

Raleigh Housing Authority - Capitol Park Rental Application

TOTAL YEARLY INCOME INFORMATION: ALL SOURCES OF INCOME FOR YOUR HOUSEHOLD MUST BE REPORTED

HOUSE -HOLD	EMPLOYERS NAME AND TOTAL WAGES RECEIVED	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	TOTAL
Head		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$
Total		\$	\$	\$	\$	\$

*****PLEASE CHECK 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						
Trust Funds						
Real Estate (land, home, property)						
Capital Investment						
Stocks/ Bonds						
Treasury Bills						
Certificate of Deposits						
Money Market Funds						
IRA Accounts						
Retirement/Pension						
Lump Sum Settlements						
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment Income						
Social Security						
Annuities						
Insurance Policies with a Cash Value (you can borrow from)						
Retirement Funds/Pensions						
Daycare Expenses						
Disability/Retirement Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						

PETS:

Do you have any pets? No Yes

If Yes please list how many _____ Type/Breed _____ Weight _____

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LIST ALL INFORMATION FOR EACH OCCUPANT IN THE SECTIONS BELOW

ASSET INFORMATION:

BANK ACCOUNTS:			
HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
			\$
			\$
REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE/ASSET	MORTGAGE OR BALANCE	APPRAISED VALUE
			\$

EXPENSES INFORMATION:

DAYCARE EXPENSES:			
CHILDRENS NAME	NAME OF PROVIDER	PHONE NUMBER	MONTHLY AMOUNT YOU PAY
			\$
			\$
			\$
MEDICAL EXPENSES FOR ELDERLY/DISABLED HEAD OF HOUSEHOLD ONLY:			
NAME OF PROVIDER	PROVIDERS ADDRESS	PHONE NUMBER	AMOUNT YOU PAID OUT THIS PAST YEAR
			\$
			\$

Will you be able to obtain Utility Service for the home you Lease? ___ Yes ___ No If the answer is No, explain

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES ___ NO ___

IF SO, WHAT TYPE:

- WHEEL CHAIR ACCESS
 VISUAL AND/OR HEARING EQUIPPED
 OTHER _____

IF YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES PLEASE

DESCRIBE: _____

THE INFORMATION BELOW IS GATHERED FOR STATISTICAL PURPOSES ONLY:

RACE= ___ White ___ Black ___ American Indian ___ Native Alaskan ___ Asian/Pacific Islander ___ Other

ETHNICITY= ___ Hispanic ___ Non-Hispanic

PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER. IF THE OFFICE IS UNABLE TO CONTACT YOU WHEN YOUR APPLICATION REACHES THE TOP OF OUR LIST, YOUR APPLICATION WILL BE WITHDRAWN. Your signature below authorizes Management to contact you using the information you provide.

ALTERNATE CONTACT: Name _____
 Address _____
 Phone _____

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THE INFORMATION BELOW IS GATHERED TO DETERMINE APPLICATION PREFERENCES: *Please check all those that apply*

- WORKING FAMILY (working at least 35 hours per week for at least 24 months/2 years)
- ELDERLY (62 years of age or older)
- DISABLED (as defined by the Social Security Act)
- WAKE COUNTY RESIDENT (living or working in Wake County)
- VICTIM OF DOMESTIC VIOLENCE ACTIVELY RECEIVING SERVICES FROM AN ACCREDITED ABUSE PREVENTION AGENCY such as but not limited to *Interact of Wake County*.

Name of Agency _____



Please attach the following verifications when returning your signed application:

- Birth Certificates** and **Social Security cards** for **all** family members (copies please do not send originals)
- Marriage License/Divorce Certificates (if applicable)
- Verification of any preference you requested above.
- Proof of consecutive employment of **35 hours per week for the past 24 months/2 years** (if applicable)
 - The employment verification must be on **company LETTERHEAD**.
 - Proof must show the **DATE** employment **STARTED** and/or **STOPPED**.
 - Proof must show **how many HOURS worked per WEEK** and **how much is PAID per hour**.
 - This may require you to contact more than one past and/or current employer.
- Verification of **all other household INCOME** such as; Social Security, Child Support, etc.
- If you pay for **childcare** (ages 12 and younger) bring in **RECEIPTS** or a letter from the **PROVIDER**.
- If you are **handicapped/disabled** you will need to provide **receipts of out-of-pocket medical expenses**.
- Current **STATEMENTS** from **BANK** accounts or other **ASSETS**. All pages of the statement(s).



All adult household members (those age 18 and older) must sign:

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, 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. THE APPLICANT FURTHER CERTIFIES AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: _____ **DATE:** _____
(APPLICANT)

SIGNATURE: _____ **DATE:** _____
(APPLICANT)

SIGNATURE: _____ **DATE:** _____
(APPLICANT)

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I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Raleigh Housing Authority** for the purposes of verifying information on my/our apartment rental application. I further understand and agree that this authorization or the information obtained maybe used to verify my eligibility for continued participation in a federal housing assistance program. This authorization and verifications obtained may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violation s of my lease or PHA policies.

INFORMATION COVERED

I/We understand that previous, current or future information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

- | | |
|----------------------------------|--------------------------------------|
| Child Care Expenses | Federal/State/Local Benefits |
| Credit History/Criminal Activity | Medical and/or child care allowances |
| Handicapped Assistance Expenses | Identity and Marital Status |
| Family Composition | Social Security Numbers |
| Employment/Income/Pension/Assets | Residence and Rental History |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------------|--------------------------------|--|
| Past, Present and Future Employment | Welfare Agencies | Retirement Systems |
| Support and Alimony Providers | State Unemployment Agencies | Banks and other Financial Institutions |
| Education Institutions | Social Security Administration | Landlords /Housing Agencies |
| Veteran Administrations | Register of Deeds | Medical and Childcare Providers |
| Courts | Law Enforcement Agencies | Credit Bureaus |
| Employers; Present and Past | Schools and Colleges | Utility Companies |

Computer Matching Notice and Consent: I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or locals agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the US Postal Service, the Social Security Administration, and State welfare and food stamp 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 this file and correct any information that is incorrect.

SIGNATURES

Signature of Applicant	Social Security Number	Birthdate	Date Signed
Signature of Adult Family Member	Social Security Number	Birthdate	Date Signed
Signature of Adult Family Member	Social Security Number	Birthdate	Date Signed