For Office Use Only:
(date/time):_____/_____ am / pm
by (initial): HH ID #

APPLICATION FOR LEASE OF APARTMENT

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

INSTRUCTIONS: YOU MUST ANSWER ALL QUESTIONS IN FULL. DO NOT LEAVE ANY SPACES BLANK; WRITE "NONE" WHERE APPROPRIATE. COPIES OF DOCUMENTS LISTED ON PAGE 6 MUST BE ATTACHED.

APARTMENT SIZE DESIRED. ***Check any that apply (NOTE: All unit sizes may not be available at this property).***

❒ 1-Bdrm ❒ 2-Bdrm ❒ 3-Bdrm

HEAD OF HOUSEHOLD INFORMATION:

FIRST NAME MI LAST NAME		SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE	CURRENT STUDENT STATUS (select one) ❒ Full-Time ❒ Part Time ❒ No		
SEX (Male, Female, Choose not to Respond)		MARITAL STATUS: ❒ Single, Never Married ❒ Married ❒ Separated (optional) ❒ Widowed ❒ Divorced ❒ Other_____		

OTHER HOUSEHOLD MEMBERS : (List all **other** persons ***who will live in the unit 50% or more of the time*** in the upcoming 12-month period, including unborn children.) ***No person is to live with you who is not listed. Attach additional pages if needed.***

DO NOT INCLUDE THE HEAD OF HOUSEHOLD LISTED ABOVE IN THE SECTION BELOW!!!!

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	STUDENT STATUS (check one)			SOCIAL SECURITY #	DATE OF BIRTH	MARITAL STATUS	SEX MALE FEMALE
		FULL TIME*	PART TIME	NOT A STUDENT				CHOOSE NOT TO RESPOND

*** Full-time student**: Any individual who currently is or will be enrolled at an educational institution during any 5 calendar months (does not have to be consecutive)for the number of hours or courses that are considered full-time attendance by that institution.

MAILING ADDRESS: _____
Street City State Zip

DAYTIME PHONE # _____ **CELL PHONE #:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE #

How did you hear about our property? _____

RESIDENTIAL HISTORY: MINIMUM 3 CONSECUTIVE YEARS REQUIRED! *Attach additional pages if needed.*

CURRENT ADDRESS

STREET ADDRESS	CITY	COUNTY	STATE	ZIP

DATES	MONTHLY ❒ RENT or ❒ MORTGAGE	MONTHLY UTILITIES	REASON FOR MOVING
____/____/____ TO ____/____/____.	$	$	

LANDLORD'S NAME	RELATIVE?	LANDLORD'S ADDRESS	LANDLORD'S PHONE NUMBER
	❒ YES ❒ NO		

HOUSEHOLD INFORMATION. **You must explain in the space below, any questions answered YES.**

Do you anticipate any changes to your household during the next twelve (12) months (Income, additional household members? If yes please explain: _____	❒ Yes ❒ No
Do you anticipate any household member becoming a *full-time student** in the next twelve (12) months? *** Full-time student**: Any individual who currently is or will be enrolled at an educational institution during any 5 calendar months for the number of hours or courses that are considered full-time attendance by that institution. The 5 months need not be consecutive.	❒ Yes ❒ No
Have you or any members of your household ever had your lease terminated or ever been evicted? Please explain: _____	❒ Yes ❒ No
Has rental assistance for you or any members of your household ever been terminated in a subsidized housing program?	❒ Yes ❒ No
Are you or any members of your household receiving rental assistance (voucher, public housing, etc.)?	❒ Yes ❒ No
Were you or any members of your household age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010?	❒ Yes ❒ No
Are you currently: Displaced by a Presidentially declared disaster; Fleeing from an abusive situation; or Homeless?	❒ Yes ❒ No
Are you or any members of your household U.S. Military Veterans? If yes, list household member: _____	❒ Yes ❒ No
Are you or any members of your household subject to a State lifetime sex offender registration? **If yes, list household member: _____**	❒ Yes ❒ No
Do you currently own a pet or service/companion animal? (*Note: pets are not permitted at some properties. Please ask the manager for details*.)	❒ Yes ❒ No

ASSET LIST. **Do you or <u>any</u> household members have any of the following assets?**

Asset Type	YES or NO	Household Member
CASH on hand **OVER $500.00 (*NOT IN A BANK ACCOUNT*)**	❒ Yes ❒ No	
Checking Accounts	❒ Yes ❒ No	
Savings Accounts	❒ Yes ❒ No	
Prepaid Debit Card **(i.e, SMIone, Greendot, Paypal, Direct Express, Chime, etc)**	❒ Yes ❒ No	
Certificates of Deposit (CD) or Money Market Funds	❒ Yes ❒ No	
Stocks, Bonds or Securities	❒ Yes ❒ No	
Mutual Funds	❒ Yes ❒ No	
Treasury Bills	❒ Yes ❒ No	
Trusts *If yes, is the trust non-revocable?* ❒ Yes ❒ No	❒ Yes ❒ No	
Real Estate (Land, Homes, Rental Property, etc.)	❒ Yes ❒ No	
Whole life or universal life insurance policy (Please circle the one that applies)	❒ Yes ❒ No	
Assets held in another state or foreign country	❒ Yes ❒ No	
Personal Property Held As Investment	❒ Yes ❒ No	
Mortgage *<u>held by</u>* (not being paid by) household (i.e., contract sale)	❒ Yes ❒ No	
Inheritance, Capital Gains	❒ Yes ❒ No	
Lottery winnings	❒ Yes ❒ No	
Insurance Settlements (**NOT Life Insurance Policies**)	❒ Yes ❒ No	
Any Other Assets Not Listed Above (Describe):	❒ Yes ❒ No	

ASSET DETAILS. **Detail ALL assets for ALL household members marked Yes above.**

Bank Accounts / Depository Debit Card

HOUSEHOLD MEMBER NAME	NAME OF BANK	ACCOUNT TYPE (CHECKING, SAVINGS, PREPAID, ETC)

Real Estate (In no Real Estate please put "NONE" in boxes below)

HOUSEHOLD MEMBER NAME	SOURCE/TYPE	

CURRENT MORTGAGE BALANCE $	MONTHLY MORTGAGE PAYMENT $	WHO HOLDS THE MORTGAGE?	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME

INCOME LIST. **Do you or <u>any</u> members of your household receive income from any of the following sources?**

INCOME TYPE	YES OR NO	HOUSEHOLD MEMBER
Employment/Wages **(This includes tips, fees, overtime, bonuses, or commissions)**	❒ Yes ❒ No	
Business/Self Employment	❒ Yes ❒ No	
Military Pay	❒ Yes ❒ No	
Unemployment benefits	❒ Yes ❒ No	
Worker's Compensation	❒ Yes ❒ No	
Severance Pay	❒ Yes ❒ No	
Social Security / SSI	❒ Yes ❒ No	
Public Assistance / TANF (this includes Food Stamps)	❒ Yes ❒ No	
Alimony	❒ Yes ❒ No	
Child Support (check YES for any received <u>and/*or*</u> court-ordered amounts)	❒ Yes ❒ No	
Income from rent or sale of property	❒ Yes ❒ No	
Recurring monetary gifts or noncash contributions	❒ Yes ❒ No	
Student financial aid, educational grants/scholarships	❒ Yes ❒ No	
Veteran's Disability Benefits (**NOT SS/SSI**)	❒ Yes ❒ No	
Death Benefits	❒ Yes ❒ No	
Retirement Funds / Pensions (**Meaning you receive a monthly payment**)	❒ Yes ❒ No	
Annuities or non-revocable trust (**Meaning you receive a monthly payment**)	❒ Yes ❒ No	
Lottery winnings	❒ Yes ❒ No	
Any Other Income Not Listed Above	❒ Yes ❒ No	

INCOME DETAILS. **List each source of income for all household members.**

HOUSEHOLD MEMBER NAME	INCOME SOURCE/TYPE (I.E., WAGES, SSI)	EMPLOYER/PROVIDER ADDRESS & PHONE #

DEDUCTIONS (HUD AN RD ONLY). **List each source of deductions for all household members.**
Deductions from all sources will be verified.

DEDUCTION TYPE	HOUSEHOLD MEMBER	ANNUAL GROSS AMOUNT
Child Care (Paid for Children under age 13)		$
Unreimbursed Medical Expense (Head of Household, Spouse, Co-Head who are elderly (62 or older) or disabled)		$

CRIMINAL HISTORY

Have you or any members of your household been arrested for or convicted of any crimes listed below? ❒ YES ❒ NO

If yes, indicate by using numbers below.

1. HOMICIDE/MURDER
2. RAPE OR CHILD MOLESTING
3. BURGLARY/ROBBERY/LARCENY
4. THREATS OR HARASSMENT
5. DESTRUCT. OF PROP/VANDALISM
6. ASSAULT OR FIGHTING
7. DRUG TRAFFICKING/USE/POSSESSION
8. CHILD ABUSE/DOMESTIC VIOLENCE
9. PUBLIC INTOX/DRUNK AND DISORDERLY
10. RECEIVING STOLEN GOODS
11. FRAUD
12. PROSTITUTION
13. DISORDERLY CONDUCT

MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE *(If not applicable please write in "NONE")*

Do you or any members of your household have a condition that requires:

❒ A Separate Bedroom ❒ Unit for Vision-Impaired ❒ Physical Modifications to a Typical Apartment

❒ A Barrier-Free Apartment ❒ Unit for Hearing-Impaired ❒ Any Other Accommodation

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

_____

_____

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS/CITY/STATE/ZIP	

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking.

MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER
MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER

PREVIOUS STATES RESIDED It is required by HUD that each household member list all states that they have previously resided in:

FAMILY MEMBER	STATES PREVIOUSLY RESIDED IN				
FAMILY MEMBER	STATES PREVIOUSLY RESIDED IN				
FAMILY MEMBER	STATES PREVIOUSLY RESIDED IN				
FAMILY MEMBER	STATES PREVIOUSLY RESIDED IN				
FAMILY MEMBER	STATES PREVIOUSLY RESIDED IN				

SIGNATURES

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME AND ASSETS OF THE HOUSEHOLD ARE LISTED. APPLICANT(S) UNDERSTAND AND AGREE THAT THE OWNER IS REQUIRED TO VERIFY THIS INFORMATION AND AGREES TO SIGN ALL AUTHORIZATIONS FOR RELEASE OF INFORMATION NEEDED TO VERIFY THE INFORMATION PROVIDED.

APPLICANT(S) FURTHER CERTIFY THAT THE HOUSING THEY WILL OCCUPY IS/WILL BE THEIR PERMANENT RESIDENCE AND THAT THEY DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

SIGNATURE: _____ **(APPLICANT)** **DATE:**_____

SIGNATURE: _____ **(CO-APPLICANT)** **DATE:**_____

SIGNATURE: _____ **(CO-APPLICANT)** **DATE:**_____

SIGNATURE: _____ **(CO-APPLICANT)** **DATE:**_____

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION.

EQUAL HOUSING OPPORTUNITY

***PLEASE BRING WITH YOU OR ATTACH TO THIS APPLICATION COPIES OF:**

1. **PHOTO ID (SUCH AS DRIVERS LICENSE) FOR ALL ADULTS IN HOUSEHOLD.**
2. **BIRTH CERTIFICATE FOR ALL HOUSEHOLD MEMBERS.**
3. **SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS**
   a. (Items that will be taken in lieu of Socail Security Card • Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual • Driver's license with SSN • Identification card issued by a medical insurance provider, or by an employer or trade union. • Earnings statements on payroll stubs • Bank statement • Form 1099 • Benefit award letter • Retirement benefit letter • Life insurance policy • Court records)
4. **IF APPLICABLE, DHS DOCUMENTATION TO SUPPORT ELIGIBLE NON-CITIZENSHIP STATUS.**

***THIS APPLICATION CAN NOT BE PROCESSED WITHOUT PROOF OF AGE AND UNTIL ALL INFORMATION IS COMPLETE.**

Please refer to the Resident Selection Plan a printed copy will be provided upon request.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that **«community»** may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

USDA NON-DISCRIMINATION STATEMENT

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Debtor's Express Consent

"All telephone numbers provided by you may be subject to receiving telephone calls from an automated dialer using a pre-recorded, artificial voice message or live operator call. You give your prior express consent to receive such phone calls, including any calls made to your provided cellular telephone number."

SUPPLEMENTAL DEMOGRAPHIC FORM

Form should be completed for all new move-ins.

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC financed properties. Although NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

If you do **NOT** wish to furnish this information, please check the box below.

☐ ❑ Applicant/Resident:

INITIALS							
HH#	1	2	3	4	5	6	7

If you **DO** wish to furnish this information, please complete the information below for each household member (see below for codes)

APPLICANT/RESIDENT DEMOGRAPHIC PROFILE							
HH #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
2 – Black/African American – A person having origins in any of the black racial groups of Africa.
3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- 4a – Asian Indian
- 4b – Chinese
- 4c – Filipino
- 4d – Japanese
- 4e – Korean
- 4f – Vietnamese
- 4g – Other Asian

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5a – Native Hawaiian
- 5b – Guamanian or Chamorro
- 5c – Samoan
- 5d – Other Pacific Islander

6 – Other

Note: Multiple racial categories may be indicated as such: 3 -1 – American Indian/Alaska Native & White, 4b-1 – Asian & White, etc.

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 1a – Puerto Rican
- 1b – Cuban
- 1c – Mexican, Mexican American, Chicano/a
- 1d – Another Hispanic, Latino/a or Spanish Origin

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201.
- "Disability" does not include **current**, illegal use of or addiction to a controlled substance.

Veterans Status:

Check "Y" if any member of the household is "A person who took their oath and served or is serving in any branch of the US armed forces, including the

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization Requesting Release of Information
Remnant Management Inc.
P.O. Box 1863
Fayetteville NC, 28403

Purpose: The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Social Security Administration
- Veterans Administration
- Welfare Agencies
- Utility Companies
- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords, Past and Present
- Providers of:
  - Social Security Benefits
  - Veterans Benefits
  - Public Assistance
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Colleges

Authorization

By my signature below, I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. Information obtained under this consent is limited to information that is no older than 12 months.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

Applicant/Tenant Authorizing Release of Information

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Complex:_____

Remnant Management Inc.
Authorization and Disclosure

I hereby authorize the release of information to Investigation & Security Solutions that may be used to conduct an investigation into my personal background for the purpose of residency for Remnant Management Inc. Information may be released concerning character, public record information (including record of criminal arrests, criminal convictions. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Name: _____
Last **First** **Middle** **(Jr./Sr.)** **Maiden/Other**

Date of Birth:_____ **Social Security #:**_____

Sex: ☐ Male ☐ Female **Ethnicity:**_____

Drivers License #:_____ **State Drivers License Issued:**_____

Previous Addresses (List your previous addresses for the past 7 years beginning with your current address):

Address:				
	Street	City	State	Zip
	Dates: From - To			
Address:				
	Street	City	State	Zip
	Dates: From - To			
Address:				
	Street	City	State	Zip
	Dates: From - To			
Address:				
	Street	City	State	Zip
	Dates: From - To			
Address:				
	Street	City	State	Zip
	Dates: From – To			

Copies of this authorization that show my signature are as valid as the original released by me.

_____ _____
Signature **Print Name**

_____
Date

- Confidential -