

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)
	Employer: _____ Address: _____ Phone# _____ \$\$ per hour:___ #Hours weekly:___	\$
	Employer: _____ Address: _____ Phone#: _____ \$\$ per hour: #Hours weekly:	\$
	Child Support: Are you entitled to receive child support? If yes, list the amt. you are entitled to receive: Do you receive this amount? If no, list the amount you actually receive:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Alimony: Are you entitled to receive? If yes, list the amt. you are entitled to receive: Do you receive this amount? If no, list the amount you actually receive:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ <input type="checkbox"/> Yes <input type="checkbox"/> No \$
	Unemployment Compensation 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 Claim#:	\$
	AFDC/TANF/Work First:	\$
	Severance package payments: Source:	\$
	Regular monthly income or gifts from someone outside the household:	\$
	Self-Employment Description: _____ How long have you been self-employed?: _____	\$
	Other income 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?: 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:

Do you own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of property (investment, home, land, mobile home): 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? If yes, type of property: _____ 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:

Status:	<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 MONEY ORDER (NON-REFUNDABLE)



Durham Community
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