

Property Name: Glenbrook Crossing Apartments

Address: P.O. Box 14610, Raleigh, NC

Phone Number: 919-390-0098

TDD Phone Number: 1-800-735-2962



EQUAL HOUSING OPPORTUNITY

For Office Use Only

Date and Time Application Received
/ / a.m./p.m.

Last Name: _____
Apt. Size Needed: _____

Apt. # Assigned: _____
Move-In Date: _____

Application for Lease of Apartment

THIS APPLICATION CANNOT BE PROCESSED UNLESS 1) ALL INFORMATION IS COMPLETED IN FULL - QUESTIONS THAT DO NOT APPLY MUST BE NOTED "NONE"; 2) COPIES OF DOCUMENTS LISTED ON PAGE 4 MUST BE ATTACHED; 3) PAYMENT OF APPLICATION PROCESSING FEE.

Applicant's Name: _____ Social Security #: _____

Previous or Maiden Name(s): _____ Date of Birth: _____ Age: _____

Full-time Student: Yes ___ No ___ Driver's License #/State: _____

Co-Applicant's Name: _____ Social Security #: _____

Previous or Maiden Name(s): _____ Date of Birth: _____ Age: _____

Full-time Student: Yes ___ No ___ Driver's License #/State: _____

Do you anticipate any additional persons residing in the unit during the next twelve (12) months? ___ Yes ___ No
Do you anticipate any household member becoming a full-time student in the next twelve (12) months? ___ Yes ___ No

OTHER OCCUPANTS: List all other persons who will be living in the apartment; including unborn children. No person is to live with you who is not listed. (A student is any individual who currently is or will be a full-time student at an educational institution with regular facilities during five (5) months of the next 12-month period).

Name	Age	Full-time Student Yes / No	D.O.B	SS#	Relationship
1.					
2.					
3.					
4.					
5.					

1. **Present Address:** _____ Phone: _____
 Street
 City County State Zip
 Landlord's Name: _____ Phone: _____
 How Long at Present Address? _____ Own or Rent? _____
 Amount of Monthly Rent/Mortgage: \$ _____ Utilities: \$ _____
 Reason For Moving: _____

2. **Previous Address:** _____ How Long: _____
 Street
 City County State Zip
 Landlord's Name: _____ Phone: _____

CREDIT REFERENCES:

Business Name: _____ Address: _____ Phone: _____
 Business Name: _____ Address: _____ Phone: _____
 Business Name: _____ Address: _____ Phone: _____

PERSONAL REFERENCES: (Do not include family members or relatives.)

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

Have you or any member of your household ever had your lease terminated or ever been evicted? Yes ___ No ___

If yes, explain: _____

Using the numbers below, please indicate whether any members of your household have been arrested for or convicted of any crimes relating to the following:

- | | | |
|---------------------------------|---------------------------------------|------------------------|
| 1. Homicide/Murder | 6. Assault or Fighting | 11. Fraud |
| 2. Rape or Child Molesting | 7. Drug Trafficking/Use/Possession | 12. Prostitution |
| 3. Burglary/Robbery/Larceny | 8. Child Abuse/Domestic Violence | 13. Disorderly Conduct |
| 4. Threats or Harassment | 9. Public Intox./Drunk and Disorderly | |
| 5. Destruct. of Prop./Vandalism | 10.Receiving Stolen Goods | |

Member's Name	Social Security #	Crime(s) #	Status/Disposition

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE: Do you, or does any member of your household have a condition that requires:

- | | |
|---|---------------------------------|
| _____ A Separate Bedroom | _____ Unit for Vision-Impaired |
| _____ A Barrier-Free Apartment | _____ Unit for Hearing-Impaired |
| _____ Physical Modifications to a Typical Apartment | _____ 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: _____

AUTOMOBILE: In order to keep a record of vehicles allowed on the premises and to control adequate parking, please provide the following:

Make: _____ Model: _____ License Plate #: _____

Make: _____ Model: _____ License Plate #: _____

FOR OFFICE USE: CMC Parking Sticker Assigned #: _____ #: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____

Relationship: _____

Phone: _____ (Home)

_____ (Work)

ASSET CHECKLIST

DO NOT INCLUDE AMOUNTS RECEIVED FROM THE FOLLOWING SOURCES:

casual, sporadic or irregular gifts; amounts which are specifically for reimbursement of medical expenses; lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for person or property losses; amounts of educational scholarships paid directly to the student or the educational institution, and amounts paid by the government to a veteran for use in meeting the costs of tuition, fees, books and equipment, but in either case only to the extent used for such purposes; special pay to a serviceman head of a family who is away from home and exposed to hostile fire; relocation payments under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970; foster child care payments; the value of coupon allotments for the purchase of food pursuant to the Food Stamp Act of 1964 which is in excess of the amount actually charged for the allotments; payments received pursuant to participation in ACTION volunteer programs; and income from the employment of children (including foster children) under the age of 18 years. Assets do not include personal property such as furniture, automobiles and clothing.

ALL sources of assets and income that your household currently has or expects to establish in the next twelve (12) months must be reported. Please answer yes or no for each member of your household.

<u>Assets:</u>	Applicant		Co-Applicant		Other Occupants	
	Yes	No	Yes	No	Yes	No
Savings Accounts						
Checking Accounts						
Trust Funds						
Real Estate (Land, Homes, Property)						
Capital Investments						
Stocks						
Bonds						
Treasury Bills						
Certificates of Deposit						
Money Market Funds						
IRA Accounts						
Retirement/Pension Funds						
Lump Sum Receipts						
Personal Property Held As Investment						
Other Assets:						

ASSET DETAILS

ASSET INFORMATION. List all asset information in each section below for each occupant.			
Bank Accounts:			
Family Member Name	Name of Bank	Account #	Current Balance
Real Estate:			
Family Member Name	Source/Type	Value	
Current Mortgage Balance: \$ _____ Who holds the mortgage? _____			
Monthly Mortgage Payment: \$ _____ Who pays the mortgage: _____			
Monthly Rental Income: \$ _____			
Other Assets:			
Family Member Name	Source/Type	Value	
Disposed Assets: Has any member of your household disposed of any asset for less than fair market value within the last two years? Yes _____ No _____			
If yes, please list:			
<u>Type of Asset</u>	<u>Date of Disposition</u>	<u>Amount Received</u>	<u>Market Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

INCOME CHECKLIST

Income:	Applicant Yes / No		Co-Applicant Yes / No		Other Occupants Yes / No	
Gross Wages/Salaries (Before Deductions)						
Overtime						
Commissions						
Fees						
Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Whole Life Insurance Policies/Annuities						
Retirement Funds						
Pensions						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						
Rental Income						
Educational Grants, Scholarships, etc.						
Other Income:						

INCOME DETAILS

INCOME INFORMATION. We are required to verify the amount of your income from all sources. Please furnish <u>complete</u> information for each source of income for <u>each occupant</u> .		
Family Member Name	Employer/Source/Type/ Address/Telephone Number	Annual Amount

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 AND CORRECT 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.

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.

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT PROOF OF AGE AND CANNOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE. QUESTIONS THAT DO NOT APPLY MUST BE NOTED "N/A". PLEASE BRING WITH YOU OR ATTACH COPIES OF THE FOLLOWING TO THIS APPLICATION:

- 1. BIRTH CERTIFICATE(S) OR DRIVER'S LICENSE(S) FOR ALL ADULTS IN HOUSEHOLD.**
- 2. BIRTH CERTIFICATE(S) FOR ALL MINORS IN HOUSEHOLD.**
- 3. SOCIAL SECURITY CARD(S) FOR ALL HOUSEHOLD MEMBERS.**
- 4. INS LETTER(S) FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS.**

CHECK OR MONEY ORDER FOR APPLICATION PROCESSING FEE OF \$25.00 MADE PAYABLE TO _____ MUST BE RETURNED WITH THE COMPLETED APPLICATION.

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