



**Application For Housing**  
 Low-Income Housing Tax Credit Property

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

**Durham Community Land Trustees**  
**1208 W. Chapel Hill St, Durham, NC 27701**  
**(919) 490-0063 Phone ~ (919) 489-3974 Fax**

**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:<br>D= Divorced<br>S= Single<br>L= Legal Sep.<br>E =Estranged | Birth Date: | Social Security #: | Age & Sex | Full-time Student<br>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)  |
|-----------------------|--|--|
|                       | <b>Employer:</b> _____<br>Address: _____<br>Phone# _____<br>\$\$ per hour:___ #Hours weekly:___  | \$   |
|                       | <b>Employer:</b> _____<br>Address: _____<br>Phone#: _____<br>\$\$ per hour: #Hours weekly:   | \$   |
|                       | <b>Child Support:</b><br>Are you entitled to receive child support?<br>If yes, list the amt. you are entitled to receive:<br>Do you receive this amount?<br>If no, list the amount you actually receive: | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>\$<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |
|                       | <b>Alimony:</b><br>Are you entitled to receive?<br>If yes, list the amt. you are entitled to receive:<br>Do you receive this amount?<br>If no, list the amount you actually receive:                     | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>\$<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>\$ |
|                       | <b>Unemployment Compensation</b><br>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<br>Claim#:  | \$   |
|   | AFDC/TANF/Work First:  | \$   |
|   | Severance package payments:<br>Source:   | \$   |
|   | Regular monthly income or gifts from<br>someone outside the household:                   | \$   |
|   | Self-Employment<br>Description: _____<br>How long have you been self-employed?:<br>_____ | \$   |
|   | Other income<br>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?:<br>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:**

|  |  |
|--|--|
| <b>Do you own property?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, type of property (investment, home, land, mobile home):<br>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?<br>If yes, type of property: _____<br>Date of transaction: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Market Value when sold/disposed:  | \$   |
| Amount sold/disposed 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:*

|                |   |
|----------------|---|
| <b>Status:</b> | <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Incomplete |
| Date:          | Reason:   |
| Signature:     |   |

## **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 (NON-REFUNDABLE)



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Land Trustees, Inc  
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