

RALEIGH HOUSING AUTHORITY WALNUT TERRACE RENTAL APPLICATION

THE NEW WALNUT TERRACE COMMUNITY WILL CONSIST OF ALL **SMOKE-FREE UNITS WITH SMOKING PERMITTED IN DESIGNATED OUTSIDE AREAS ONLY**

FOR OFFICE USE ONLY

DATE/TIME OF APPLICATION: _____ STAFF INITIALS: _____ UNIT SIZE: _____

PLEASE ANSWER ALL QUESTIONS:

APPLICANT'S LAST NAME: _____ FIRST NAME: _____ MI: _____
 BEDROOMS: 1 Br. 2 Br. 3 Br. MARITAL STATUS: Single Married Separated Divorced

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY UNIT			SS#	BIRTH DATE	RELATIONSHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
LAST NAME	FIRST	MI				
Head						
2						
3						
4						
5						

PRESENT ADDRESS: _____ **PHONE:** _____
 _____ **WORK:** _____
EMAIL ADDRESS: _____

LANDLORD'S NAME: _____ **PHONE:** _____
HOW LONG AT THIS ADDRESS?: _____ **OWN OR RENT?:** _____
AMOUNT OF MONTHLY RENT/MORTGAGE: \$ _____ **UTILITIES: \$** _____
REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____
LANDLORD'S NAME: _____ **PHONE:** _____
HOW LONG AT THIS ADDRESS?: _____ **OWN OR RENT?:** _____

GENERAL INFORMATION:

HAVE YOU EVER BEEN EVICTED? YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
 WOULD YOU OR ANY MEMBER OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAP-ACCESSIBLE UNIT? YES NO
 IF YES, WHAT TYPE: WHEEL CHAIR VISUAL AND/OR HEARING EQUIPPED OTHER: _____
 PLEASE DESCRIBE ANY SPECIFIC ACCOMMODATIONS REQUIRED: _____

INCOME INFORMATION: PLEASE LIST MONTHLY AMOUNT RECEIVED

HOUSEHOLD	SALARY-WAGES LIST EMPLOYER	EMPLOYER PHONE	SOCIAL SECURITY	PENSION	SUPPORT	TOTAL
Head	\$		\$	\$	\$	\$
2						
3						
4						\$

ALL SOURCES OF ASSETS AND INCOME FOR YOUR HOUSEHOLD MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH MEMBER OF YOUR HOUSEHOLD.

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Checking Accounts						
Savings Accounts						
Real Estate (land, home, property)						
Capital Investment						
Stocks/ Bonds						
Treasury Bills						
Certificate of Deposits						
Money Market Funds						
IRA Accounts						
Retirement/Pension						

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Salary/Wages/Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Retirement Funds						
Pensions						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Work First						
Alimony						
Child Support						
Recurring Monetary Gifts						

ASSET INFORMATION: LIST ALL ASSET INFORMATION IN EACH SECTION BELOW FOR EACH OCCUPANT

HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE

REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

HAVE YOU DISPOSED OF ANY OTHER ASSETS IN THE LAST 2 YEARS? YES NO

MARKET VALUE WHEN SOLD: \$ _____

IF YES, PLEASE DESCRIBE THE ASSET(S): _____

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING PERSONAL PROPERTY)?

YES NO IF YES, DESCRIBE: _____

DO YOU HAVE ANY PETS? YES NO

IF YES PLEASE LIST HOW MANY: _____ TYPE/BREED: _____ WEIGHT: _____

ALTERNATE CONTACT PERSON:

PLEASE LIST A FAMILY MEMBER OR FRIEND WHO WILL BE ABLE TO GIVE YOU A MESSAGE:

NAME: _____

ADDRESS: _____

PHONE: _____

APPLICATION MUST BE SIGNED BY ALL MEMBERS AT LEAST 18 YEARS OF AGE AND OLDER OF THE HOUSEHOLD.

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THE APPLICANT FURTHER UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____

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