

CREDIT RENTAL APPLICATION

Noble Properties, Inc.
 Olde School Commons (919) 773-1799
 Fax – (919) 467-5777
 Email – info@nobleprops.com
 www.nobleprops.com

OFFICE USE ONLY

Approved YES NO Lease Type _____
 Rental Amt _____ Deposit Amt _____
 Reservation Fee Received _____
 Date of Move-in _____
 Rental Concession _____
 Leasing Agent _____

Date _____

Applicant's Name _____ Date of Birth _____
(First) (Middle) (Last) (Month/Day/Year)

Social Security No. _____ Driver's License No. _____ State _____

Current Phone # _____ Cell Phone # _____ Email _____

Spouse/Roommate Name _____ Date of Birth _____

Social Security No. _____ Driver's License No. _____ State _____

Current Phone # _____ Cell Phone # _____ Email _____

CURRENT RESIDENCE:

Address _____	City - State - Zip _____	Years at Address _____
Owner/Manager _____	Address _____	City - State - Zip _____
		Owner/Manager Phone # _____

CURRENT EMPLOYER:

Company Name _____	Address _____	City - State - Zip _____	Years _____	Phone # _____
Position _____	Annual Salary _____	Supervisor's Name _____		Supervisor's Phone # _____

SPOUSE/ROOMMATE EMPLOYER:

Company Name _____	Address _____	City - State - Zip _____	Years _____	Phone # _____
Position _____	Annual Salary _____	Supervisor's Name _____		Supervisor's Phone # _____

IN CASE OF EMERGENCY NOTIFY:

Name _____	Address _____	City - State - Zip _____	Relationship _____
Phone # _____	Phone # _____	Email _____	

Residence Desired (No. of Bedrooms) _____ Date of Occupancy _____ Maximum Occupancy Expected _____

Have you ever broken a lease or been evicted from any type of housing? YES NO If yes, please explain (use back for additional space) _____

Have you ever been convicted of a felony? YES NO If yes, please explain _____

Names of Other Occupants: (All persons occupying premises must be listed)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many Autos (including company cars) would you keep at this address? _____

Make/Model _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Make/Model _____ Color _____ Year _____ Lic. Tag No. _____ State _____

Do you have any pets? _____ If so, indicate kind, weight, breed, age _____

How did you find out about us? _____

You have my permission to run a credit check YES NO. A credit check will appear on your credit report as an inquiry. This application and the contents thereof are represented, by me, to be accurate and complete,

Signature _____ Spouse's / Roommate's Signature _____



OLDE SCHOOL COMMONS

742 West Garner Road Garner, NC 27529

Office: (919) 773-1799

Fax:(919) 773-1415

RESIDENT SELECTION POLICY

Thank you for your interest in making Olde School Commons your new home!

In order to approve your application, we have guidelines that help us process and determine approval for residency.

- The Owners and the Management Agent and their respective employees will comply with the Fair Housing Act, the 1988 Fair Housing Amendments Act, Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, the Violence Against Women Act (VAWA), the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants, or staff which may subsequently be enacted.
- For properties that receive federal funds such as RD or HOME the additional citations need to be included:
- Section 504 of the Rehabilitation Act of 1973
- Reasonable steps to ensure meaningful access to the property and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Plan
- Fair Housing and accessibility logos are on company documents
 - Being a victim of domestic violence is not a basis for denial of assistance.
 - Incidents or threats cannot be interpreted as serious or repeated violations of the lease or as “good cause” to terminate assistance.
 - Criminal activity directly related to domestic violence that is engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control cannot be used as a reason to terminate assistance.
 - Evictions or ending assistance to any lawful occupant who engaged in criminal acts of physical violence is allowed, but not the eviction or ending the assistance of others in the household. If the person removed as a result of said acts was the sole eligible tenant, remaining tenants must have the opportunity to establish their eligibility for the program, or, if not eligible, be given a reasonable amount of time to find new housing.
- Olde School Commons was developed as housing intended and operated for occupancy under the Federal definition of elderly. In 80% of units, (36 units) one household member must be at least 60 years of age. In 20% of units(9 units), one household member must be at least 55 years of age.
- For applicants with limited English proficiency we seek out a family member or oral language service(interpretation)
- Photo ID from all persons over. 18 years of age is required to view an apartment home.
- An application fee of \$25 is required to begin processing the application. An applicant may return the completed application via either:



- 1) hand delivery to the office
- 2) mail to Olde School Commons 742 W. Garner Rd Garner, NC 27529 or
- 3) faxed to (919)773-1415

- Occupancy standard for a 1 bedroom/1 bath apartment is a maximum of 2 residents.
- Given that Olde School Commons is defined as an extended use low-income tax credit by the North Carolina Housing Finance Agency, full-time student households are eligible to apply.
- Olde School Commons is committed to our residents' and guests' health and **is a smoke-free community**. As a condition of residency, all residents moving in must agree to smoke only in designated outdoor areas.
- **Section 8** voucher holders are welcome to apply and do not need to meet the income criteria. However, the satisfactory credit, rental verification, and criminal selection criteria all must be met in order to gain admittance into the property.
 - Section 8 voucher holders must have a monthly income equal to at least 2 times the tenant paid portion of the rent.
- Requests for **reasonable accommodations** for persons with disabilities, as defined in HUD Section 504, will be evaluated and considered. Management will respond to the request within 14 days of receipt. The available unit will be held for the applicant requesting the accommodation until management decides whether to approve or deny the request. If the request is denied, the applicant will be notified in writing and given five calendar days to appeal management's decision, during which time the available unit will not be rented to another qualified applicant.
 - A change in the rules or the way we do things
 - Repair or modification in your apartment, or a special type of apartment
 - A change or repair to some other part of the buildings or grounds
 - A change in the way we communicate with you or give you information

-Management will contact the resident within five (5) business days, unless there is a problem getting the necessary information or if the resident agrees to a longer timeframe. Management will inform the resident if more information or verification is needed to meet the needs of the resident. If the request is denied, an explanation of the reason will be provided.

The Reasonable Accommodation/Modification Request form may be picked up in the management office. Help to fill out the form will also be provided if necessary.
- **Unit transfers** will only be allowed for medical reasons, such as the need of an accessible unit, medical reasons certified by a doctor, or as a reasonable accommodation to a disability, households residing in an accessible unit that do not need the accessibility unit. (ust be in writing)
 - Transfers will be made to units of the same rent level in which the resident already qualifies.
 - When management is notified of a RA we add them to the transfer list. The resident is given priority over applicants when the appropriate unit becomes available.
 -
- **Pets**
 - One pet per unit is allowed.
 - Pet fees required are **\$200 per cat, \$400 per dog**



- Up to date immunization records must be provided to the office
- Dog breed restrictions include: Rottweilers Pit bull, Doberman Pinscher, Boxer, Chow. Bull Mastiff, Wolf Hybrid, any dog over **25 pounds**.
- Dogs must be walked on a leash
- Pet owners are responsible for picking up after their pet
- Cats must be neutered and declawed
- Snakes are prohibited
- Birds must be caged at all times
- Fish aquariums must be secured on a stand on the floor
- The lessee shall remove any pet previously approved under this lease within five (5) days of written notification from the lessor if complaints have been made that the pet is “undesirable”. This determination will be made by the lessor only. If the pet is removed for reasons pursuant to this paragraph, the lessor shall not be required to refund the pet fee, however, the lessee shall be entitled to acquire and keep another pet of the type previously authorized, with the approval of the lessor.
- Any pet that is involved in a bite incident or is deemed to possess aggressive behavior will automatically be determined as undesirable.

PROGRAM REQUIREMENTS

- Olde School Commons, in compliance with the Low Income Housing Tax Credit(LIHTC) and HOME Investment Partnership (HOME) programs, is required to verify all household income in writing and assure it does not exceed current income limits for the household size.
- Income limits are available at: WWW.huduser.gov/portal/datasets/il/il216/216summary.odn

At present our household income limits are as follows:

- 18 of the residential units in the community must be reserved for and occupied by families whose Household Income does not exceed forty-five percent (45%) of the area median income as calculated by HUD. The determination of whether a tenant meets this low-income requirement shall be made by the Owner at least annually based on the then current income of such tenant and the guidelines established by the program.
- 27 of the residential units in the project must be reserved for and occupied by families whose household income does not exceed sixty percent (60%) of the area median income as calculated by HUD.

INCOME

Six months of verifiable employment/income, showing gross monthly income equal to a minimum of 2 times the monthly rental amount the apartment home is desired. If you are receiving retirement, pension, Social Security, or 881, you will be asked to furnish award letters. Assets, such as savings accounts, certificates of deposits, IRAs, and etc. will also have to be documented and verified.

CREDIT & BACKGROUND

All applicants' credit and criminal background checks are run through TransUnion Credit Retriever residential screening. The following is what the screening is based on. All applicants must pay financial obligation as agreed. Monies owed for medical related expenses will be disregarded.



- **Satisfactory Credit Rating (Credit score & 650 or better)**
 - Note: The following items are not considered during the review:
 - Medical Bills
 - Student Loans
 - Bankruptcy, that is discharged older than 7 years

- **Satisfactory Rental History**
 - No previous evictions
 - No outstanding money judgments from previous landlords, unless applicant is currently participating in any program or receiving assistance which provides the landlord with the ability to recover any economic losses related to the impending tenancy.

- **Satisfactory Criminal History**
 - Felony convictions less than 10 years old, drug related convictions, or anyone on the sexual predator database will be **NOT** accepted.
 - The management company will conduct a criminal background check on each adult member of an applicant household. An adult means a person 18 or older.
 - If the criminal background report reveals negative information about a household member and the management company proposes to deny admission due to the negative information, the subject of the record (and the applicant, if different) will be provided notice of the proposed adverse action and an opportunity to dispute the accuracy of the record. The notice will include the name, address, and telephone number of the agency that composed the criminal record report and inform the applicant of his or her right to dispute the accuracy of the criminal record report as well as his or her right to a free copy of the criminal record report.
 - If the applicant does not contact the management company to dispute the accuracy of the criminal record within 10 days, the management company will send a written notice of ineligibility to the applicant stating the specific reason for denial. If the applicant did not contact the management company within the specified time period due to a disability, the management company will provide a reasonable accommodation extending the dispute period as is reasonable.

- **Admissions Criteria**
 - If a member of an applicant household has been convicted of a felony offense involving the sale or manufacture of a controlled substance, the management company:
 - Will deny admission if the conviction, or exit from incarceration, occurred within 5 years of application;
 - May deny admission if the conviction, or exit from incarceration, occurred more than 5 years but within 10 years of application;
 - Will not deny admission if the conviction, or exit from incarceration, occurred more than 10 years before application.
 - If a member of an applicant household has been convicted of a violent felony offense, the management company:
 - Will deny admission if the conviction, or exit from incarceration, occurred within 5 years of application; and
 - May deny admission if the conviction, or exit from incarceration, occurred more than 5 years



before application.

- If a member of an applicant household has been convicted of a nonviolent felony offense, the management company:
 - May deny admission if the conviction, or exit from incarceration, occurred within 7 years of application;
 - Will not deny admission if the conviction, or exit from incarceration, occurred more than 7 years before application.
- If a member of an applicant household has been convicted of a violent misdemeanor, the management company:
 - Will deny admission if the conviction, or exit from incarceration, occurred within 2 years of application;
 - May deny admission if the conviction, or exit from incarceration, occurred more than 2 years before application.
- If a member of an applicant household has been convicted of a nonviolent misdemeanor offense, the management company:
 - May deny admission if the conviction, or exit from incarceration, occurred within 5 years of application; and
 - Will not deny admission if the conviction, or exit from incarceration, occurred more than 5 years before application.
- A violent felony is a Class A, B, C, D, E, F, or G felony or any felony requiring registration on the sex offender registry. A nonviolent felony is a Class H or I felony.
- A violent misdemeanor is a Class A1 misdemeanor or a misdemeanor requiring registration on the sex offender registry. A nonviolent misdemeanor is a Class 1, 2, or 3 misdemeanor.
- The management company will not consider an arrest or charge that was resolved without conviction. In addition, the management company will not consider expunged or sealed convictions. The management may deny admission if an applicant has pending charges at the time of application.
- Where the management company “may deny” admission to a household based on a criminal conviction or pending criminal charge, the management company will conduct an individualized assessment of the criminal record and its impact on the household’s suitability for admission. This individualized assessment will include consideration of the following factors: (1) the seriousness of the criminal offense; (2) the relationship between the criminal offense and the safety and security of residents, staff, or property; (3) the length of time since the offense, with particular weight being given to significant periods of good behavior; (4) the age of the household member at the time of the offense; (5) the number and nature of any other criminal convictions; (6) evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and (7) tenancy supports or other risk mitigation services the applicant will be receiving during tenancy.



If the applicant's criminal conviction was related to his or her disability, the management company will consider a reasonable accommodation.

Type of Conviction	Automatic Exclusion Period	Individualized Assessment Period	No Exclusion
Nonviolent Misdemeanor (Classes 1-3)	--	5 years	> 5 years
Violent Misdemeanor (Class A1 & sex offenses)	2 years	> 2 years	--
Nonviolent Felony (Classes H-I)	--	7 years	> 7 years
Violent Felony (Classes A-G & sex offenses)	5 years	> 5 years	--
Felony Involving Sale or Manufacture of a Controlled Substance	5 years	5 – 10 years	> 10 years

- If your application has been approved, we will notify you in writing and determine whether you will be either added to our existing waiting list, or if no waiting list is present and an apartment home is available for occupancy, arrangements will be made to schedule a move-in Please understand that an available apartment cannot be held for more than 10 days.
- If you are placed on our waiting list, please understand that all approved applications are date and time stamped on the day submitted and handled on a First Come/First Serve basis. Furthermore, when an apartment becomes available, the first eligible applicant is given 3 business days to determine if they will take it, or the apartment will be given to the next applicant on the waiting list. The waiting list is never closed. All applications are processed, and approved applicants are added to the waitlist. If the applicant is notified of an opening and decides to decline because they no longer need the accommodation or if they do not respond within 7 calendar days we remove them from the waitlist, if declined because they are not ready we leave them on the waitlist and move on to the next in line. We adhere to the waitlist despite income. Waitlist is a first come first serve basis. If applicant notifies us that they found other accommodations and no longer need to be on our wait list we remove them from the list.
- Applicants are selected for various rent and income levels at the property(if applicable), based on income and the date and time their application was received. When lower rent level becomes available, it will be assigned to the current household who is paying the highest percentage of income towards rent. This determination will be based on the recently completed certification.
- We advertise Olde School Commons through a brochure in the lobby of the office area.
- If your application for residency is disqualified, you will be notified in writing whether the disqualification is based on negative information received during the screening process or ineligibility due to program requirements. Applicant is given a letter from TransUnion with contact information and they can investigate.1(800)799-5885.



APPEALS

- In the event that an application has been denied and the applicant is not satisfied with the initial explanation for denial, a written complaint, or notification of upcoming complaint, must first be made in writing to the Olde School Commons on-site manager within five (5) business days. Should a notification be given to management, the applicant will have an additional five (5) business to submit the actual complaint. The on-site manager must be given an adequate period of time in which to respond to the complaint. Specifically, we believe that the on-site manager should respond to any problem or complaint within five (5) business days. If the on-site manager does not respond, or if the response is not satisfactory to the complainant, then the complainant has the right to appeal the on-site manager’s decision to the next step in the grievance procedure.
- The second step of the appeal beyond the on-site manager is to the Broker-In-Charge. The Broker-In-Charge has authority and responsibility for the overall management of a number of properties. A complaint that is appealed to the Broker-In-Charge should also be in writing and sent to our central Office located at 880 Glendale Dr. Cary, NC 27511. The Broker-In-Charge will respond, in writing, to any complaint of this nature. within five (5) business days after receipt of the complaint.

ACKNOWLEDGEMENT

By signing below; I agree to the above terms of this rental review process. Upon completion of this process, I will be notified with a decision of approval or denial. I agree that all information on my application is true to the best of my knowledge and that any false information given will be a reason to deny my application.

Signature

Date

Signature

Date

Revised 10/20/2017



NCHFA QUESTIONNAIRE

Property Name: _____ Date: _____

Apartment Size Desired: _____ Number of Bedrooms _____

To be completed in full by household members ages 18 and older. PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. PLEASE PRINT:

1. FAMILY DATA:

Head of Household _____						
Current Address: Street _____		City _____	State _____	Zip _____	Day Phone _____	Night Phone _____
Current Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____						
Have you ever used another name? (Y/N) _____ If so please indicate name _____						

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number and your name.

2. HOUSEHOLD COMPOSITION: List each person living in the unit.

	Name(s)	Relationship To Head	Date of Birth	Gender (M/F)	Full Time Student (Y/N)	Employed (Y/N)	Number
1.		Head					
2.							
3.							
4.							
5.							
6.							
7.							

Do all of the above household members reside in the household 100% of the time? (Y/N) If no, please list those not living in the household 100% of the time:

Anticipated changes in household size within the next 12 months? (Y/N) _____ If Yes, explain

Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain

Are all occupants' full time students? Yes _____ No _____ If Yes, please complete student status affidavit.

NCHFA QUESTIONNAIRE

Name: _____

HEAD OF HOUSEHOLD EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT or IF MORE THAN ONE EMPLOYER, LIST SECOND HERE

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

OTHER HOUSEHOLD MEMBER EMPLOYMENT INFORMATION

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

IF CURRENTLY UNEMPLOYED, LIST PREVIOUS EMPLOYMENT or IF MORE THAN ONE EMPLOYER, LIST SECOND HERE

Employer's Name			
Street Address		City	State Zip Code
Date Hired	Gross Salary \$ _____	Hourly <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Hours worked per week
Termination Date	Supervisor's Name	Work Telephone #	Work Fax #

HOUSEHOLD MEMBERS NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE
HOUSEHOLD MEMBERS NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Attach additional pages if necessary.

NCHFA QUESTIONNAIRE

Name: _____

3. HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	Head of Household		Co-Head		Additional Household Members	
	Check One	Value of Asset	Check One	Value of Asset	Check One	Value of Asset
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mutual Funds/Stock*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
IRA or 401K*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Company Retirement Accounts*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance Policies (Whole Life)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pension Funds*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
If yes, is it revocable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property Held for Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cash held in Safety Deposit Boxes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
House/Real Estate*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Note: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor etc.? That’s the amount you should list in the “value” column.

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 _____

NCHFA QUESTIONNAIRE

Name: _____

4. SOURCES OF INCOME

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	Head of Household		Co-Head		Additional Household Members	
	Check One	\$ Amount	Check One	\$ Amount	Check One	\$ Amount
Wages, Salary, etc. thru Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from a Business or Profession	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Educational Entitlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regular Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:						
	<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	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law.

I understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this property.

Signature Date

Signature Date

Signature Date

Signature Date

Tenant Income Certification

(MM/DD/YYYY)

Effective Date: _____

Move-in Date: _____

Initial Certification
 Recertification
 Other: _____

Part I - Development Data

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ # of Bedrooms: _____

Part II - Household Composition

HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	FT Student (Y or N)	Last 4 digits of SS#	Race	Ethnicity	Disabled
1				HEAD						
2										
3										
4										
5										
6										
7										

Part III - Gross Annual Income (Use Annual Amounts)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
Totals				

Add totals from (A) through (D), above TOTAL INCOME (E):

Part IV - Income From Assets

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
Totals:				

Enter Column (H) Total Passbook Rate
 If Over \$5,000 _____ X 0.06% = Imputed Income (J) -
 Enter the greater of the total of column (I), or (J) Imputed Income **Total Income from Assets (K)** -

(L) Total Annual Household Income from all Sources [Add (E) + (K)]

Household Certification & Signatures

The information on this form will be used to determine Maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	Date	Signature	Date
Signature	Date	Signature	Date

Part V - Determination of Income Eligibility

Total Annual Household Income
 From All Sources:
 From item (L) on page 1

Household Meets
 Income Restriction
 at:
 60% 50%
 40% 30%
 _____ %

Recertification Only:

Current Income Limit x 140%
 \$0
 Household Income exceeds
 140% at Recertification:
 Yes No

Current Income Limit per Family Size: _____

Household Income at Move-in: _____

Household Size at Move-in: _____

Part VI - Rent

Tenant Paid Rent: _____

Rent Assistance: _____

Utility Allowance: _____

Other non-optional charges: _____

GROSS RENT FOR UNIT:
 (Tenant paid rent plus Utility Allowance &
 other non-optional charges)

Unit Meets Rent Restrictions at:

60% 50% 40%
 30% _____ %

Maximum Rent Limit for this unit: _____

Part VII - Student Status

ARE ALL OCCUPANTS FULL TIME STUDENTS?
 Yes No

If yes, Enter student explanation*
 (also attach documentation)

*Student Explanation:

1. TANF
2. Job Training Program
3. Single parent/dependent child
4. Married/joint return
5. Former Foster Child

Enter 1 - 5:

Part VIII - Program Type

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit

b. HOME

c. Tax Exempt

d. AHDP

e. _____

See Part V above.

Income Status

≤ 50% AMGI
 ≤ 60% AMGI
 ≤ 80% AMGI
 OI**

Income Status

≤ 50% AMGI
 ≤ 60% AMGI
 ≤ 80% AMGI
 OI**

Income Status

≤ 50% AMGI
 ≤ 80% AMGI
 OI**

Income Status

 OI**

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

Signature of Owner/Representative

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

 Signature of Owner/Representative

 Date