Iris at Park Pointe

Thank you for your interest in residing at Iris at Park Pointe.
1- & 2-Bedroom Affordable Senior (55+) 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 Iris 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. The head of household listed on the Pre-application must also be 55 years of age or older.
- Pre-applications can be submitted on-site during business hours, via email, fax, or US Mail to: **Iris at Park Pointe, 859 Park Pointe Drive, Griffin, GA 30224**
- Please include a $25 money order for each adult (including live-in aide) with your pre-application payable to: Iris 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 4/2024, subject to change)

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	$33,360 - $45,180	60%	$1,112
	2 people	$33,360 - $51,600		
2 Bedroom	2 people	$40,410 - $51,600	60%	$1,347
	3 people	$40,410 - $58,080		
	4 people	$40,410 - $64,500		

Contact Us:
TheIrisGriffin.com I IrisAtPark@Pennrose.com
T: 678.490.8947 I TTY: 711

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Address: 859 Park Pointe Dr
Griffin, GA 30224
Phone: 678.490.8947
Email: IrisatPark@pennrose.com
TTY: 711

Iris at Park Pointe

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):	$

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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.

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

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

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	☐	50%	☐	60%	☐
ACC	☐	30	☐		☐

February 2021

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