

# Application Checklist



**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



Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	AGENT/REFERRED BY
<b>APPLICANT INFORMATION</b>			
LAST NAME	FIRST NAME	M.I.	SSN
		DRIVER'S LICENSE #	
BIRTH DATE	HOME PHONE ( )	WORK PHONE ( )	EMAIL
<b>CURRENT ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>PREVIOUS ADDRESS</b>			
STREET ADDRESS		CITY	STATE ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ( )
MONTHLY RENT \$	REASON FOR LEAVING		
<b>OTHER OCCUPANTS</b>			
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER			
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER			
<b>PETS</b>			
PETS?	DESCRIBE		
<b>EMPLOYMENT &amp; INCOME INFORMATION</b>			
1. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE ( )	START DATE	END DATE
2. OCCUPATION	EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME	SUPERVISOR PHONE ( )	START DATE	END DATE
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$
<b>EMERGENCY CONTACT</b>			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
<b>PERSONAL REFERENCES</b>			
1. NAME	ADDRESS	PHONE ( )	RELATIONSHIP
2. NAME	ADDRESS	PHONE ( )	RELATIONSHIP



BACKGROUND INFORMATION		
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE INFORMATION		
1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE
OTHER VEHICLES		
OTHER INFORMATION		
HOW DID YOU HEAR ABOUT THIS PROPERTY?		
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION		
<p>I/we, the undersigned, authorize On-Site.com, Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold On-Site.com, Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information.</p> <p>Important information about your rights under the Fair Credit reporting Act:</p> <ul style="list-style-type: none"> <li>• You have a right to request disclosure of the nature and scope of the investigation.</li> <li>• You must be told if information in your file has been used against you.</li> <li>• You have a right to know what is in your file, and this disclosure may be free.</li> <li>• You have the right to ask for a credit score (there may be a fee for this service).</li> <li>• You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.</li> </ul> <p>These reports are being processed by On-Site.com, P.O. Box 1514, Los Altos, CA 94023-1514, (877) 222-0384. A summary of your rights under the Fair Credit Reporting Act is available by visiting or writing (Para información en español, visite o escriba): <a href="http://www.ftc.gov/credit">http://www.ftc.gov/credit</a> Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580</p>		
_____		_____
(Signed/Applicant)		Date



# Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that the property owner/agent may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

- **Equifax**, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
- **Trans Union**, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800
- **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742
- **On-Site Manager, Inc.**, P.O. Box 1514, Los Altos, CA, 94023-1514, (877) 222-0384
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Under California law, these consumer reports are defined as investigative consumer reports. These reports may contain information on my character, general reputation, personal characteristics and mode of living. In connection with my application for housing, I authorize owner/agent to obtain a consumer report from the consumer reporting agencies listed above.

Signature: \_\_\_\_\_

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

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

If you would like to receive a copy of any investigative consumer report at no cost to you, please initial here: \_\_\_\_\_

If you would like to receive a copy of any credit report at no cost to you, please initial here: \_\_\_\_\_

**PLEASE NOTE:**

Under Section 1786.22 of the California Civil Code, if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency named above and request an investigation. You also may view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying any related-copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you, and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.



**Rental Verification**



Name of Resident \_\_\_\_\_

Address of Resident \_\_\_\_\_

Resident Signature \_\_\_\_\_

Property Manager Signature \_\_\_\_\_

The above named person(s) have applied for rental housing and have given us written permission to contact you for a Rental Verification. We would appreciate your help in answering the following questions. All information will be kept confidential. Thank you for your assistance. Please fax document to (919) 967-0710 or email to [Tandavis@empowerment-inc.org](mailto:Tandavis@empowerment-inc.org)

Move in Date: \_\_\_\_\_ Move out date: \_\_\_\_\_

Current lease Dates: \_\_\_\_\_ to \_\_\_\_\_

Number of Occupants \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_

Did Resident have any pets? \_\_\_\_\_

Does this Resident currently under eviction? \_\_\_\_\_

Did the resident violate the lease agreement of community policies? \_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

\_\_\_\_\_  
Property Manager/Landlord

\_\_\_\_\_  
Date



# Verification of Employment Form



**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household. Applying for participation in Empowerment rental program. We ask your cooperation in supplying 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, Ste 200, Chapel Hill, NC 27516  
Phone: 919-967-8779 Fax: 919-967-0710 e-mail: tandavis@empowerment-inc.org

**Release:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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: \$

\_\_\_\_\_  
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



# Town of Chapel Hill 2010 Income Verification Form

Organization: \_\_\_\_\_ Program: \_\_\_\_\_

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: \_\_\_\_\_

## Demographic Information

Please fill out the following information. Make sure that you have completed all **three (3)** questions.

1. **Ethnicity** (please check one):     Hispanic or Latino     Not Hispanic or Latino
2. Is the head of your household a **female single parent**?     yes     no
3. **Race** (please check one):  White     Black or African-American  
 Asian     American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

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## Calculating Household Income Level

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 for the Household Income Calculation Worksheet*



## Household Income Level Calculation Worksheet

Household Member Name (List All)	Income Source	Monthly Income	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
			<b>Total Annual Income:</b>

### Household Income Level Chart

Using your household's total annual income, follow the instructions to complete the chart below:

1. Identify the column that lists the number of people who live in your home as their principal residence.
2. Circle the income category that includes your total annual income which was calculated above.

Number of people in your household	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8+ people
Income Level = 30% area median income	\$15,000 or less	\$15,001 to \$17,100	\$17,101 to \$19,250	\$19,251 to \$21,400	\$21,401 to \$23,100	\$23,101 to \$24,800	\$24,801 to \$26,550	\$26,551 to \$28,250
Income Level = 50% area median income	\$15,001 to \$24,950	\$24,951 to \$28,500	\$28,501 to \$32,100	\$32,101 to \$35,650	\$35,651 to \$38,500	\$38,501 to \$41,350	\$41,351 to \$44,200	\$44,201 to \$47,050
Income Level = 80% area median income	\$24,951 to \$39,950	\$39,951 to \$45,650	\$45,651 to \$51,350	\$51,351 to \$57,050	\$57,051 to \$61,600	\$61,601 to \$66,200	\$66,201 to \$70,750	\$70,751 to \$75,300

Source: U.S. Department of Housing and Urban Development.

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