



Materials Needed To Complete Application

1. Copy of valid **Driver's License** or **Photo ID**
2. **Birth Certificate** of ALL household members
3. **Social Security Cards** for ALL household members

AUTHORIZATION FOR RELEASE AND CONSENT

I hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, rental, criminal history (if any), income, and/or assets to the staff and authorized representative of Morehead Glen/West Park Apartments for the purpose of verifying information on my/our apartment rental application.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, criminal history (if any), income and assets, medical or child care allowance, rental information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Resident.

GROUPS OF INDIVIDUALS THAT MAY BE ASKED:

Individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including	State Unemployment Agencies	Retirement Systems
Public Housing Agencies)	Social Security Administration	Banks or other Financial
Support and Alimony Providers	Medical and Child Care Provider	institutes
Law Enforcement Agencies		

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review and correct any information that is incorrect.

SIGNATURES:

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Other member over 18	(Print Name)	Date
_____	_____	_____
Other member over 18	(Print Name)	Date

If a copy of a Tax Return is needed, IRS Form 4506 must be prepared and signed separately.

Morehead Glen Apartments

1112 Rock Street-Durham NC 27707

West Park Apartments

(919) 403-0916 office – (919) 402-1720 (fax)

Email: mhgwp1@gmail.com

Professionally managed by RPM, Inc.

Thank you for your interest in our apartment communities.

In order to process your application, the following information is required:

1. Application fee of \$25 per adult (18 and over) must be paid by check or money order.
2. Please provide copies of birth certificates and social security cards for all members of the household.
3. Please provide copies of picture identification for all adult members of the household.
4. Your combined annual income **must not exceed:**

\$24,075.00 for a one person household

\$27,495.00 for a two person household

\$30,960.00 for a three person household

\$34,380.00 for a four person household

\$37,125.00 for a five person household

\$39,870.00 for a six person household

5. Verifiable minimum income must be equal or greater than three times the monthly rent.

Morehead Glen

Rent

Household income must be no less

Two bedroom - \$550.00

\$1,660.00/monthly or \$19,800.00

Three bedroom - \$600.00

\$1,800.00/monthly or \$21,600.00

West Park

Rent

Household income must be less than

Two bedroom - \$500

\$1,500.00/monthly or \$18,000.00/yearly

Three bedroom - \$550

\$1,650.00/monthly or \$19,800.00/yearly

*Income limits subject to annual changes



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

For Office Use Only:

Date Received: _____

Time Received: _____

Unit Size: _____

**West Park/Morehead Glen Apartments
1112 Rock Street, Durham, NC 27707
(919) 403-0916 Office ~ (919) 402-1720 Fax**

A. GENERAL INFORMATION

Applicant Name: _____
First Middle Last

Address: _____
Number & Street Apt# City State Zip

Daytime Phone: _____ Evening Phone: _____

Do you: Rent Own (check one)

Current Landlord: _____ Phone: _____
Name of Person or Company

Landlord Address: _____
Number & Street City State Zip

How long have you resided at this address? _____ Current Amount of Rent: _____

Bedroom Size you are requesting (occupancy requirements may apply): _____

Check utilities currently paid by you: Electricity Gas Phone Cable

Previous Address: _____

B. HOUSEHOLD COMPOSITION (List ALL persons who will live in the apartment)

	Name:	Relation-ship to head:	Status: D = Divorced S = Single L = Legal Sep. E = Estranged	Birth Date:	Social Security #:	Age & Sex:	Full-Time Student Y or N:
Head of Household		Self					
Co-Tenant (or other over 18)							
3.							
4.							
5.							
6.							

Do you anticipate any additions to your household in the next 12 months? ____ Yes ____ No

If Yes, explain: _____

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ___ Yes ___ No
 If Yes, describe: _____

Will any ADULT member require a live-in care attendant to live independently? ___ Yes ___ No

STUDENT STATUS: Will all persons in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the <i>Job Training Partnership Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the full-time student(s) a <i>single parent</i> living with his/her own child or children, and is NOT being claimed as a dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME:

List ALL sources of income as requested below (*if a section doesn't apply, cross it out or write N/A*):

Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes)
	Employer: _____ Address: _____ Phone #: _____ \$\$ per hour: _____ # Hours weekly: _____	\$
	Employer: _____ Address: _____ Phone #: _____ \$\$ per hour: _____ # Hours weekly: _____	\$
	Child Support: Are you <i>entitled</i> to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the amt. you are entitled to receive: \$ _____ Do you receive this amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the amount you actually receive: \$ _____	
	Alimony: Are you <i>entitled</i> to receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the amt. you are entitled to receive: \$ _____ Do you receive this amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the amount you actually receive: \$ _____	
	Unemployment Compensation Date Began: _____	\$

Household Member Name:	Source of Income:	Gross Monthly Amount (before taxes):
	Social Security/Disability:	\$
	Social Security/Disability:	\$
	SSI:	\$
	SSI:	\$

	Pension (list source):	\$
	Veteran's Benefits Claim #:	\$
	AFDC/TANF/Work First:	\$
	Severance package payments: Source:	\$
	Regular monthly income or gifts from someone outside the household:	\$
	Self Employment Description: _____ How long have you been self employed?: _____	\$
	Other income Source:	\$
TOTAL GROSS MONTHLY INCOME (Add up all monthly amounts)		\$
TOTAL ANNUAL INCOME (Total monthly income x 12)		\$
Do you anticipate changes in this income during the next 12 months?:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

D. ASSETS

Checking Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$

Savings Accounts:

Bank:	Acct#:	Balance \$
Bank:	Acct#:	Balance \$

Certificates of Deposit:

Bank:	Acct#:	Balance \$	
Trust Accounts:	Bank:	Acct#:	Balance \$
IRA Accounts:	Where?	Acct#:	Balance \$
401K:	Where?	Acct#:	Balance \$
Savings Bonds:	#	Maturity Date:	Value \$
	#	Maturity Date:	Value \$

Life Insurance Policies:

Company:	Policy #	Cash Value \$		
Company:	Policy #	Cash Value \$		
Mutual Funds:	Name:	# Shares:	Interest/Div \$	Value \$
Stocks:	Name:	# Shares:	Dividend Paid \$	Value \$
Other Bonds:	Name:	# Shares	Interest or Dividend \$	Value \$

Real Estate:

Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>yes</i> , type of property (investment, home, land, mobile home): _____	Appraised Market Value \$
Location of Property: _____	\$
Mortgage or outstanding loans due: _____	\$
Amount of annual insurance premium: _____	\$
Amount of most recent tax bill: _____	\$

Have you disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>yes</i> , type of property: _____	
Date of transaction: _____	
Market Value when sold/disposed: _____	\$
Amount sold/disposed for: _____	\$

Has anyone in the household disposed of other assets in the last 2 years (sold property to a relative for less than fair market value, set up irrevocable trust accounts, etc)? Yes No
 If *yes*, describe the asset, date disposed, & amount disposed: _____

Excluding personal property, do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc, as an investment? Yes No
 If *yes*, please list: _____

E. REFERENCE INFORMATION:

Previous Landlord(s): Name: _____
 Address: _____
 Phone: _____
 How long? _____

Credit Reference(s):

Utility Reference:
Address: _____
Phone: _____
Other Reference (phone, rental store, day care, vehicle):
Address: _____
Phone: _____

Personal Reference(s):

Name & Relationship (mother, brother, friend, etc):
Address: _____
Phone: _____
Name & Relationship (mother, brother, friend, etc.):
Address: _____
Phone: _____

F. ADDITIONAL INFORMATION:

Emergency Contact: _____ Relationship: _____
 Address: _____ Phone: _____

Have you or any member of your household ever been convicted of a felony? _____ Yes _____ No
 Are you or any member of your household currently using an illegal substance? _____ Yes _____ No
 Have you or any member of your household ever been evicted? _____ Yes _____ No
 If yes, please describe: _____

How did you hear about our property? _____

G. VEHICLE INFORMATION:

Parking will be provided for at least one personal vehicle. Arrangements for additional vehicles must be made with management. ALL vehicles must display valid tags, insurance, & inspection sticker.

Vehicle Make/Model:	Plate #:
Year:	Color:

H. CITIZENSHIP:

Do you have a legal right to be in the United States?

- Yes, because I am a Unites States citizen.
- Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (BCIS, formerly the U.S. Immigration and Naturalization Service) or from the State Department.
- No

Certification:

I/we hereby certify that I/we will not maintain a separate & subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand I/we must pay a Security Deposit for any apartment that may be offered prior to occupancy. I/we understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/we certify that all information in this application is true to the best of my/our knowledge and I/we understand that any false statements or false information is punishable by law and will lead to cancellation of this application or the termination of tenancy after occupancy. I/we further consent to have the owner/management agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, income, asset, personal references, & criminal history (if any).

SIGNATURES (ALL adults over the age of 18 MUST sign this application):

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date
_____	_____
Other household member over 18	Date

Statistical Information of Applicant/Head of Household:

Sex: Male Female Race: _____

For Office Use Only:

STATUS:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Incomplete
Date:	Reason:
Signature:	

DATE: _____

EMPLOYER: _____
ADDRESS: _____
CITY, STATE, ZIP _____
CONTACT: _____
TEL: _____ FAX: _____

PROPERTY: MORELAND Cedars West PARK Apartments
ADDRESS: 1112 Park St.
CITY, STATE, ZIP DURHAM NC 27707
CONTACT: KAYE CANNON
TEL: 919-403-0916 FAX: 919-402-1720

The individual named directly below is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility for housing. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

PRINTED NAME OF EMPLOYEE: _____ ADDITIONAL INFO: _____

RELEASE STATEMENT
I hereby authorize the above named management agent to make inquiries regarding release of employment information for the purpose of determining my eligibility for occupancy.

SIGNATURE _____ DATE _____

THE FOLLOWING TO BE COMPLETED BY EMPLOYER
(Please provide information for all fields)

Employee's Position: _____ Hire Date: _____ End Date: _____

Rate of Pay: \$ _____ Circle one: **Is Rate:** hourly, weekly, bi-weekly, semi-monthly, monthly, annually?
Average number of hours worked per week: _____
Average number of months worked per year, if less than 12: _____

Is an increase in pay/wage expected within the next 12 months? Yes No
If yes, please indicate effective date and amount of the increase: _____

Does employee receive other forms of compensation? Yes No If yes, please indicate type and frequency below.

- Overtime: Average Amount \$ _____ weekly, monthly, annually (Circle one)
- Tips: Average Amount \$ _____ weekly, monthly, annually (Circle one)
- Bonuses: Average Amount \$ _____ weekly, monthly, annually (Circle one)
- Commission: Average Amount \$ _____ weekly, monthly, annually (Circle one)
- Shift differential/Other Compensation: Average Amount \$ _____ weekly, monthly, annually (Circle one)

Current Earnings Information	Year to date earnings	
	Dates From:	To:
Base pay/salary:	\$	
Overtime/Other (specify):	\$	
Total:	\$	

AUTHORIZED REPRESENTATIVE
I certify that the above information is true and correct to the best of my knowledge.
SIGNATURE/TITLE _____ DATE _____
PRINTED NAME _____ PHONE _____
FAX _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or to obtain federal funds.

EMPLOYMENT VERIFICATION

UPDATED 1/22/2010