Application Checklist

Please Note: Applications Stay on File for 6 Months. After 6 Months you must reapply.

Completed Date

Application Completely filled out (dated when received)

Employment Verification

Rental Verification (copies provided)

Application sent to town (if applicable)

Date Approved/
Date Rejected

Name

First Middle Last Name
APPLICATION FOR RENTAL

Applications Stay on File for 6 months. After 6 months you must reapply

Notice: All Adult applicants (18 years or older) must complete separate applications for rental*

**NUMBER OF BEDROOMS DESIRED:**
- Efficiency _____
- 1 Bedroom _____
- 2 Bedrooms _____
- 3 Bedrooms _____
- 4 Bedrooms _____

**Do you have a Housing Choice (Section 8) Voucher?**
- Yes _____
- No _____

**If Yes for how many bedrooms?**
- 1 Bedroom _____
- 2 Bedrooms _____
- 3 Bedrooms _____
- 4 Bedrooms _____

**Are you part of the Family Success Alliance (FSA)?**
- Yes _____
- No _____

---

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>First, Middle, Last Name</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>Driver’s License # &amp; State</th>
</tr>
</thead>
</table>

**Home Phone Number:** ____________________________

**Cell Phone Number:** ____________________________

**Best Time to Call:** ____________________________

**Email Address:** ______________________________________

**Are You a Military Veteran?**
- Y _____
- N _____

---

**ADDITIONAL OCCUPANTS**

<table>
<thead>
<tr>
<th>First, Middle Last Name</th>
<th>Date of Birth (Age)</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
</table>

---

**RESIDENCE**

<table>
<thead>
<tr>
<th>Current Address</th>
<th>Previous Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td></td>
</tr>
<tr>
<td>Date in/Date Out</td>
<td></td>
</tr>
<tr>
<td>Owner/Manager</td>
<td></td>
</tr>
<tr>
<td>Phone Number, Fax #</td>
<td></td>
</tr>
</tbody>
</table>

**Are you currently Homeless?**
- Y _____
- N _____

**Reason for Moving:** ____________________________

---

*Notice: All Adult applicants (18 years or older) must complete separate applications for rental*
EMPLOYMENT & INCOME
Name of Employer ____________________________________________
Your Position ________________________________________________
Address: _____________________________________________________________________________________________________
Your Start Date: ______________________________
Your End Date: ______________________________
Supervisor Name: ____________________________
Employer’s Phone Number: __________________
Employment Monthly Salary: ____________________________
1. Other Income Description: ____________________________ Monthly Income: ____________________________
2. Other Income Description; ____________________________ Monthly Income: ____________________________
   Total Monthly Income:____________________

BACKGROUND INFORMATION
Do you smoke? Y____ N _____:
Have you ever been evicted? If so, when and Why?
Have you ever filed for bankruptcy? If so, when and describe:
Have you ever been convicted of a crime? If so, please provide type of offense, county, and state:
Have you ever willfully or intentionally refused to pay rent when due?, If yes explain:

VEHICLE INFORMATION
Make & Model _______________________ Year ________________________
License NO. & State
### EMERGENCY CONTACT

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PERSONAL REFERENCES

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER INFORMATION

How did you hear about this property?

Please provide any other information that you would like a landlord to know/consider about you (below)
Veriﬁcation of Employment Form

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Orange Community Housing. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

If you have questions, please contact: LaTanya Davis-Property Manager, EmPOWERment Inc.
109 N. Graham St, Suite 200, Chapel Hill, NC 27516
Phone: 919-967-8779  Fax: 919-967-0710
e-mail: LaTanya@empowermentinc-nc.org

**RELEASE:** I hereby authorize the release of the requested information.

Name of Applicant: ___________________________________________  Date: __________________

Signature of Applicant: _______________________________________

☐ I acknowledge if this a electronic signature

Employer: _____________________________________________________________________________

Employer’s Address: _____________________________________________________________________

Employed since: ____________________________  Occupation: _________________________________

Salary: _____________________________  Effective date of last increase: __________________________

Base pay rate: $_________________/hour; or $_________________/week; or $_________________/month

Average hours/week at base pay rate: __________________________

Number of weeks _____________________; or number of weeks worked per year ____________________

Overtime pay rate: $_________________/hour

Expected average number of hours overtime worked per week during the next 12 months: ______________

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: ____________________________  ____________________________  ____________________________

Is pay received for vacation? _________  If yes, number of days/year: ____________________________

Total base pay earnings for past 12 months: $________________________________________________

Total overtime earnings for past 12 months: $________________________________________________

Probability and expected date of any pay increase: ____________________________________________

Does the employee have access to a retirement account? _____ yes  _____ no

If yes, what amount can they get access to: $__________________________________________________

Name of Employer or Authorized Representative  Title

________________________________________  _______________________________________

Signature  Date

________________________________________  _______________________________________

Phone Number  Email Address

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Orange Community Housing. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

If you have questions, please contact: LaTanya Davis-Property Manager, EmPOWERment Inc.
109 N. Graham St, Suite 200, Chapel Hill, NC 27516
Phone: 919-967-8779  Fax: 919-967-0710
e-mail: LaTanya@empowermentinc-nc.org

**RELEASE:** I hereby authorize the release of the requested information.

Name of Applicant: ___________________________________________  Date: __________________

Signature of Applicant: _______________________________________

☐ I acknowledge if this a electronic signature

Employer: _____________________________________________________________________________

Employer’s Address: _____________________________________________________________________

Employed since: ____________________________  Occupation: _________________________________

Salary: _____________________________  Effective date of last increase: __________________________

Base pay rate: $_________________/hour; or $_________________/week; or $_________________/month

Average hours/week at base pay rate: __________________________

Number of weeks _____________________; or number of weeks worked per year ____________________

Overtime pay rate: $_________________/hour

Expected average number of hours overtime worked per week during the next 12 months: ______________

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: ____________________________  ____________________________  ____________________________

Is pay received for vacation? _________  If yes, number of days/year: ____________________________

Total base pay earnings for past 12 months: $________________________________________________

Total overtime earnings for past 12 months: $________________________________________________

Probability and expected date of any pay increase: ____________________________________________

Does the employee have access to a retirement account? _____ yes  _____ no

If yes, what amount can they get access to: $__________________________________________________

Name of Employer or Authorized Representative  Title

________________________________________  _______________________________________

Signature  Date

________________________________________  _______________________________________

Phone Number  Email Address
LANDLORD VERIFICATION FORM

THE APPLICANT NAMED BELOW HAS GIVEN US YOUR NAME AS THEIR CURRENT OR PREVIOUS LANDLORD. PLEASE GIVE US THE BENEFIT OF YOUR EXPERIENCE BY ANSWERING THE QUESTIONS BELOW. PLEASE EXPLAIN ANY NEGATIVE EXPERIENCES YOU HAVE HAD WITH THIS APPLICANT IN THE COMMENTS SECTION BELOW. POSITIVE COMMENTS ARE ALSO WELCOME, AS WELL AS ANY PERTINENT INFORMATION YOU MAY WISH TO SHARE. THANK YOU FOR YOUR PROMPT RESPONSE. THE APPLICANT’S AUTHORIZATION TO RELEASE THIS INFORMATION.

NAME OF APPLICANT: ____________________________________________

Tenant Signature to Release information

CURRENT/PREVIOUS ADDRESS: ________________________________

NAME OF LANDLORD: ____________________________________________________________________________

LANDLORD ADDRESS: ____________________________________________________________________________

I acknowledge the above electronic signature

ARE YOU A RELATIVE OR FRIEND OF THE APPLICANT? _____ IF SO, PLEASE DESCRIBE RELATIONSHIP: ________________

IS/WAS THE ABOVE NAMED APPLICANT, HEAD OF HOSEHOLD? YES___ NO___

HOW MANY PEOPLE ARE LISTED ON THE LEASE? ____________________________

CURRENT LANDLORD ____________________________________ PREVIOUS LANDLORD ____________________________

DATES OF APPLICANTS TENANCY: FROM ___________________ TO: ______________________

DOES/DID THE APPLICANT HAVE A LEASE? YES________NO________

1. RENT PAYMENT

A. AMOUNT OF MONTHLY RENT: ____________________________

B. DOES/DID THE APPLICANT PAY THE RENT ON TIME? YES________ NO________

C. HAS/HAD HE OR SHE EVER PAID LATE? YES____ NO____ HOW LATE? ______ HOW OFTEN? ______

D. HAVE/HAD YOU EVER BEGUN/COMPLETED EVICTION FOR NON-PAYMENT? YES: __________ NO: __________

E. WAS A COURT JUDGEMENT RENDERED IN YOUR FAVOR FOR EVICTION OF NON-PAYMENT? YES____ NO____


2. CARING FOR THE UNIT

A. DOES/DID THE APPLICANT KEEP THE UNIT CLEAN, SAFE AND SANITARY? YES: ______ NO: ______


C. HAS/HAD THE APPLICANT PAID FOR THE DAMAGE? YES: ______________ NO: ______________

D. WILL/DID YOU KEEP THE SECURITY DEPOSIT? YES: ______ NO: ______

E. DOES/DID THE APPLICANT HAVE PROBLEMS WITH INSECT/RODENT INFESTATION? YES: ______ NO: ______

F. DOES/DID THE APPLICANT’S HOUSEKEEPING CONTRIBUTE TO INFESTATION? YES: ______ NO: ______
G. DID THE APPLICANT MAKE ANY ALTERATIONS TO THE UNIT WITHOUT YOUR PERMISSION? YES:_____ NO:_____

3. GENERAL
A. IS/WAS THE APPLICANT LISTED ON THE LEASE? YES:__________ NO:__________
B. DOES/DID THE APPLICANT PERMIT PERSONS OTHER THAN THOSE ON THE LEASE TO LIVE IN THE UNIT ON A
REGULAR BASIS? YES:____ NO:___ DESCRIBE:___________________________________________________________

C. HAS/HAD THE APPLICANT, FAMILY MEMBERS OR GUESTS DAMAGED OR VANDALIZED THE COMMON AREAS? YES:
_________ NO:_______ IF YES, DESCRIBE:________________________________________________________________

D. DOES/DID THE APPLICANT, FAMILY MEMBERS OR GUESTS CREATE ANY PHYSICAL HAZARDS TO THE UNIT OR
OTHER RESIDENTS? YES:________ NO:________
E. DOES/DID THE APPLICANT, FAMILY MEMBERS OR GUESTS INTERFERE WITH THE RIGHTS AND QUIET
ENJOYMENT OF OTHER TENANTS? YES:________ NO:________ DESCRIBE:__________________________________________
F. HAVE THE APPLICANT, FAMILY MEMBERS OR GUESTS ENGAGED IN ANY CRIMINAL ACTIVITY, INCLUDING DRUG
RELATED CRIMINAL ACTIVITY? YES:________ NO:________ DESCRIBE:__________________________________________
G. HAS/HAD THE APPLICANT GIVEN YOU ANY FALSE INFORMATION? YES:_____ NO:______ DESCRIBE:__________

H. HAS/HAD THE APPLICANT, FAMILY MEMBERS OR GUESTS ACTED IN A PHYSICALLY VIOLENT AND/OR VERBALLY
ABUSIVE MANNER TOWARDS NEIGHBORS, LANDLORD, OR LANDLORD’S STAFF? YES:_______ NO:________
IF YES, DESCRIBE:_________________________________________________________________________________
I. WOULD YOU RENT TO THIS APPLICANT AGAIN? YES:______ NO:_______ IF QUALIFIED?_____________________
J. DOES THE APPLICANT OWE A BALANCE? YES:_________ NO:_________ IF YES, HOW MUCH?_______________

SIGNATURE OF LANDLORD: __________________________________________ DATE: ________________________
LANDLORD ADDRESS: _____________________________________________________________
TELEPHONE NUMBER: ______________________________________ FAX:___________________________
EMAIL ADDRESS: _________________________________________________________________
Organization: EmPOWERment  Program: RENTAL

Name of Program Participant: ____________________________________________________________
Name of Parent (if Participant is under 18 years old): ______________________________________
Home Phone Number: ______________________  Cell Phone Number: ________________________
Street Address: ______________________________________________________________________
City, State, Zip Code: __________________________________________________________________

Required Demographic Information

Please fill out the following information - completed all three (3) questions.

1. Is the head of your household a female single parent?  _______yes  _______no

2. Race:  _____ White
          _____ Black or African-American
          _____ Asian
          _____ American Indian or Alaska Native
          _____ Native Hawaiian or Other Pacific Islander

3. Ethnicity (please check one):  _____ Hispanic or Latino  _____ Not Hispanic or Latino

Calculating Household Income

In order to calculate your household’s income, please fill out the worksheet on the following page.

The following sources of income should be considered when calculating total household income:

1. Wages, salaries, tips, commissions, etc. (except full-time students);
2. Self-employment income from own non-farm business, including proprietorships and partnerships (except full-time students);
3. Interest, dividends, net rental income, or income from estates or trusts;
4. Social Security or railroad retirement;
5. Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
6. Retirement, survivor, or disability pensions; and
7. Any other sources of income received regularly, including Veterans’ (VA) payments, unemployment compensation, child support and alimony.

Turn to the next page and complete the Household Income Worksheet

→
# Household Income Worksheet

<table>
<thead>
<tr>
<th>List ALL Household Members</th>
<th>Income Source</th>
<th>Monthly Income</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Annual Income:**

Household members are those who live in the same home as their primary residence.

## Household Income Level

Using the number of household members listed above and the household’s total annual income from above, please identify the correct income level. If the household’s total annual income is between levels, circle the income level that is greater than the household’s total annual income.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>1 person</th>
<th>2 people</th>
<th>3 people</th>
<th>4 people</th>
<th>5 people</th>
<th>6 people</th>
<th>7 people</th>
<th>8 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% area median income</td>
<td>$17,850</td>
<td>$20,400</td>
<td>$22,950</td>
<td>$25,750</td>
<td>$30,170</td>
<td>$34,590</td>
<td>$39,010</td>
<td>$43,430</td>
</tr>
<tr>
<td>50% area median income</td>
<td>$29,700</td>
<td>$33,950</td>
<td>$38,200</td>
<td>$42,400</td>
<td>$45,800</td>
<td>$49,200</td>
<td>$52,600</td>
<td>$56,000</td>
</tr>
<tr>
<td>80% area median income</td>
<td>$47,500</td>
<td>$54,300</td>
<td>$61,100</td>
<td>$67,850</td>
<td>$73,300</td>
<td>$78,750</td>
<td>$84,150</td>
<td>$89,600</td>
</tr>
</tbody>
</table>


**Does your total household income exceed 80% of the area median income by household size?**

_______ yes ________ no

I hereby certify that the above information is complete and accurate to the best of my knowledge. The income estimate includes income for all household members. I agree to submit additional support documentation if requested by the Town. I understand that the information provided to the Town of Chapel Hill will become part of the public record and therefore will be open to public examination.

Participant’s Signature (or Parent’s Signature if participant is under 18 years old)______________________________ Date________________________

Program Administrator’s Signature______________________________ Date________________________