



# APPLICATION FOR LEASE OF APARTMENT

5/2022

EQUAL HOUSING OPPORTUNITY

Property Applying To (circle):

Clayton Court

Village Gardens

TEHC-Cary

TEHC-Kenly

TEHC-Smithfield

TEHC-Princeton

**LEAVE NO SECTION BLANK. IF NOT APPLICABLE, PUT N/A.  
APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE!**

### For Office Use Only

Date/Time Application Rcvd

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ AM PM

App Rcvd By: \_\_\_\_\_

### APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		ID CARD or DRIVERS LICENSE # / STATE ISSUED		ARE YOU A STUDENT? <input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	
PHONE NUMBER	ALTERNATE PHONE NUMBER		EMAIL ADDRESS		

### CO-APPLICANT INFORMATION

LAST NAME	FIRST	MI	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME		DRIVERS LICENSE # / STATE		ARE YOU A STUDENT? <input type="checkbox"/> Yes, Full-Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> No	

### CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

### PREVIOUS ADDRESS (Must provide minimum of 2 rental references. If 2 total less than 5 years, you must provide additional references.)

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
HOW LONG AT THIS ADDRESS?	OWN OR RENT?	MONTHLY RENT/MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORDS NAME		LANDLORDS ADDRESS		LANDLORDS PHONE NUMBER	

**AUTOMOBILES.** This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking. Only 1 vehicle allowed per household.

MAKE	MODEL	YEAR	LICENSE NO. & STATE	FOR OFFICE USE ONLY CSS PARKING STICKER # ASSIGNED:
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**PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION**



- **PLEASE ATTACH TO THIS APPLICATION COPIES OF:**
  1. **BIRTH CERTIFICATE FOR ALL PERSONS IN HOUSEHOLD (recommended)**
  2. **DRIVERS LICENSE OR PHOTO ID FOR ALL ADULTS IN HOUSEHOLD**
  3. **PROOF OF SOCIAL SECURITY NUMBER FOR ALL HOUSEHOLD MEMBERS (if SS card not available, contact management for acceptable forms of verification)**
  4. **INS LETTER FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS (if applicable).**
- **NO APPLICATIONS CAN BE ACCEPTED WITHOUT THE ABOVE DOCUMENTS or PROOF OF AGE.**

**EQUAL HOUSING OPPORTUNITY**

**FOR STATISTICAL PURPOSES ONLY: THIS INFORMATION IS VOLUNTARY AND WILL NOT AFFECT TENANT SELECTION**

	GENDER		RACE					ETHNICITY	
	Male	Female	American Indian/ Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Hispanic or Latino	Not Hispanic or Latino
<b>Applicant</b>									
<b>Co-Applicant</b>									

HUD EQUAL HOUSING OPPORTUNITY: *The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.*

USDA RD: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE**

You are hereby notified that the apartment complex you are applying to 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.

**RURAL DEVELOPMENT PROPERTIES ONLY**

“This institution is an equal opportunity provider and employer.” 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](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, DC 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

**Please return completed application to: TEHC / THDC / COASH**

Attn: Housing Department

1363 W. Market Street

Smithfield, NC 27577

(919) 934-6066 phone \* (919) 989-1838 fax \* [Renee@cassjohnston.org](mailto:Renee@cassjohnston.org)

TDD Phone number: (800) 735-2962

**BACKGROUND INFORMATION. Circle Yes or No. You must explain any questions answered YES below.**

Have you or any members of your household ever had your lease terminated or ever been evicted?	Yes	No
Are you or any members of your household currently receiving rental assistance?	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 subject to a State Lifetime Sex Offender Registration?	Yes	No

**HOUSEHOLD HISTORY. Please circle ALL STATES where you or any members of your household have lived.**

ALABAMA	FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT
ALASKA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ARIZONA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARKANSAS	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
CALIFORNIA	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
COLORADO	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
CONNECTICUT	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	
DELAWARE	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	OTHER COUNTRY
DISTRICT OF COLUMBIA	KENTUCKY	MONTANA	OHIO	UTAH	

**CRIMINAL HISTORY**

Using the numbers below, indicate whether you or any member of your household have been arrested for or convicted of any crimes listed below:

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

MEMBERS NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBERS NAME	CRIMES(S) #	STATUS/DISPOSITION

**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

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     
 Unit for Physical-Impaired     
 Any Other Accommodation

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

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

NAME	PHONE
ADDRESS	

**FAMILY ASSISTANCE**

What federal or local assistance do you receive now?

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Energy Assistance Payments	<input type="checkbox"/> Meals
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Other _____	<input type="checkbox"/> None

**EMERGENCY CONTACT**

NAME		ADDRESS	
RELATIONSHIP	PHONE #	ALTERNATE PHONE #	

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

	APPLICANT		CO-APPLICANT		GROSS AMOUNT (before deductions)
	YES	NO	YES	NO	
Wages / Salaries					\$
Tips, fees, bonuses or commissions					\$
Overtime pay / Severance Pay					\$
Business / Self Employment					\$
Social Security / Disability / SSI					\$
Death Benefits					\$
Retirement Funds / Pensions					\$
Annuities or non-revocable trust					\$
Unemployment or Workers Compensation					\$
Military Pay					\$
Public Assistance / TANF					\$
Alimony and/or Child Support					\$
Income from Insurance Policies					\$
Income from rent or sale of property					\$
Periodic payments from lottery winnings					\$
Recurring monetary gifts or noncash contributions					\$
Student financial aid, educational grants/scholarships					\$
Other income:					\$

1. Has any member of your household ever been convicted of a felony? Yes / No
2. Do you have a social security number? Yes / No If no, answer 2a & 2b
  - a. Were you 62 or older on January 31, 2010? Yes / No
  - b. Was initial determination of eligibility for rental assistance started prior to 01/31/2010? Yes / No
3. Did you or any household members file a tax return last year? Yes / No
4. Are you and all members of your household a United States Citizen? Yes / No
5. Do you have a pet? Yes / No If yes, name, age, breed, weight? \_\_\_\_\_
6. I understand that pets are only allowed for qualified households and that approval must be given in writing prior to my obtaining a pet and that a \$300 pet deposit is required. Yes / No
7. Have you ever rented from COA/CSS before? Yes / No If Yes, Where? \_\_\_\_\_
8. Are you at least 62 years of age? Yes / No Date you desire possession of apartment? \_\_\_\_\_
9. I understand that all apartments are 1 bedroom with a maximum occupancy of 2 people. No person other than the applicant and co-applicant listed on this application may live in this apartment. Yes / No
10. I understand that all apartments are Tobacco Free and that tobacco use & Smoking is not allowed within 25 feet of any building. Yes / No
11. Are you a student of Higher Education? Yes / No If yes, Full Time / Part Time
12. Is applicant or co-applicant a US military veteran? Yes / No
13. Are you seeking housing as the result of a Presidentially declared disaster? Yes / No
14. How did you hear about this apartment? \_\_\_\_\_

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

	APPLICANT		CO-APPLICANT		CURRENT BALANCE OR CASH VALUE
	YES	NO	YES	NO	
SSA Direct Express Card					\$
Savings Accounts					\$
Checking Accounts					\$
Certificates of Deposit					\$
Money Market Funds					\$
IRA / Keogh Account					\$
Stocks/Bonds					\$
Treasury Bills					\$
Trusts					\$
If yes, is the trust irrevocable?					\$
Real Estate (Land, Homes, Property)					\$
Life Insurance Policies					\$
If yes, circle one - Whole, Universal or Term Life?					\$
Cash held in safety deposit boxes or home					\$
Assets held in another state or foreign country					\$
Personal Property Held as Investment					\$
Lump Sum Receipts such as					\$
Inheritance or Lottery Winnings					\$
Insurance Settlements					\$
Other:					\$
Other Assets:					\$

**ASSET DETAILS. List all assets for all household members.**

Bank Accounts				
FAMILY MEMBER NAME	NAME OF BANK	ACCOUNT TYPE	CURRENT BALANCE	
Real Estate				
FAMILY MEMBER NAME	SOURCE/TYPE			VALUE
CURRENT MORTGAGE \$ BALANCE	MONTHLY MORTGAGE \$ PAYMENT	WHO HOLDS THE MORTGAGE	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME?
Other Assets				
FAMILY MEMBER NAME	SOURCE/TYPE			VALUE
Have you or any household member disposed of any asset for less than fair market value within the last two years? YES NO				
If yes, Please list:				
TYPE OF ASSET	DATE OF DISPOSITION	AMOUNT RECEIVED	MARKET VALUE	

**CHILDCARE EXPENSES (For children under 13 years of age)**

NAME OF CHILDCARE PROVIDER	ADDRESS OF CHILDCARE PROVIDER	CHILDCARE PROVIDER PHONE #
HOURS OF CARE	AMOUNT PAID \$ PER WEEK / MONTH	REIMBURSED BY AN OUTSIDE SOURCE? YES / NO

**DISABLED HOUSEHOLDS**

Persons who are disabled may qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes / No

**(Not applicable to properties with designated elderly status.)**

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Who should be contacted to certify your disability?

<b>PHYSICIAN NAME</b>	<b>PHONE</b>
<b>ADDRESS</b>	

**MEDICAL EXPENSE DEDUCTION**

The following medical information applies **ONLY** to households whose applicant and/or co-applicant is elderly or disabled.

Do you have Medicare? Yes / No	If yes, amount of monthly premium that you pay? \$
Do you have medical/hospital insurance? Yes / No	If yes, give name and address of company and amount of monthly premium that you pay:
Do you have outstanding medical bills on which you are paying? Yes / No	
Are you enrolled in a Medicare Part D drug plan? Yes / No Is premium deduction from your Social Security Benefit? Yes / No If yes, How much is premium? \$	Do you have MediCAID? Yes / No
If you are enrolled in a Medicare Part D prescription drug plan, give company's name and address and monthly premium amount that you pay:	

Please list below any medical expenses you anticipate paying during the next 12 months:

Family Member Name	Names of Doctors Dentist, Pharmacy, etc.	Estimated Expense	Month or Year

**SIGNATURES**

The application must be signed by all adult members in the household. 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.

**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 or PREVIOUS LANDLORDS.**

SIGNATURE: \_\_\_\_\_ (APPLICANT)      DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)      DATE: \_\_\_\_\_