

MATERIALS NEEDED TO COMPLETE APPLICATION

- 1) COPY OF DRIVER LICENSE OR PHOTO ID
- 2) BIRTH CERTIFICATE OF ALL MEMBERS OF HOUSEHOLD.
- 3) SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.
- 4) APPLICATION FEE \$30 (NO-REFUNDABLE)



Durham Community
Land Trustees, Inc
1208 W. Chapel Hill St.
Durham, NC 27701





Application For Housing
 Low-Income Housing Tax Credit Property

Durham Community Land Trustees
1208 W. Chapel Hill St, Durham, NC 27707
(919) 408-0063 Phone ~ (919) 489-3974 Fax

For Office Use Only:
Date Received: _____
Time Received: _____
Unit Size: _____

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 STATUES: 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 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 Job Training Partnership Act?	<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 single parent living with his/her own child or children, and is NOT being claimed as a dependent 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 Amt. (before Taxes)
	Employer: _____ Address: _____ Phone# _____ \$\$ per hour:___ #Hours weekly:___	\$
	Employer: _____ Address: _____ Phone#: _____ \$\$ per hour: #Hours weekly:	\$
	Child Support: Are you entitled to receive child support? If yes, list the amt. you are entitled to receive: Do you receive this amount? If no, list the amount you actually receive:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Alimony: Are you entitled to receive? If yes, list the amt. you are entitled to receive: Do you receive this amount? If no, list the amount you actually receive:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	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?: If Yes, Please explain: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS

Checking Accounts:

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

Savings Account:

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 Div \$	Value \$

Real Estate:

Do you own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of property (investment, home, land, mobile home): Location of Property:	Appraised Market Value \$
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 two years? If yes, type of property: _____ Date of transaction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Market Value when sold/dispensed:	\$
Amount sold/dispensed 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 for irrevocable trust accounts, etc)? Yes No

If yes, describe the asset, date disposed, & amount disposed: _____

Excluding personal property, do you have any 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.

H. CITIZENSHIP:

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

- Yes, because I am a United 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/out 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:	

RENTAL REFERENCE

TO: _____

Date: _____

RE: Rent reference for: _____

To Whom It May Concern:

The above named tenant of your property has applied for an apartment with us. As part of the application process, we are asking you to provide the following information as a rental reference. This applicant has signed below giving permission to release the requested information.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

I, _____, give my permission for the release of any requested information to the Durham Community Land Trustees Inc.

Signature

Date

Move-in date: _____ Move-out date: _____

Did (s)he give a 30 day notice? _____

How much did (s)he pay for rent? _____ Did (s)he pay rent on time? _____

If no, how often was (s)he late? _____ How often was the rent 30 or more days late? _____

Were there any NSF checks? _____ If so, how many? _____

How long ago? _____

Were eviction proceedings ever begun or processed? _____

If yes, how often? _____

Balance amount outstanding: _____ Are there any active arrangements made by the client to pay off "balance"? _____

If yes, are the arrangements current? _____

How would you rate tenant's care of property? Excellent _____ Satisfactory _____

Unsatisfactory _____ Would you re-rent to this person? _____

Additional Comments: _____

Signature of Person Completing Form

Title

Date

