RESIDENTIAL PROPERTIES MANAGEMENT, INC.

Cedar Crest New Life Center

Thank you for your interest in our property. Listed below is some important information you should know about the process before applying.

Please review the application carefully, answer all questions, and sign where required. Incomplete applications will be not accepted. Please print in ink, and please do not use whiteout on the application. Instead, cross out and initial mistakes. Write "N/A" in sections that are not applicable.

Once you have completed the application, please contact the property manager to set up an interview to be placed on the waiting list.

We require that you bring the following documents along with your completed application to the interview:

- Birth certificates for all household members
- Social Security cards, or acceptable verification for Social Security Numbers, for all household members
- Photo ID for all household members over 18-years-old (License, Non-Driver ID, Passport, etc.)

Please feel free to contact the property directly should you have any questions about our apartments.

We look forward to hearing from you soon.

Sincerely,

LaTesha Evans

Residential Properties Management, Inc
Property Manager

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

APPLICATION FOR HOUSING

Cedar Crest New Life Center
2821 Laodicea Drive, Raleigh NC 27610
Office Phone # 919-828-1192
TTY: 711

A. GENERAL INFORMATION

Please clearly print the information below for the Head of Household:

Applicant Name: _____
First Middle Last

Address: _____
Number & Street Apt# City State Zip

Email Address: _____ Phone Number: _____

Do you: ☐ Rent ☐ Own (check one) I currently live in subsidized housing. ___ Yes ___No

Bedroom Size you are requesting (occupancy requirements may apply):_____

Check utilities currently paid by you: ☐ Electricity ☐ Gas ☐ Phone ☐ Cable

Please list state or states in which you and all household members over 18 have resided.
_____

Have you or any member of your household ever been evicted? ____ Yes ____ No
If *yes*, please describe: _____

Are you or any member of your household subject to the state lifetime sex offender registration program?
___Yes ___No If yes list the state where the offence occurred._____

Do you need reasonable accommodations? _____Yes_____No If Yes, Please Describe:
_____

Do you need a handicap accessible unit? _____Yes_____No

Is any household member a US Military veteran? _____Yes____No

Are you seeking housing as a result of a presidentially declared disaster? _____Yes_____No

Were you 62 or older as of 01/31/10 and receiving HUD rental assistance at another location as of 01/31/10 _____?

Average out of pocket monthly cost for medical expenses: _____

Do you pay a monthly premium for medical insurance? ____Yes ____No
If yes, monthly premium amount: _____

Do you participate in the new Medicare Part D Program? ___ Yes ___ No
If yes, please allow the Manager to make a copy of your card.

B. HOUSEHOLD COMPOSITION (List ALL persons who will live in the apartment)

	Name:	**Relation-ship to head:**	**Status: (Optional)** D = Divorced S = Single L = Legal Sep. E = Estranged M= Married	**Birth Date:**	**Social Security #:**	**Age & Sex: (optional)**	**Student Y or N:**
Head of Household		Self					
Co-Tenant (or other over 18)							
3.							

All applicants must disclose and provide verification of a SSN for all non-exempt members before they can be housed.

STUDENT STATUS:
Are any members of the household (age 18 and over including yourself) full or part time students at an institute of higher education? ____ Yes ____ No If Yes, list their names_____

Note: Regardless of having answered "yes or no" above - All applicants age 18 and over must fill out a Student Certification Form, prior to move-in.

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 Amount (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:	□ Yes □ No $ □ Yes □ No **$**
	Alimony: Are you *entitled* to receive alimony? If yes, list the amt. you are entitled to receive: Do you receive this amount? If no, list the amount you actually receive:	□ Yes □ No $ □ Yes □ 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 #:	$
	Regular monthly income or financial assistance from someone/organization outside the household:	$
	Financial aid/Grants/Scholarship:	
	Severance package payments: Source:	$
	AFDC/TANF/Work First:	$
	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?		☐ Yes ☐ No
If *yes*, explain:		

D. ASSETS

Do you have a whole-life insurance policy with Cash Value: _____Yes _____No
Life Insurance Company: _____ Policy#_____
Current Cash Value: $_____

Checking Accounts:

Bank:	Acct#:	Balance $
Bank:	Acct#:	Balance $

Savings Accounts:

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: Maturity Date:	Value $ Value $

Mutual Funds:	Name:	# Shares:	Interest/Div $	Value $
Stocks:	Name:	# Shares:	Dividend Paid $	Value $

Is any money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card (such as: Direct Express, ReliaCard, Net Spend, Citi Bank, Etc.)
____ Yes ____ No If yes, list the card type and provide verification documentation:

Prepaid Debt Card:

Card Type:	Acct#:	Balance $
Card Type:	Acct#:	Balance $

Real Estate:

Do you own any property?	☐ Yes ☐ 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 2 years? If ***yes,*** type of property: _____ Date of transaction: _____	☐ Yes ☐ No
Market Value when sold/disposed:	$
Amount sold/disposed for:	$

E. REFERENCE INFORMATION:

Previous Landlord(s): **List your Landlord history or where you lived for the last two (2) years.**

Landlord #1 (current)

Name:

Address:

Phone Number:

How long have you resided at your current address? _____

Landlord #2 (previous)

Name:

Address:

Phone Number:

Current Amount of Rent: _____

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: _____

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.

Vehicle Make/Model:	Plate #:
Year:	Color:

I. CITIZENSHIP: (optional)

Do you have a legal right to be in the United States?

- ❑ Yes, because I am a Unites 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 hereby acknowledge that the above information given is true to the best of my knowledge. I authorize the investigation and verification of all statements contained in this application by the landlord or its authorized agents. I understand and agree that misrepresentation or omission of facts called for is cause for disqualification of this application. I hereby authorize Residential Properties Management, Inc. to obtain a copy of my credit history and criminal record (if any). I also understand that the National Sex Offender Database will be used to screen for State lifetime sex offender registration in all states where I, and members of my household have resided.

SIGNATURES (ALL adults over the age of 18 MUST sign this application):

_____ _____
Applicant **Date**

_____ _____
Co-Applicant **Date**

_____ _____
Other household member over 18 **Date**

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live

in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

Violence Against Women Act (VAWA) 2013 Notification Requirement: VAWA 2013 provides the following protections relating to admission, occupancy, and termination of assistance policies. Being a victim of actual or threatened domestic violence, dating violence, sexual assault or stalking, or an "affiliated individual" of the victim (spouse, parent, brother, sister, or child of that victim; or an individual to whom that victim stands in a parent/child relationship; or an individual, tenant or lawful occupant living in the victim's household) and is living in or seeking admission to, any of the covered housing programs.

For Office Use Only:

STATUS:	□ Accepted □ Rejected □ Incomplete
Date:	Reason:
Signature:	

CONDITIONS FOR APPLICATION APPROVAL

1. AGE: Must be elderly age 62 or older. Eligibility of persons under the age of 62 is limited to 10% of the units, which are accessible, and the applicant under the age of 62 must need the features of an accessible unit.

2. INCOME: You must maintain income at all times that is sufficient to pay the rent and utility obligations each month. You must also meet all relevant guidelines regarding income, assets and disposed assets as set forth by HUD. These income limits are posted on the bulletin board for applicants and residents to review.

3. CREDIT HISTORY: Once we receive your completed application, we will obtain a copy of your credit history. If you have *been* evicted in the past 5 years or owe previous landlord money, your application will *be* denied. Although we do not expect perfect credit, we do need to see AT LEAST one (1) to two (2) lines of good credit. Collections, especially those for items such as electric, phone, cable, water, & trash will also be denied until these accounts are paid in full. Those denied due to extensive collections, and late payments will be given the opportunity to remedy these items and re-apply. If you have no credit history, you will have an opportunity to provide credit references to management through other means.

4. LANDLORD REFERENCE: We must obtain a reference from your current and previous landlord(s). The reference will request information on your rental account, your ability to maintain the apartment, any lease violations, and other lease related details.

5. CRIMINAL HISTORY CHECKS: If you have ANY of the following on your record, your application may be rejected.

- Any conviction or adjudication other than acquittal within 5 years, which involved injury to a person or property.
- Any conviction relating to or involving illegal use or possession of any controlled or illegal substances.
- Any conviction relating to or involving minors.
- Any conviction relating to or involving the welfare of another person(s),
    - examples are: rape, assault, molestation, etc.
- Criminal history that shows multiple convictions for any item.
- Any current illegal user or addict of a controlled or illegal substance.
- Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises.
- Any conviction or adjudication other than acquittal, for any sexual offense.
- Alcohol Abuse: If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents, the application will be rejected.

4. Other Resident Selection Criteria: For all other information and more details pertaining to resident selection please view a copy of the "Resident Selection Criteria" as posted on the bulletin board or ask the Manager to supply you with a copy.

Signature: _____ Date: _____

Signature: _____ Date: _____

An applicant whose application is rejected may appeal the decision within (14) ten days. Appeals must be IN WRITING and should contain any and all information and documentation as to why management should re-evaluate the application. Any denied applicant may reapply at another time, with the full knowledge that the existing guidelines for approval must still be met.