

Property Name: **LENNOX CHASE APARTMENTS**

Address: 2534 LAKE WHEELER RD RALEIGH, NC 27603

Phone Number: 919-828-7400

TDD Phone Number: 1-800-733-2963



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: _____

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

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 | |

| 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: _____ | Relationship: _____ |
| Address: _____ | 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.

| <u>Assets:</u> | Applicant 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

| <u>Income:</u> | Applicant 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 complete information for each source of income.

| 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: _____

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.**
- 3. SOCIAL SECURITY CARD.**
- 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 Lennox Chase Apartments MUST BE RETURNED WITH THE COMPLETED APPLICATION.

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