

# Chatham Woods Senior Apartments

232 Hawthorne Road

Elkin, NC 27021

Phone Number: 336-835-9663

TTY Phone Number: 1-800-735-2962



## EQUAL HOUSING OPPORTUNITY



Date and Time Application Received ____ / ____ a.m. / p.m.	Last Name: _____ Apt. Size Needed: _____ Apt. #Assigned: _____ Move-In Date: _____
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<u>Applicant's Name:</u> _____ Social Security #: _____ - _____ - _____ Previous or Maiden Name(s): _____ Date of Birth: _____ Age: _____ Student: Yes _____ No _____ Driver's License # / State: _____ Email Address: _____ Phone Number: _____
<u>Co-Applicant's Name:</u> _____ Social Security #: _____ - _____ - _____ Previous or Maiden Name(s): _____ Date of Birth: _____ Age: _____ Student: Yes _____ No _____ Driver's License # / State: _____

**OTHER OCCUPANTS:** List all other persons who will be living in the apartment regularly.  
No person is to live with you who is not listed.

<u>NAME</u>	<u>AGE</u>	<u>STUDENT</u> <u>(Y/N)</u>	<u>D.O.B.</u>	<u>SS#</u>	<u>RELATIONSHIP</u>

**Give all previous address for the past 5 years. Use the back of this page if needed.**

1. Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City County State Zip

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Amount of Monthly Rent/Mortgage: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City County State Zip

Landlord's Name: \_\_\_\_\_ How Long? \_\_\_\_\_

Have you or any member of your household ever lived at this property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you or any member of your household ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**ASSET/INCOME CHECKLIST**

ALL sources of assets and income that your household currently has or expects to establish in the next twelve (12) months must be reported. Please answer "yes" or "no" for each member of your household.

<b><u>Assets:</u></b>	Applicant		Applicant		Applicant	
	Yes	No	Yes	No	Yes	No
Savings Accounts						
Checking Accounts						
Trust Funds						
Real Estate (Land, Homes, Property)						
Capital Investments						
Stocks						
Bonds						
Treasury Bills						
Certificates of Deposit						
Money Market Funds						
IRA Accounts						
Retirement/Pension Funds						

Lump Sum Receipts						
Personal Property Held as Investment						
Other Assets:						

<u><b>Income:</b></u>	Applicant		Applicant		Applicant	
	Yes	No	Yes	No	Yes	No
Gross Wages/Salaries (before deductions)						
Overtime						
Commissions						
Fees/Tips/Bonuses						
Business/Self Employment						
Social Security						
Annuities						
Insurance Policies						
Retirement Funds						
Pensions						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary Gifts						
Armed Forces Special Pay/Allowances						
Other Income:						

**INCOME AND ASSETS**

**INCOME INFORMATION:** We are required to verify the amount of your income from all sources. Please furnish complete information for each source of income for each person in the household. (Sources include employment, Social Security, SSI, VA, alimony, child support, pensions, welfare assistance, and/or cash contributions from individuals or agencies.) Your income may also be verified by a third-party source.

<u>FAMILY MEMBER NAME</u>	<u>EMPLOYER /SOURCE/ TYPE/ ADDRESS/ TELEPHONE NUMBER</u>	<u>AMOUNT</u>	<u>MO./WK./ YR.</u>

<b>BANK ACCOUNTS:</b>				
<u>Family Member Name</u>	<u>Name of Bank</u>	<u>Acct. #</u>	<u>Acct Type</u>	<u>Current Balance</u>

<b>REAL ESTATE:</b>		
<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

<b>STOCKS BOND, OTHER ASSETS:</b>		
<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

**AUTOMOBILE:** In order to keep a record of vehicles allowed on the premises and to control adequate parking, please provide following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home)  
 \_\_\_\_\_ (Cell)

***PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION, EVICTION, LOSS OF ASSISTANCE, FINES UP TO \$10,000 OR IMPRISONMENT FOR UP TO FIVE YEARS.***

**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 DISLOSURE.)**

**APPLICANT(S) HERBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. APPLICANT(S) FURTHER CERTIFY THAT THE HOUSING THEY WILL COCCUPY 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: \_\_\_\_\_

**THIS INFORMATION WILL NOT AFFECT TENANT SELECTION**



**EQUAL HOUSING OPPORTUNITY.**



“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration and /or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/ national origin and sex of individual applicants on the basis of visual observation or surname.”