

RESIDENTIAL HISTORY: MINIMUM 3 CONSECUTIVE YEARS REQUIRED! Attach additional pages if needed.

CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____/____/____ TO ____/____/____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

HOUSEHOLD INFORMATION. You must explain in the space below, any questions answered YES.

Do you anticipate any changes to your household during the next twelve (12) months? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any household member becoming a <i>full-time student</i> * in the next twelve (12) months? * Full-time student: Any individual who currently is or will be enrolled at an educational institution during any 5 calendar months for the number of hours or courses that are considered full-time attendance by that institution. The 5 months need not be consecutive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any members of your household ever had your lease terminated or ever been evicted? Please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has rental assistance for you or any members of your household ever been terminated in a subsidized housing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any members of your household receiving rental assistance (voucher, public housing, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you or any members of your household age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently: Displaced by a Presidentially declared disaster; Fleeing from an abusive situation; or Homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any members of your household U.S. Military Veterans? If yes, list household member: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any members of your household subject to a State lifetime sex offender registration? If yes, list household member: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own a pet or service/companion animal? (<i>Note: pets are not permitted at some properties. Please ask the manager for details.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSET LIST. Do you or any household members have any of the following assets?

CASH on hand OVER \$500.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepaid Debit Card (i.e, SMLone, Greendot, Paypal, Direct Express, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit (CD) or Money Market Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stocks, Bonds or Securities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA / Keogh Account /401(k) / Retirement Accounts / Pension Funds (Please circle the one(s) that apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trusts <i>If yes, is the trust non-revocable?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate (Land, Homes, Rental Property, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whole life or universal life insurance policy (Please circle the one that applies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assets held in another state or foreign country	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Property Held As Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mortgage <i>held by</i> (not being paid by) household (i.e., contract sale)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inheritance, Capital Gains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lottery winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Settlements (NOT Life Insurance Policies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Other Assets Not Listed Above (Describe):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ASSET DETAILS. Detail ALL assets for ALL household members marked Yes above.

Bank Accounts / Depository Debit Card				
HOUSEHOLD MEMBER NAME	NAME OF BANK		ACCOUNT TYPE	CURRENT BALANCE
Real Estate				
HOUSEHOLD MEMBER NAME	SOURCE/TYPE			VALUE
CURRENT MORTGAGE \$ BALANCE	MONTHLY MORTGAGE \$ PAYMENT	WHO HOLDS THE MORTGAGE?	WHO PAYS THE MORTGAGE?	MONTHLY RENTAL INCOME
Other Assets				
HOUSEHOLD MEMBER NAME	SOURCE/TYPE			VALUE

Have you or any household member disposed of any asset for less than fair market value within the last 2 years? YES NO

If yes, please list:

TYPE OF ASSET	DATE OF DISPOSITION	AMOUNT RECEIVED	MARKET VALUE

INCOME LIST. Do you or any members of your household receive income from any of the following sources?

Wages/salaries (This includes tips, fees, overtime, bonuses, or commissions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business/Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security / SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance / TANF (this includes Food Stamps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support (check YES for any received <u>and/or</u> court-ordered amounts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from rent or sale of property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring monetary gifts or noncash contributions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student financial aid, educational grants/scholarships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic payments from:		
Disability Benefits (other than SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Funds / Pensions (Meaning you receive a monthly payment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities or non-revocable trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Policies (receiving monthly payments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lottery winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Other Income Not Listed Above:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**INCOME DETAILS. List each source of income for all household members. Use gross amounts (before deductions).
Income/amounts from all sources will be verified.**

HOUSEHOLD MEMBER NAME	INCOME SOURCE/TYPE (I.E., WAGES, SSI)	EMPLOYER/PROVIDER ADDRESS & PHONE #	ANNUAL GROSS AMOUNT
			\$
			\$
			\$
			\$
			\$

CRIMINAL HISTORY

Have you or any members of your household been arrested for or convicted of any crimes listed below? YES NO

If yes, indicate by using numbers below.

- | | | |
|-----------------------------|------------------------------------|--------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX/DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP/VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE (If not applicable please write in "NONE")

Do you or any members of your household have a condition that requires:

- | | | |
|---|--|--|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Physical Modifications to a Typical Apartment |
| <input type="checkbox"/> A Barrier-Free Apartment | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Any Other Accommodation |

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS/CITY/STATE/ZIP	

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking.

MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER
MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER

SIGNATURES

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME AND ASSETS OF THE HOUSEHOLD ARE LISTED. APPLICANT(S) UNDERSTAND AND AGREE THAT THE OWNER IS REQUIRED TO VERIFY THIS INFORMATION AND AGREES TO SIGN ALL AUTHORIZATIONS FOR RELEASE OF INFORMATION NEEDED TO VERIFY THE INFORMATION PROVIDED.

APPLICANT(S) FURTHER CERTIFY THAT THE HOUSING THEY WILL OCCUPY IS/WILL BE THEIR PERMANENT RESIDENCE AND THAT THEY DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

SIGNATURE: _____ (APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

SIGNATURE: _____ (CO-APPLICANT) DATE: _____

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION.

EQUAL HOUSING OPPORTUNITY

*PLEASE BRING WITH YOU OR ATTACH TO THIS APPLICATION COPIES OF:

1. PHOTO ID (SUCH AS DRIVERS LICENSE) FOR ALL ADULTS IN HOUSEHOLD.
2. BIRTH CERTIFICATE FOR ALL HOUSEHOLD MEMBERS.
3. SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS.
4. IF APPLICABLE, DHS DOCUMENTATION TO SUPPORT ELIGIBLE NON-CITIZENSHIP STATUS.

*THIS APPLICATION CAN NOT BE PROCESSED WITHOUT PROOF OF AGE AND UNTIL ALL INFORMATION IS COMPLETE.

Please refer to the Resident Selection Plan a printed copy will be provided upon request.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that **«community»** may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

USDA NON-DISCRIMINATION STATEMENT

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Debtor's Express Consent

"All telephone numbers provided by you may be subject to receiving telephone calls from an automated dialer using a pre-recorded, artificial voice message or live operator call. You give your prior express consent to receive such phone calls, including any calls made to your provided cellular telephone number."

SUPPLEMENTAL DEMOGRAPHIC INFORMATION FORM FOR NEW MOVE-IN'S

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. 2. 3. 4. 5. 6. 7.

Enter both Ethnicity and Race codes for each household member(see below for codes).

TENANT DEMOGRAPHIC PROFILE							
HH Mbr#	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa. 2 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent 4a – Asian Indian 4e – Korean 4b – Chinese 4f – Vietnamese 4c – Filipino 4g – Other Asian 4d – Japanese
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 5a – Native Hawaiian 5c – Samoan 5b – Guamanian or Chamorro 5d – Other Pacific Islander
- 6 – Other

Note: Multiple racial categories may be indicated as such: 3 -1 – American Indian/Alaska Native & White, 4b-1 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. 1a – Puerto Rican 1c – Mexican, Mexican American, Chicano/a 1b – Cuban 1d – Another Hispanic, Latino/a or Spanish Origin
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201.
- “Disability” does not include **current**, illegal use of or addiction to a controlled substance.

Veterans Status:

Check “Y” if any member of the household is “A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served.”

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization Requesting Release of Information

Remnant Management Inc.
P.O. Box 1863
Fayetteville NC, 28403

Date: _____

Purpose: The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Social Security Administration
- Veterans Administration
- Welfare Agencies
- Utility Companies
- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords, Past and Present
- Providers of:
 - Social Security Benefits
 - Veterans Benefits
 - Public Assistance
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
 - Schools and Colleges

Authorization

By my signature below, I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. Information obtained under this consent is limited to information that is no older than 12 months.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

Applicant/Tenant Authorizing Release of Information

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date