



## How do I qualify for **Income Based Rent** in Scattered Sites?

The Raleigh Housing Authority (RHA) is committed to providing the highest quality public housing possible. The Housing Authority supports initiatives that reward & support the working families of public housing. For this reason, RHA offers incentive housing. Scattered Site Homes offer a variety of income-based rentals in **two, three, and four bedroom single family homes** scattered throughout the Raleigh area. Handicapped Accessible housing is available.

Scattered Sites is looking for candidates who answer **YES** to the following program qualifications:

- I have a history of meeting my financial obligations, especially my monthly rent.
- I have good landlord references.
- My household members and I do not have a criminal record.
- Are working **35 hours per week** consecutively **for the 24 months prior to an offer for housing & once a resident will maintain employment of no less than 35 hours per week.**
- My total household income falls below HUD Income Limits.\*

Incentive communities are set-aside for residents who meet the qualifications mentioned above. These program standards placed upon the occupants are higher than for other public housing units in Raleigh. For instance, you must maintain employment of no less than 35 hours per week to remain a tenant in good standings. Applications for income based housing without a work requirement are accepted at RHA located at 900 Haynes Street, Raleigh, NC 27604.

The Board of Commissioners for the Housing Authority of the City of Raleigh has approved that residents have one opportunity to reside in an incentive community for up to a ten year cumulative period of time.

Applications are processed in the order in which they are received. Please return completed applications with ALL required documentation for income-based housing to: 900 Haynes Street, Raleigh, NC 27604. Please note, this office charges a copy fee of \$.25 cents per sheet. Completed applications will be placed on our **waiting list**. You will be notified when your application is being considered for a vacancy. Until that time, it is your responsibility to contact the Office with any changes to your preference status, address and phone number. Numbers are not assigned to applications & it is impossible to predict your wait time for housing. Failure to respond to inquiries from RHA or to accept an offer for housing will result in the application being removed from the Scattered Sites waiting list.

Thank you for your interest! This is to serve as a brief overview of our program. Should you have any questions, please do not hesitate to call our staff at (919) 508-1236.

**\*Income Restrictions Apply**



12/18/2015



PROPERTY NAME: **SCATTERED HOME SITES** DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S LAST NAME: \_\_\_\_\_ UNIT SIZE: \_\_\_\_\_ MANAGER INITIALS \_\_\_\_\_

**Bedrooms:**  2 Br.  3 Br.  4 Br. **Marital Status:**  Single  Married  Divorced  Separated

**HOUSEHOLD COMPOSITION:**

<b>LIST ALL HOUSEHOLD MEMBERS</b> LAST NAME, FIRST, MI		<b>RELATIONSHIP</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>
Head						
2						
3						
4						
5						
6						

**STREET ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**LANDLORD'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**HOW LONG AT PRESENT ADDRESS?** \_\_\_\_\_ **OWN OR RENT?** \_\_\_\_\_  
**AMOUNT OF MONTHLY RENT/MORTGAGE:** \_\_\_\_\_ **UTILITIES:** \_\_\_\_\_  
**REASON FOR MOVING:** \_\_\_\_\_

---

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

**\*GENERAL INFORMATION\***

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a legal resident of the USA? \_\_\_Yes \_\_\_No



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

<b>HOUSE-HOLD</b>	<b>EMPLOYERS NAME AND TOTAL WAGES RECEIVED</b>	<b>PUBLIC ASSISTANCE</b>	<b>SOCIAL SECURITY</b>	<b>PENSION</b>	<b>CHILD SUPPORT</b>	<b>TOTAL</b>
Head						
2						
3						
4						
5						
Total						

\*\*\*\*\*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						
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						
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						

**LIST ALL INFORMATION FOR EACH OCCUPANT IN THE SECTIONS BELOW**

**ASSET INFORMATION:**

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

**EXPENSES INFORMATION:**

<b>DAYCARE EXPENSES:</b>			
CHILDRENS NAME	NAME OF PROVIDER	PHONE NUMBER	MONTHLY AMOUNT YOU PAY

**MEDICAL EXPENSES:**

FOR AN ELDERLY OR DISABLED HEAD OF HOUSEHOLD ONLY	NAME OF PROVIDER	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/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 the waiting list, your application will be withdrawn. Your signature below authorizes Management to contact you using the information you provide.

**ALTERNATE CONTACT:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**The Information Below is Gathered to Determine Application Preferences: Please check all that apply**

- WORKING FAMILY (Working at least 35 hours per week for the past 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 (List below)

\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

By signing below, applicant authorizes management and its staff to verify with any agencies, police departments, credit bureaus, references and groups/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