbox"/>

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

- Has applicant been convicted of a violent crime?  Yes  No
- Has applicant been convicted of an alcohol or drug related crime?  Yes  No

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

