

## Edgemont Elms – Market Rate Application

**Please detach this checklist before you turn  
in your application.**

Two and three bedroom townhomes are available. **Applicant must meet  
monthly income requirement of 3x the monthly rent.**

Your monthly income must be \$2025 or more in order to meet the  
requirement for a 2-bedroom townhome, and \$2325 or more in  
order to meet the requirement for a 3-bedroom townhome.

### RENTAL AMOUNTS

**EDGEMONT ELMS: 2 BEDROOMS: \$675.00 -- 3 BEDROOMS: \$775.00**

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The following is a list of items that you will need to return to us in order for your application to be processed quickly:

- 1.) Picture ID of all household members 18 and over**
- 2.) Income Verifications:**
  - Award Letters for all household members receiving Social Security payments
  - 3 consecutive pay-stubs for all working household members
  - Child Support Verification
  - Any other proof of payments received as income
- 3.) Copy of Birth Certificates for all household members**
- 4.) Copy of Social Security Cards for all household members**

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**Applications must be returned to Durham Housing Authority located at  
330 East Main Street.**

**For more information please call: 919-479-5050**

# Edgemont Elms

PHONE: 919-683-1551, EXT. 246  
FAX: 919-683-1237

## Applicant Questionnaire

### Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

YES

NO



**1. Do you expect any additions to the household within the next twelve months?**

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_



**2. Is there anyone living with you now who won't be living with you at this property?**

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_



**3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*

Explanation: \_\_\_\_\_



**4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*

Explanation: \_\_\_\_\_



**5. Does your household have or anticipate having any pets other than those used as service animals?**

## Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_
7. Have you or any one else named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_
9. Have you or any one else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_
10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	( ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	( ) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	( ) _____	_____		

## Personal Reference

List a personal reference other than a relative.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES      NO

       
(EMC #01)

11. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

       
(EMC #02)

12. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #03)

13. **Regular pay as a member of the Armed Forces/Military?**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #04)

14. **Unemployment benefits or workman's compensation?**

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO

(EMC #05)

15. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

<u>Household Member</u>	<u>Payer</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency      *Name of Agency:* \_\_\_\_\_
- Court of Law      *Name of Court:* \_\_\_\_\_
- Directly from Individual      *Name of Person:* \_\_\_\_\_
- Other      *Explain:* \_\_\_\_\_

(If yes, obtain court papers)

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO

       
(EMC #08)

22. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #08)

23. Regular payments from rental property or other types of real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #08)

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

    

25. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

**Asset Information:**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES      NO

       
(EMC #09)

26. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #09)

27. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #10)

28. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
(EMC #09)

29. Trust Funds

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES      NO  
        
 (EMC #09)

30. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #09)

31. Whole life insurance policy?

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #10)

32. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #10)

33. Personal property held as an investment?

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #13)

34. A safe deposit box?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #11)

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Applicant Status**

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES      NO

       
 (EMC #20)

36. Are you or any other ADULT household members claiming zero income?

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

       
 (EMC #12 & #18)

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): \_\_\_\_\_

YES      NO

       
(EMC #15 & #21)

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

    

39. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

    

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

41. Name of resident/employee who referred you to this property. \_\_\_\_\_

\_\_\_\_\_

### Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For Office Use Only

Date of Interview: \_\_\_\_\_

Desired Apt. #: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_



P.O. Box 1731  
Durham, NC 27702  
(919) 683-1551  
FAX: (919) 683-1237  
TDD/TTY: (800) 545-1833 ext. 774  
durhamhousingauthority.org

A Commitment to Quality Living

## BLANKET AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize and direct any Federal, State or local agency, organization, business or individual to furnish information concerning myself and/or my household to the Housing Authority of the City of Durham (DHA) and/or duly authorized representative of Durham Housing Authority. This information will be used to determine occupancy eligibility and the rent amount of federally subsidized housing assistance.

I am aware that this form may be used to collect sensitive information, which is protected by the Privacy Act. This information will not be disclosed or released outside of Durham Housing Authority except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors.

The groups or individuals that may be asked to release information include but are not limited to:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal background screening agencies/Law enforcement agencies | <input type="checkbox"/> Utility Companies                             |
| <input type="checkbox"/> Childcare Providers   | <input type="checkbox"/> Veterans Administration                       |
| <input type="checkbox"/> Social Service Agencies   | <input type="checkbox"/> Banks & other Financial Institutions          |
| <input type="checkbox"/> Courts and Post Offices   | <input type="checkbox"/> Retirement & Investment Services              |
| <input type="checkbox"/> Schools and Colleges  | <input type="checkbox"/> Credit Providers & Credit Bureaus             |
| <input type="checkbox"/> Medical Professionals & Facilities                              | <input type="checkbox"/> Previous landlords (including Public Housing) |

I agree that a photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original of this authorization is on file with Durham Housing Authority and will stay in effect 15 months from the date signed.

If I or any adult members of my household fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both. I understand that I have a right to review my file and provide updated information that substantiates any errors.

\_\_\_\_\_  
HEAD OF HOUSEHOLD'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT MEMBER PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OTHER ADULT MEMBER PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Rev: 05/09

# Edgemont Elms

PHONE: 919-683-1551, EXT. 246  
FAX: 919-683-1237

## RENTAL HISTORY

TO: \_\_\_\_\_  
\_\_\_\_\_

FROM: Kenya Spivey  
PHONE#: 919-479-5050  
FAX#: 919-620-7739

FAX#: \_\_\_\_\_

RE

RE: \_\_\_\_\_

=====

The above-named person has applied for housing at Edgemont Elms Townhomes and has indicated that he or she resided at your property located at:

I/we authorize the release of the information requested on this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

We would greatly appreciate you taking the time to complete this application and faxing it back to us.

1. When did this person reside at your property? FROM: \_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_

2. What size apartment (bedrooms/baths) did this person have?  
\_\_\_\_\_

3. How many people occupied the unit? \_\_\_\_\_

4. What was the amount of the monthly rent? \_\_\_\_\_

5. Was the rent paid on time? [ ] Yes [ ] No  
If no, how often was the rent late? \_\_\_\_\_ Over how many months? \_\_\_\_\_

6. Did the resident maintain desirable living conditions? [ ] Yes [ ] No

7. Did the resident cause damage to the apartment/property? [ ] Yes [ ] No

- 8. Did the resident maintain desirable living conditions?  Yes  No
- 9. Did you receive any complaints in reference to this resident?  Yes  No
- 10. Why did the resident move? \_\_\_\_\_
- 11. Was proper move-out notice given?  Yes  No
- 12. Was the security deposit refunded?  Yes  No  
If no, why not? \_\_\_\_\_
- 13. Would you rent to this person again?  Yes  No

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Preparer's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Telephone Number: \_\_\_\_\_