

Raleigh Housing Authority – Chavis Heights 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 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 _____

Raleigh Housing Authority – Chavis Heights Rental Application

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 _____

Raleigh Housing Authority – Chavis Heights Rental Application

Phone _____

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)
- ELDERLY (62 years of age or older)
- DISABLED (As defined by the Social Security Act)
- ELDERLY PERSONS RESPONSIBLE FOR RAISING DEPENDENT CHILDREN.
- VICTIM OF DOMESTIC VIOLENCE ACTIVELY RECEIVING SERVICES FROM AN ACCREDITED ABUSE PREVENTION AGENCY

NAME OF AGENCY

 Please attach the following verifications when returning your signed application:

1. **Birth Certificates** and **Social Security cards** for all family members (copies please do not send originals)
2. Marriage License/Divorce Certificates (if applicable)
3. Landlord reference(s)
4. Proof of consecutive employment of 35 hours per week for at least 24 months on company letter head
 - a. Proof must show the Date Employment Started and/or Stopped, number of hours work and the pay period.
 - b. Four (4) consecutive check stubs.
5. Verification of all other household INCOME such as; Social Security, Child Support, etc.
6. If you pay for childcare (ages 11 and younger) bring in receipts or a letter from provider.
7. If you are handicapped/disabled you will need to provide receipts of out-of-pocket medical expenses

How did you hear about us?

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGMENT 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 TENACY AFTER OCCUPANCY.

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

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

Raleigh Housing Authority – Chavis Heights Rental Application

AUTHORIZATION FOR RELEASE AND CONSENT

APPLICANT/TENANT RELEASE AND CONSENT

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.

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
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
Veteran Administrations	Register of Deeds	Medical and Childcare Providers
Courts	Law Enforcement Agencies	Credit Bureaus
Employers, Present and Past	Schools and Colleges	Utility Companies

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	_____ Birth date	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birth date	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birth date	_____ Date Signed