



Maplewood & Underwood Apartments

1407 W Chapel Hill St Durham NC, 27701 & 811 Underwood Ave Durham NC, 27701

Enclosed you will find a current rental application. Each person over the age of 18 must complete and sign a separate Workforce Application. If a question does not apply to your household, please answer N/A (**DO NOT LEAVE ANYTHING BLANK**). We also ask that you use a pen when completing the application.

| Household Size | Minimum Income | Maximum Income | Rent |
|----------------|------------------|----------------|-------|
| 1 | \$14,850 | \$29,700 | \$495 |
| 2 | \$14,850 | \$33,950 | \$495 |
| 1 | \$18,600 | \$35,640 | \$620 |
| 2 | \$18,600 | \$40,740 | \$620 |
| 1 | Subsidy Required | \$29,700 | \$835 |
| 2 | Subsidy Required | \$33,950 | \$835 |

**Maximum income limits as of July 2019. Subject to change according to HUD's AMI*

Requirements for submitting an application:

**Incomplete applications will delay the application screening process*

- Completed Workforce Housing Application
- Legible copy of state issued identification
- Legible copy of social security card (all persons over the age of 6)
- Income and asset verifications
- Copy of subsidy award letter (if applicable)
- **\$25.00 criminal background fee (money order only)**
 - Applications without the fee will not be accepted

Upon application approval, the following applies:

- Utilities:
 - Tenant will be responsible for electric
- Security deposit:
 - Equals one month's total rent

Return the above information to CASA at:

| Office Locations | Office Hours |
|-------------------------------------|--------------------------------------|
| 624 W Jones St Raleigh, NC 27603 | Monday – Friday 8:30 am – 5:00 pm |

Application Screening Process:

CASA uses a third party screening company to verify the applicants background such as criminal, rental, credit and sex offender. Each person over the age of 18 must complete a separate application. The following screening process will apply:

- **Income Qualifications:** show proof of verifiable income
 - Pay check stubs: most recent two months of paystubs
 - Employment offer letter
 - Other forms of income can be used if properly documented. Ex Social Security/SSI would require a current awards letter from the Social Security Administration.
- **Asset Qualifications:** show proof of assets
 - Most recent savings account statement
 - Most recent 6 months of checking account statements
 - Current retirement account statements, etc.
- **Occupancy Standards:** Two people per bedroom
- **Rental History:** Satisfactory rental history for the past two years. All unpaid debt to previous landlords must be satisfied prior to approval.
- **Criminal Background Check:** Satisfactory criminal history records

CASA has a No Pet Policy



Workforce Housing Application

How to submit your application

Office hours are Monday – Friday, 8:30 AM and 5:00 PM. Qualified applicants can complete and return the full application with the background check fee by mail or hand delivery.

Mail: P.O. Box 12545, Raleigh NC 27605

Hand delivery: 624 W. Jones St, Raleigh NC 27603

Submission of an application with a background check fee does not guarantee the applicant an apartment. Apartments are leased on a first come, first serve basis.

A Leasing Specialist will contact you within 5 business days regarding the status of your application.

Application Checklist

Use this list to make sure you have a complete application before you turn it in. Incomplete applications will not be processed. All applicants 18 and older must submit a separate application with required documentation. One criminal background fee for each household member over 18. **Applications without a background check fee will not be accepted.**

A leasing specialist will be available in our Raleigh office Monday, Wednesday, Thursday, and Friday, 9:00 AM-4:00 PM, and Tuesday 1:00 PM-4:00 PM, to review your application or answer questions. No appointment necessary.

All Applications must include the following:

___ Completed application with applicant signature (pages 2-8).

Double check: *Don't leave any questions blank!*

___ \$25 Background Check fee, non-refundable (money order only)

___ Income verifications (page 4)

___ Asset verifications (page 5)

___ Legible copy of state or government issued photo IDs for all household members 18 years old & older

___ Legible copy of social security card for all household members 6 years old & older

___ Housing voucher approval letter (if applicable)





Workforce Housing Application

Applicant Information

Full name _____ Date of birth _____

Mailing Address _____

State _____ Zip Code _____ Last four digits of Social Security Number _____

Email: _____

Phone number: _____ Alternative phone number: _____

Work Home Cell

Work Home Cell

Property for which you are applying: _____

Are you a full time student? ____ Yes ____ No

Are you a Veteran? ____ Yes ____ No

Is everyone in your household a citizen of the United States?

____ Yes ____ No

If no, please explain: _____

Answering no does not immediately disqualify you. A leasing specialist will follow up if further documentation is needed.

Household Members

Please include all persons living in the household. (Use additional paper if needed.)

| Household Member's Full Name | Date of Birth | Last four SS# | Total annual income | Full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship to Applicant |
|------------------------------|---------------|---------------|---------------------|--|---------------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head of household |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |





Workforce Housing Application

Residential History

Provide information about places you have lived for the last two years.

Current address: _____

Month/year moved in: _____

Current landlord/agent: _____ Phone number: _____

Previous address: _____

Month/year moved in: _____ Month/year moved out: _____

Current landlord/agent: _____ Phone number: _____

Previous address: _____

Month/year moved in: _____ Month/year moved out: _____

Current landlord/agent: _____ Phone number: _____

Have you ever been served with an eviction notice? Yes No

If yes, please explain: _____

Income

1. Do you have income? Yes No
2. What is your total household income? \$ _____
3. How do you receive income and benefits? physical check
 debit card (requires inquiry statement) direct deposit to a checking account

All household members are required to show proof of income. The following will be accepted:

Employment Income

- Six current and consecutive paystubs
- Employment verification form (contact CASA's office for a form)
- Employment offer letter

Social Security Benefits

- Awards letter dated within 120 days of recertification date

Other Income (child support, TANF, Work First, etc.)

- Court documents showing payments received within the past 6 months
- Initial awards letter dated within 120 days of recertification date

Special Deductions

You may have some deductions from your income that could affect how your rent is determined. Some examples may include medical expenses, medical bills, childcare expenses, or disability expenses. Other deductions may be eligible. **You must include proof of these expenses.** A CASA Leasing Specialist will review these expenses with you at your recertification meeting.





Workforce Housing Application

Sources of Income

In the chart below, indicate if you currently have each kind of income. You must answer each question by checking “Yes” or “No.” ***Proof of income is required for each source of income.*** If you answer “Yes” to any question or list other sources of income, please provide the most recent statement and/or six current consecutive paystubs.

| Type of Income | Check one | Annual Income | Comments |
|---------------------------------------|--|---------------|----------|
| Wages, Salary, Employment, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Supplemental Security Income (SSI) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| TANF or other public assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Food stamps/SNAP | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Disability or Death Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Income from a business/profession | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Military pay including all allowances | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Unemployment Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Workers Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Severance Pay | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Retirement Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Pensions | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Annuity Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Insurance Policy Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Income from rental property | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Regularly recurring gifts | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Scholarships | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Grants | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Educational Entitlements | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Work Study Programs | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Long Term Care payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Income from training programs | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

List other income here:

| Type of Income | Annual Income | Comments |
|----------------|---------------|----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |





Workforce Housing Application

Assets

In the chart below, indicate if you have each kind of asset. You must answer each question by checking “Yes” or “No.” ***Documentation is required for each type of asset.*** If you answer “Yes” to any question or list other assets, please provide the most recent statement. For checking accounts, provide six consecutive statements (include all pages).

| Type of Asset | Check one | Value | Comments |
|---|--|-------|----------|
| Checking Account(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Savings Account(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Life Insurance Policies (Whole Life)* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Pension Funds* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Certificates of Deposit* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Money Market Funds | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mutual Funds / Stock* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Treasury Bills | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IRA or 401K | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Company Retirement Accounts* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Annuity Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Trust Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Personal Property held for investment | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mortgage or Deed of Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Cash held in safety deposit boxes, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| House or Real Estate* | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Rental Property | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other investments | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

**When listing the cash value of the items with an asterisk (*), factor in penalties for withdrawal, or fees to convert the asset to cash. For example, if you sold a home, the value is what remains after paying off the mortgage, the realtor, etc.*

In the chart below, indicate if you have received any lump sum payments and the current value.

| Type of Asset | Check one | Value | Comments |
|--|--|-------|----------|
| Inheritance(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Lottery or other winnings | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Insurance settlement(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Worker’s Compensation settlement(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Social Security Disability settlement(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| VA Disability settlement(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Severance pay | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Capital Gains | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Have you disposed of any assets for less than Fair Market Value within the last two years? (State if the sale was due to foreclosure, bankruptcy, or divorce). ____ Yes ____ No

If yes, explain: _____





Workforce Housing Application

Contacts

Do you have a legal guardian? Yes No

Name: _____

Agency: _____ Phone number: _____

Do you have a payee? Yes No

Name: _____

Agency: _____ Phone number: _____

Do you have a Service Provider? Yes No

Name: _____

Agency: _____ Phone number: _____

Do you give CASA permission to speak with another individual or agency about your housing needs and / or the status of your application? Yes No

If yes, please list name and contact information: _____

In case of emergency, illness, or accident, whom should we notify?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Automobile Information

Model: _____

Model: _____

Make: _____

Make: _____

Tag: _____

Tag: _____

Color: _____

Color: _____

Answer ALL of the following questions “Yes” or “No”

1. Do you have any special housing needs or request a reasonable accommodation or modifications? Yes No
2. Have you ever received an ordinance violation from your local municipality? Yes No
3. Have you or any member of household ever been:
 - Convicted of or pled guilty or “no contest” to a sexual offense? Yes No
 - Listed on a registry of sexual offenders? Yes No
 - Convicted of or pled guilty or “no contest” to any arson related criminal offense? Yes No

If you answered “yes” to any of the above, please explain: _____





Workforce Housing Application

Authorization to Release Information

I, _____, have applied for rental housing with
Applicant Name

CASA and authorize CASA to perform a background check from the following services to verify the information submitted on this application:

- Criminal Background Check (can take up to 7 days to complete)
- Previous and current landlords
- Current employers
- State CCBI and records department
- Income verification checks
- Asset verification checks
- Student status verification
- Alimony/child support verification checks

I understand that the information provided by the agencies and individuals listed above will be considered in my application.

I agree that all information listed on this housing application is true and correct. I also understand that falsifying information on this application can and will lead to a denied application or termination of a lease agreement.

Applicant's Signature

Date





Workforce Housing Application

Optional Information

| Household member name | Race | Ethnicity | Sex |
|-----------------------|--|---|--|
| | <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> None of the above <input type="checkbox"/> Prefer not to answer |
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