

**Lawsons Ridge Apartments  
421 Old Boiling Springs Rd.  
Spartanburg, SC  
\*\*\*UNDER CONSTRUCTION\*\*\***

**Thank you for your interest in Lawsons Grove Apartments! Please excuse our progress as we finish construction!!**

**You may visit our website at <https://www.intermarkmgt.com/portfolio> under the New Construction tab and download the application for residency. Please read instructions carefully as incomplete application packets cannot be processed. Application fees are \$25.00 per adult and must be paid by money order or cashiers check at the time of application. Application packets may be returned IN PERSON to the following temporary address:**

**Best Western Plus, 125 Sloane Garden Rd., Spartanburg meeting room  
beginning Tuesday, February 7th, from 9 am - 4 pm. We will be there M-F until  
the office opens on site.**

**We will have 1, 2, 3, and 4 bedroom units available. This is a tax credit community and we welcome vouchers. Interested applicants may call 803-780-4616 and leave a message to be added to our interest list.**

**Rent ranges are as follows:**

**1 BR \$425-\$750  
2 BR \$475-\$850  
3 BR \$525-\$950  
4 BR \$575-\$1050**

**\*\*\*Minimum income is equal to 2 times monthly rent.**

**\*\*\*Maximum income limits are set per HUD.**

**\*\*\*This will be a NO PET/NO SMOKING property**

**Tentative property completion date is 3/15/23.**





Application Instructions and Process for:

**Lawsons Ridge Apartments**

Thank you for applying to live at our community. Please complete the application package in its entirety. An application cannot be accepted unless it is complete.

This application is made with the understanding that it is subject to acceptance by Owner and subject to execution by an officer of said company and delivery of a lease covering said premises. An application will not be accepted unless it is complete. It is the policy of this company to require a written application from all prospective residents prior to signing a lease. We require a fully executed lease on all apartments prior to move-in. The answers to the questions on this application, along with the results of the investigation conducted helps determine the selection of our residents. Application processing time will vary depending on the quantity of third-party verifications required. Applicant hereby waives any claim to damages by reason of non-acceptance.

\_\_\_\_\_ **Applicant(s) Initials**

This community is operated under a Low-Income Housing Tax Credit program (LIHTC). The LIHTC program is authorized and governed by Section 42 of the Internal Revenue Code. There are maximum income limits which apply to these apartment homes and the rents in this community are restricted. The current maximum income limits for your county are posted in the Site Office for your review.

I understand that eligibility for residency will be based on LIHTC regulations (please see section above) as well as InterMark Management Corporation’s Resident Qualification Standards for Lawsons Ridge Apartments. I understand that the Qualification Standards are posted in the Site Office for review.

Upon approval and prior to move-in a Tenant Income Certification must be executed attesting all information given on this application is accurate and complete.

\_\_\_\_\_ **Applicant(s) Initials**

**QUALIFYING PROCESS**

Be advised that the application process requires the Household to pass a two (2) part screening process. The two criteria necessary to meet eligibility are 1) Credit, Criminal & Rental Screening, hereinafter referred to as “background screening” and 2) LIHTC Verification & Eligibility, hereinafter referred to as “eligibility”. Passing one criteria does not constitute an approval for residency. BOTH must be met to be eligible for approval.

\_\_\_\_\_ **Applicant(s) Initials**

Your application will be screened and verified when an apartment becomes available. Upon approval of background screening you will have 10 days to provide requested documents to verify LIHTC eligibility. If you do not provide all documents within 10 days, we may, at our sole discretion, place your application back on the waiting list and lease the apartment to another candidate.

\_\_\_\_\_ **Applicant(s) Initials**

Only those persons listed in the Household Composition section of the application may live in the apartment without written permission of the landlord or agent.

\_\_\_\_\_ Applicant(s) Initials

**FEES**

Application Fee: \$25.00 per household member 18 and older. **Applicant understands the application fee is non-refundable.**

\_\_\_\_\_ Applicant(s) Initials

**No cash accepted. All monies from initial applicants must be submitted by money order or cashier's check. Resident payments for rent, etc. must be submitted electronically via the Resident Portal.**

**SECURITY DEPOSIT**

Payment of a security deposit is required and must be paid in full prior to taking possession of the apartment.

\_\_\_\_\_ Applicant(s) Initials

The minimum security deposit is one months rent. The total amount of security deposit is determined based on screening criteria. At the time of screening I hereby deposit an initial security deposit of \$50.00. (Minimum of \$50) This amount will be applied to Security Deposit due prior to move in. Applicant understands that once the initial deposit is received the apartment will be taken off the rental market and reserved for the Applicant and other potential applicants will be turned away. Payment of the security deposit does not obligate Owner/Agent to execute a Lease Agreement or deliver possession of the premises. It solely holds the apartment off the market during the application process.

\_\_\_\_\_ Applicant(s) Initials

Once the initial deposit is submitted, Applicant has 72 hours to cancel the application. In the event the Applicant cancels within 72 hours, the deposit will be returned to the Applicant within thirty (30) days from the date of cancellation to the address provided on this application or address otherwise given to Agent by Applicant in writing.

\_\_\_\_\_ Applicant(s) Initials

In the event this application is denied, or the lease agreement is not executed for any reason for which the Owner is responsible, the deposit will be returned to Applicant within thirty (30) days from date of denial to the address provided on this application or address otherwise given to Agent by Applicant in writing.

\_\_\_\_\_ Applicant(s) Initials

The deposit shall be retained by Owner if it is determined that you have provided false information on this application.

\_\_\_\_\_ Applicant(s) Initials

Your security deposit will be refunded if the terms of your lease agreement have been satisfied. At the end of the lease term I understand that any security deposit refund will be made payable to all parties listed as tenant(s) on the lease and a check will be mailed to one (1) address provided by tenant in writing. Any variation from this policy must be requested in writing by all tenant(s).

\_\_\_\_\_ Applicant(s) Initials

Management reserves the right to reject applicant if false or incomplete information is given or may also terminate the lease agreement if information is found to be false or incomplete at a later date. The information collected on this form may be released to appropriate federal, state, and local agencies when relevant to civil, criminal or regulatory proceedings. Section 1001 of Title 18, United States Code, provides, "Whoever, in any matter within the jurisdiction of any department agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement of entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

**APPLICATION INSTRUCTIONS**

Each household member 18 and older must complete an application.

All household members (adults and minors/dependents) must be listed on the application and all adults must sign and date their application where instructed.

ALL questions must be answered. Do not leave a question blank. If a question does not apply to you or your household write "none", " ∅ " or N/A in the blank.

Please complete using a pen containing black or dark blue ink. Do not use a pencil.

Do not use white out or trace over a mistake. If you make a mistake, cross through once and initial the correction.

EXAMPLE: ~~\$203~~ *jk*

If you need assistance in completing the application, please inform the site representative of the type of assistance you need.

**DOCUMENTS**

Below is a list of common documents that may be required for verifications. The list below is not all-inclusive. If these documents are applicable to your household please bring them with you when submitting the application.

<u>Identification:</u>	<u>Income/Asset Verification:</u>	<u>Child Support/Alimony:</u>
Driver's license or government issued picture ID	Employment verification (8 weeks of recent and consecutive paystubs)	Child support court order with a payment history printout for the last 12 months
Social Security card for all household members (for verification purposes)	Current Social Security/SSI benefit letter	Divorce decree or separation agreement with a payment history printout for the last 12 months
Birth certificate for all household members UNDER 18 years of age	Current quarterly statement (401K, 403B, Retirement)	

I authorize the release of all information, including but not limited to, credit and rental history, criminal background, all household income and assets necessary to process my application, and the student status of all household members to Intermark Management Corporation, the managing agent for this apartment community. Information obtained under this consent is limited for residency application purposes or recertification purposes and valid for only one hundred - twenty (120) days.

I certify that all information in this application is true, complete and correct to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I have read and understand all statements contained within this entire rental application.

\_\_\_\_\_  
Name of applicant/resident

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

InterMark Management Corporation is an Equal Housing Opportunity company,  
with projects in compliance with 504 and Fair Housing Regulations  
We would like to hear from you. Please take a minute and share any comments or suggestions you may  
have. Thank you for giving us a moment of your valuable time.

[tellus@intermarkmgt.com](mailto:tellus@intermarkmgt.com)

#711 State Relay



<b>TO BE COMPLETED BY SITE</b>			
Initial application received			
(Date mm/dd/yyyy) _____		Time AM / PM _____	
Tentative Move-in Date _____	Bedroom Size _____	Set Aside % _____	
Rent Amount _____	Section 8?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**APPLICANT INFORMATION**

Name (Full Legal Name)	Cellphone/Home phone	Email address
Current Street Address, City, State and Zip Code		
How long have you lived at the current address? _____ Years _____ Months		
<input type="checkbox"/> Rent this address <input type="checkbox"/> Own this address <input type="checkbox"/> Live with family <input type="checkbox"/> Other		
If renting, provide landlord name and phone number		
Previous Street Address, City, State and Zip Code		
How long did you live at this address? _____ Years _____ Months		
<input type="checkbox"/> Rent this address <input type="checkbox"/> Own this address <input type="checkbox"/> Live with family <input type="checkbox"/> Other		
If rented, provide landlord name and phone number		

**HOUSEHOLD COMPOSITION - please list all persons who will live in the unit**

Name (Full Legal Name)	Social Security # (Last 4 digits)	Date of Birth MM/DD/YYYY	Relationship to applicant	Student Status FT, PT, or NO	Marital Status S M D SP W
1					
2					
3					
4					
5					
6					
7					
8					
9					

Marital status is used to determine income and assets. **S**=Single; **M**=Married; **W**=Widow(er); **D**=Divorced; **SP**=Separated

Do you expect the above household members to change during the next 12 months?       Yes       No

For current residents - has the above household members changed in the last 12 months?       Yes       No

If yes explain \_\_\_\_\_

**STUDENT STATUS**

Are all of the residents students?       Yes       No

IF YES: Please list all institutions attended by all adults (18+) \_\_\_\_\_

IF YES: Is the household comprised of a single parent and child, neither of whom is a dependent of a third party?       Yes       No

IF YES: Are applicant or Co-applicant married and filing a joint tax return?       Yes       No

IF YES: Does the household receive AFDC/TANF/FI?       Yes       No

IF YES: Is an adult household member a participant in a federal, state or local job training program?       Yes       No

IF YES: Was at least one household member 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)       Yes       No

Will anyone, who is not now a full-time student, become a full-time student in the next 12 months?       Yes       No

**OTHER INFORMATION**

Would anyone in your household benefit from a wheelchair or other handicapped accessible unit?       Yes       No

Would you like to request an adapted unit?       Yes       No

Have you ever been evicted from tenancy?       Yes       No

If yes, why? \_\_\_\_\_

How did you hear about this community \_\_\_\_\_

**INCOME**

Do you or any member of your household receive income from or on behalf of a minor/dependent from the following:

<input type="checkbox"/> 1 Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 17 Income from a business	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2 Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 18 Online store income such as:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3 Social Security (adult)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amazon, Ebay, Etsy, Mercari, etc.		
<input type="checkbox"/> 4 Social Security (minor/dependent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 19 Internet income such as:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5 SSI (adult)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amazon Flex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6 SSI (minor/dependent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Postmates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7 AFDC/TANF/FI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Door Dash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8 Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grubhub	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 9 Alimony/Spousal support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Uber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 10 Pension/Retirement Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lyft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 11 Gift from family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 20 Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 12 Gift from friend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 21 Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 13 Veteran's Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 22 Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 14 Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 23 Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 15 Annuity payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 24 Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 16 RMD from IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

**EMPLOYMENT**

Please check a box

<input type="checkbox"/> Employed full time	<input type="checkbox"/> Self employed	<input type="checkbox"/> Non-employed	<input type="checkbox"/> Unemployed (receiving benefits)
<input type="checkbox"/> Employed part time	Form #229	Form #236	
Applicant Name _____		Position _____	
Employer Name _____		Supervisor's Name _____	
Employer Phone # _____		Employer Fax # _____	
Length of time employed _____		# of hours per week _____	
Rate of pay \$ _____			
Frequency of pay	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Twice a month
Do you currently or expect to earn overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amount of overtime per month		\$ _____	
Do you expect to earn commissions, bonuses or tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Rate of commissions, bonuses or tips		\$ _____	
Frequency	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any changes in this employment income in the next 12 months?			
If yes, explain			

**SECONDARY EMPLOYMENT**

- Employed full time     
  Self employed     
  Non-employed     
  Unemployed (receiving benefits)
- Employed part time     
 Form #229     
 Form #236

Applicant Name \_\_\_\_\_ Position \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Employer Phone # \_\_\_\_\_ Employer Fax # \_\_\_\_\_  
 Length of time employed \_\_\_\_\_ # of hours per week \_\_\_\_\_  
 Rate of pay \$ \_\_\_\_\_  
 Frequency of pay     
  Hourly       Weekly       Every 2 weeks  
                         
  Monthly       Annually       Twice a month  
 Do you currently or expect to earn overtime     
  Yes       No  
 Amount of overtime per month \$ \_\_\_\_\_  
 Do you expect to earn commissions, bonuses or tips     
  Yes       No  
 Rate of commissions, bonuses or tips \$ \_\_\_\_\_  
 Frequency     
  Hourly       Weekly       Every 2 weeks  
                         
  Monthly       Annually  
 Do you anticipate any changes in this employment income in the next 12 months?     
  Yes       No  
 If yes, explain \_\_\_\_\_

**OTHER SOURCES OF INCOME**

Source # from page 2 and detail	Amount	Frequency		Received by or on behalf of
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____
_____	\$ _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	_____

Do you anticipate any changes in other income in the next 12 months?     
  Yes       No  
 If yes, explain \_\_\_\_\_



**ASSETS**

Do you or any member of your household own any of the following types of assets?

1	Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12	House/mobile home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13	Land	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Pre-paid debit card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14	Rental Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	401K	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15	Other Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	403B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16	Trust account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17	Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	CD (certificate of deposit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18	Stocks/bonds (like Robinhood)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Insurance Policy (not term)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19	Cryptocurrency (like Bitcoin)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Whole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20	Lottery winnings (annual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Universal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	21	Cash on hand		
	Variable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	22	Other		
9	Cash App account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23	Other		
10	Venmo Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24	Other		
11	PayPal	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Source # from above and detail

(ex. bank name)	Account owner's name	Cash Value	Interest Rate %
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Have you disposed of any asset for less than Fair Market Value in the last 2 years (24 months)  Yes  No

If yes, explain

VEHICLE INFORMATION			
Year	Make	Model	License Plate

EMERGENCY CONTACT INFORMATION			
Name	Relationship to applicant	Phone number(s)	

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. I certify that all information in this application is true, complete and correct to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

\_\_\_\_\_  
Name of applicant/resident

\_\_\_\_\_  
Signature and date

InterMark Management Corporation

**New construction acknowledgement**

I understand that Lawsons Ridge Apartments is currently under construction and as such my move-in date is subject to completion under guidelines outside the control of management. My anticipated date of move-in will be \_\_\_\_\_; however I will hold harmless any parties involved if I am unable to take occupancy on that date. Management agrees to refund the security deposit paid to date if the apartment is not available within 10 days of anticipated move-in date. However, should I fail to move-in on the scheduled date indicated and the apartment is available for occupancy, I understand that I may be required to begin paying rent on the apartment, as if I had taken possession. I acknowledge that I have read and understand this statement.

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Signature

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Name (Print)

InterMark Management Corporation

**APPLICANT INFORMATION RELEASE FOR:** \_\_\_\_\_

**Applicant/Resident**

**Property Name:** Lawsons Ridge \_\_\_\_\_

I hereby authorize the release of the following information:

**Credit and criminal background, rental history, employment, student status, all household income, assets and where applicable, expenses (medical and childcare)** to Intermark Management Corporation, the managing agent for the above listed apartment community. Information obtained under this consent is limited for residency and recertification purposes and valid for only one hundred - twenty (120) days.

I will hold your business, any former employers, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information pertinent to this verification process

I acknowledge that I have read and understand this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**PENALTIES:**

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. Federal and State agencies and any owner (or any employee of a Federal and State agency or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the release form. Use of the information collected based on this release 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 resident may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or resident 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 Federal and State agencies 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 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).