**First Middle Last Name**

# 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 are part of the Family Success Alliance (FSA)? Yes \_\_\_\_\_ No \_\_\_\_**

|  |
| --- |
| **APPLICANT INFORMATION**  |
|  |  |  |  |

**First, Middle, Last Name Date of Birth Social Security # Driver’s License # & State**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best Time to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are You a Military Veteran Y\_\_\_N\_\_\_ \_\_**

|  |
| --- |
|  **ADDITIONAL OCCUPANTS**  |
|  |  |  |
|  |  |  |
|  |  |  |

 **First, Middle Last Name Date of Birth (Age) Relationship to Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RESIDENCE**  |  **Are you currently** Y **Homeless**  | NN |
|  | **Current Address**  |  | **Previous Address**  |  |
| **Street Address**  |  |  |  |  |
| **City, State, Zip Code**  |  |  |  |  |
| **Date in/Date Out**  |  |  |  |  |
| **Owner/Manager -------------------------- Phone Number, Fax** **#**  |  |  |  |  |
| **Reason for Moving**  |  |  |  |  |

## 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

|  |
| --- |
| **PETS**  |
| Pets? Y/N: \_\_\_\_\_\_\_\_\_\_\_\_\_  | Only Service Pets Allowed, If Yes Describe Use: Do you have a doctor’s notice for use? Y \_\_\_\_ N \_\_\_\_ |

 **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**  |
|  |  |  |  |
|  |  |  |  |

 **Name Address Phone Number Relationship**

|  |
| --- |
| **PERSONAL REFERENCES**  |
|  |  |  |  |
|  |  |  |  |

 **Name Address Phone Number Relationship**

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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  |



###  EMPOWERMENT, INC

109 N. GRAHAM STREET

CHAPEL HILL, NC 27516

919 967-8779

### 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

1. AMOUNT OF MONTHLY RENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DOES/DID THE APPLICANT PAY THE RENT ON TIME? YES\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_
3. HAS/HAD HE OR SHE EVER PAID LATE? YES\_\_\_\_NO\_\_\_\_HOW LATE? \_\_\_\_\_\_\_\_\_HOW OFTEN? \_\_\_\_\_\_\_\_\_\_\_
4. HAVE/HAD YOU EVER BEGUN/COMPLETED EVICTION FOR NON-PAYMENT? YES:\_\_\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_\_
5. WAS A COURT JUDGEMENT RENDERED IN YOUR FAVOR FOR EVICTION OF NON-PAYMENT? YES\_\_\_\_\_\_NO\_\_\_\_\_
6. DO/DID YOU PROVIDE ANY OF THE UTILITIES FOR THE UNIT? YES:\_\_\_\_\_\_NO:\_\_\_\_\_\_ G. HAVE TENANT-PAID UTILITIES EVER BEEN DISCONNECTED? YES:\_\_\_\_\_\_NO:\_\_\_\_\_\_

#### 2. CARING FOR THE UNIT

1. DOES/DID THE APPLICANT KEEP THE UNIT CLEAN, SAFE AND SANITARY? YES:\_\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. HAS /HAD THE APPLICANT DAMAGED THE UNIT? YES:\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COST TO REPAIR? \_\_\_\_\_\_\_\_\_\_\_\_HOW OFTEN? \_\_\_\_\_\_\_\_\_\_\_
3. HAS/HAD THE APPLICANT PAID FOR THE DAMAGE? YES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_\_\_\_
4. WILL/DID YOU KEEP THE SECURITY DEPOSIT? YES:\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_\_
5. DOES/DID THE APPLICANT HAVE PROBLEMS WITH INSECT/RODENT INFESTATION? YES:\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_
6. DOES/DID THE APPLICANT’S HOUSEKEEPING CONTRIBUTE TO INFESTATION? YES:\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_\_\_
7. DID THE APPLICANT MAKE ANY ALTERATIONS TO THE UNIT WITHOUT YOUR PERMISSION? YES:\_\_\_\_\_\_NO:\_\_\_\_\_

#### 3. GENERAL

1. IS/WAS THE APPLICANT LISTED ON THE LEASE? YES:\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_
2. DOES/DID THE APPLICANT PERMIT PERSONS OTHER THAN THOSE ON THE LEASE TO LIVE IN THE UNIT ON A REGULAR BASIS? YES:\_\_\_NO:\_\_\_DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. HAS/HAD THE APPLICANT, FAMILY MEMBERS OR GUESTS DAMAGED OR VANDALIZED THE COMMON AREAS? YES: \_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_ IF YES, DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. DOES/DID THE APPLICANT, FAMILY MEMBERS OR GUESTS CREATE ANY PHYSICAL HAZARDS TO THE UNIT OR OTHER RESIDENTS? YES:\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_
5. DOES/DID THE APPLICANT, FAMILY MEMBERS OR GUESTS INTERFERE WITH THE RIGHTS AND QUIET

ENJOYMENT OF OTHER TENANTS? YES:\_\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. HAVE THE APPLICANT, FAMILY MEMBERS OR GUESTS ENGAGED IN ANY CRIMINAL ACTIVITY, INCLUDING DRUG RELATED CRIMINAL ACTIVITY? YES:\_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_DESCRIBE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. HAS/HAD THE APPLICANT GIVEN YOU ANY FALSE INFORMATION? YES:\_\_\_\_\_NO:\_\_\_\_\_\_DESCRIBE:\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. WOULD YOU RENT TO THIS APPLICANT AGAIN? YES: \_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_IF QUALIFIED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DOES THE APPLICANT OWE A BALANCE? YES: \_\_\_\_\_\_\_\_\_NO:\_\_\_\_\_\_\_\_\_\_IF YES, HOW MUCH? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF LANDLORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LANDLORD ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Town of Chapel Hill**

**2019 Income Verification Form**

Last updated: 5/2019

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

1. **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **List ALL Household Members**  | **Income Source** | **Monthly Income** | **Annual Income** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
|  | **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.

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

Source: [U.S. Department of Housing and Urban Development. FY2019 AMI = $84,800 for a four (4) person household.](https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn)

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

