



1227 Norman Drive, Office
Eden, NC 27288

Phone - 336-627-5013
TTY - 711

www.johnatkinsoncompany.com
office@johnatkinsoncompany.com

RENTAL APPLICATION INSTRUCTIONS

Thank you for your interest in one of our apartments!

- All apartment communities managed by John Atkinson Company are smoke-free properties.
- Application must be filled out completely. All questions must be answered. Questions that do not apply to you and/or your household need to be marked N/A. Incomplete information can delay the processing of your application.
- When returning your application, please bring Driver's License/ID cards and social security cards for all household members and birth certificates for all household members.
- Each household member eighteen (18) years of age and older must fill out an Authorization Form and be screened in accordance with the Tenant Selection Policy. This screen includes criminal, credit, and rental history. There is a \$30.00 per adult charge for the background screen. (There is no charge for Knollwood Court Apartments)
- Applications and background screens are good for six (6) months. After six (6) months, a new application will need to be filled out and, if applicable, another background screening charge will be due.
- It is critical that we have current and good information to reach you. You should notify us immediately to update your application should any of the following information change:
 - New address
 - New telephone number
 - Change in income
 - Change in household composition
- Once an application has been received by the office, you will be notified within ten (10) days of receipt via mail that the application was received, status of application, and notice of any additional information needed.

John Atkinson Company is an equal opportunity provider and employer



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

John Atkinson Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). 504 Coordinator – Kristin Atkins | 1227 Norman Drive, Office | Eden, NC 27288 | P 336-627-5013 | F 336-627-5015 | TDD#1-800-735-8262



RENTAL APPLICATION

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| | |
|------------------------|-------|
| <i>OFFICE USE ONLY</i> | |
| Complex | _____ |
| Date Received | _____ |
| Time Received | _____ |
| Staff | _____ |

Select all apartments you wish to apply for

| | |
|--|--|
| | Glenwood Court Apartments - Family - 207 Madison St, Eden, NC 27288 |
| | Parkland Apartments - Family - 1235 Norman Dr, Eden, NC 27288 |
| | Norman Court Apartments - Elderly - 1227 Norman Dr, Eden NC 27288 |
| | Knollwood Court Apartments - Elderly - 403 - 421 Monroe St, Eden, NC 27288 |
| | Meadowgreen Apartments - Elderly- 1202 Gunn St, Reidsville, NC 27320 (1-12) |
| | Meadowgreen Apartments II - Elderly - 1202 Gunn St, Redsville, NC 27320 (13-16) |
| | Meadowgreen Apartments III - Elderly - 1202 Gunn St, Redsville, NC 27320 (17-23) |
| | Southgate Apartments - Family - 1785 S Scales St, Reidsville, NC 27320 |

Number of Household Members: 1 2 3 4
 Number of Bedrooms Desired: 1 Br 2 Br

The following is to be completed in its entirety by household members ages 18 and older. Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print. Use Black/Blue Ink Only.

PART 1 – HEAD OF HOUSEHOLD

Name: _____

Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Current Marital Status: Single Married Divorced Separated Widowed

Have you ever used another name? Yes No If yes, please indicate name: _____

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PART 2 – CO-APPLICANT

Spouse Co-Head Other

Name: _____

Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Current Marital Status: Single Married Divorced Separated Widowed

Have you ever used another name? Yes No If yes, please indicate name: _____

PART 3 – HOUSEHOLD COMPOSITION

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.

| | Household Member Name(s) | Relation to Head of Household | Date of Birth | Full/Part Time Student (Y/N) | Income (Y/N) | Social Security Number |
|----|--------------------------|-------------------------------|---------------|------------------------------|--------------|------------------------|
| 1. | | Self | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Anticipated changes in household size within the next 12 months? Yes No

If Yes, explain: _____

Are there any absent household members who normally reside in the household? Yes No

If Yes, explain: _____

Anticipated change in number of students within the next 12 months? Yes No

If Yes, explain: _____

Will you or any member of your household require a live-in care attendant? Yes No

If Yes, Name of Live-in Care Attendant? _____

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PART 4 - RENTAL HISTORY

Provide the most recent 3 years of rental history.

| | | | |
|--------------------------------------|---|---|---|
| Head of Household Name: _____ | | | |
| | Current Residence | Previous Residence | Previous Residence |
| Street Address | | | |
| City, State, Zip | | | |
| Select One: | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other |
| If other, explain: | | | |
| Owner/Landlord Name | | | |
| Owner/Landlord # | | | |
| Reason for Leaving | | | |
| Dates of Residency mm/yy | From: ____ To: ____ | From: ____ To: ____ | From: ____ To: ____ |

| | | | |
|---------------------------------|---|---|---|
| Co-Applicant Name: _____ | | | |
| | Current Residence | Previous Residence | Previous Residence |
| Street Address | | | |
| City, State, Zip | | | |
| Select One: | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other |
| If other, explain: | | | |
| Owner/Landlord Name | | | |
| Owner/Landlord # | | | |
| Reason for Leaving | | | |
| Dates of Residency mm/yy | From: ____ To: ____ | From: ____ To: ____ | From: ____ To: ____ |

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PART 5 - HOUSEHOLD INCOME INFORMATION

Is income received from any of the following sources? Please mark "Yes" or "No" for each source of income.
Provide monthly gross amount for each income type received.

| Type of Income | Head of Household | | Co-Head | | Additional Household Members | |
|--|--|------------|--|------------|--|------------|
| | Check One | Monthly \$ | Check One | Monthly \$ | Check One | Monthly \$ |
| 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 | \$ |
| Self-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 | \$ |
| Gig-Income (Ride Share, Food Delivery) | <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 | \$ |
| 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 (Supplemental Security 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 | \$ |
| 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 | \$ |
| Disability or Death Benefits (not 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 | \$ |
| 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 | \$ |
| 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 | \$ |
| 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 | \$ |
| Scholarships/Grants/Work Study | <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 | \$ |
| 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 | \$ |
| 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 | \$ |

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INCOME DETAILS (detail ALL income for ALL household members marked yes on previous section)

| Household Member Name | Type of Income | Company/Provider Name | Contact Info |
|-----------------------|----------------|-----------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART 6 - HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each asset and provide the current cash value.

| Type of Asset | Head of Household | | Co-Head | | Additional Household Members | |
|---|--|------------|--|------------|--|------------|
| | Check One | Cash Value | Check One | Cash Value | Check One | Cash Value |
| Cash on Hand | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Depository Debit Cards (Chime, Direct Express, Netspend, 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 | \$ |
| 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/Money Market 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 | \$ |
| 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 | \$ |
| Trust Funds (excluding irrevocable) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Real Estate/Land | <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 | \$ |
| Cryptocurrency (Bitcoin, 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 | \$ |
| GoFundMe/Crowdsourcing | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| Mobile Payment Services (Venmo, Cashapp, 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 | \$ |

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| | | | | | | |
|---|--|----|--|----|--|----|
| Personal Property (Held as an 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 | \$ |
| 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 | \$ |

ASSET DETAILS (detail ALL assets for ALL household members marked yes in previous section)

| Household Member Name | Type of Asset | Bank/Financial Institution Name | # of Account |
|-----------------------|---------------|---------------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you or any household member disposed of any assets for less than Fair Market Value within the last two years?
 If yes, explain: _____ Yes No

PART 7 - HOUSEHOLD QUESTIONS

Would you or any member(s) of the household benefit from the features of an accessible unit? Yes No

Does your household qualify for an Elderly adjustment to income? Yes No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? Yes No
 If yes, please explain: _____

Are you seeking housing as a result of a Presidentially Declared Natural Disaster? Yes No

Are you or any household member(s) seeking a VAWA emergency transfer (VET)? Yes No

Were you or any household member(s) age 62 or older on 01/31/10, do not have a social security number, and were receiving HUD rental assistance at another location on 01/31/10? Yes No

Do you or any of your household members currently live in subsidized housing? Yes No

Have you ever rented an apartment managed by John Atkinson Company? Yes No
 If yes, please list complex and dates: _____

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Have you or any household member been convicted of or plead guilty to any crime? Yes No

If yes, please explain:

Do you or any household member currently have pending criminal charges? Yes No

If yes, please explain:

Are you or any household member subject to a Lifetime State Sex Offender Registration Program in any state? Yes No

Have you or any household members had your lease terminated or been evicted in the past five (5) years? Yes No

Are you or any household members currently having their lease terminated or being evicted? Yes No

Circle all states that you or any member of your household currently or have previously resided:

- | | | | | |
|------------------|----------------|--------------------|---------------------|--------------------|
| Alabama - AL | Hawaii - HI | Massachusetts - MA | New Mexico - NM | South Dakota - SD |
| Alaska - AK | Idaho - ID | Michigan - MI | New York - NY | Tennessee - TN |
| Arizona - AZ | Illinois - IL | Minnesota - MN | North Carolina - NC | Texas - TX |
| Arkansas - AR | Indiana - IN | Mississippi - MS | North Dakota - ND | Utah - UT |
| California - CA | Iowa - IA | Missouri - MO | Ohio - OH | Vermont - VT |
| Colorado - CO | Kansas - KS | Montana - MT | Oklahoma - OK | Virginia - VA |
| Connecticut - CT | Kentucky - KY | Nebraska - NE | Oregon - OR | Washington - WA |
| Delaware - DE | Louisiana - LA | Nevada - NV | Pennsylvania - PA | West Virginia - WV |
| Florida - FL | Maine - ME | New Hampshire - NH | Rhode Island - RI | Wisconsin - WI |
| Georgia - GA | Maryland - MD | New Jersey - NJ | South Carolina - SC | Wyoming - WY |

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PART 8 – SIGNATURES AND REQUIRED NOTICE

Must be signed and dated by all members of the household age 18 & older.

I/we understand that the above information is being collected to determine eligibility for residence.

I/we understand that the managing agent will verify, in writing through a third party, the information provided on the application and tenant certification.

I/we certify that all assets currently held or previously disposed of, all income sources, and all household members have been listed on this application.

I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law. Section 1001 of the Title 18, United States Code provides, “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or devise a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both”.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

| | | |
|--------------------------------|-----------|-------|
| _____ | _____ | _____ |
| Head of Household Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Co-Head Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Household Member Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Household Member Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Management Agent Printed Name | Signature | Date |

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**PART 9 - APPLICANT(S) AUTHORIZATION
BACKGROUND SCREENING & INFORMATION RELEASE**

I/we authorize Online Rental Exchange and John Atkinson Company, to obtain my present and previous residence information, as well as any current and previous employment information. This includes any salary or other pertinent information that may assist in completing my rental application. I/we further authorize Online Rental Exchange and John Atkinson Company to verify my credit history, perform a criminal record search, and an eviction search. I/we understand that the information that Online Rental Exchange and John Atkinson Company obtains is to be used only in the processing of my/our rental application.

Further, I/we authorize my/our current and former employers as well as other organizations to provide such information. I/we hereby release and hold harmless Online Rental Exchange, John Atkinson Company, my/our current and former employers, my/our current and former landlords, and any other organizations who have provided information from any and all liabilities arising out of the use of such information in connection with my/our consumer report. Background screenings and third party verifications are good for six (6) months.

| | |
|--------------------------------------|---------------------------------------|
| HEAD OF HOUSEHOLD NAME: _____ | |
| Date of Birth ____/____/____ | Social Security Number ____/____/____ |
| Driver's License/ID Number _____ | Issuing State _____ |
| Current Address: _____ | Current City, State, Zip: _____ |
| Signature: _____ | Date: _____ |

| | |
|----------------------------------|---------------------------------------|
| CO-APPLICANT NAME: _____ | |
| Date of Birth ____/____/____ | Social Security Number ____/____/____ |
| Driver's License/ID Number _____ | Issuing State _____ |
| Current Address: _____ | Current City, State, Zip: _____ |
| Signature: _____ | Date: _____ |

| | |
|---|---------------------------------------|
| ADULT HOUSEHOLD MEMBER NAME: _____ | |
| Date of Birth ____/____/____ | Social Security Number ____/____/____ |
| Driver's License/ID Number _____ | Issuing State _____ |
| Current Address: _____ | Current City, State, Zip: _____ |
| Signature: _____ | Date: _____ |

John Atkinson Company is an equal opportunity provider and employer



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

John Atkinson Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). 504 Coordinator – Kristin Atkins | 1227 Norman Drive, Office | Eden, NC 27288 | P 336-627-5013 | F 336-627-5015 | TDD#1-800-735-8262

PART 9 - OPTIONAL DEMOGRAPHICS

USDA Rural Development, the North Carolina Housing Finance Agency, the U.S. Department of Housing and Urban Development requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC), Section 8, and RD 515 properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC, Section 8, and RD 515 financed properties. Although the various agencies would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

If you do NOT wish to furnish this information, please check the box below.

Applicant/Resident:

| | | | | |
|----------|---|---|---|---|
| Initials | | | | |
| HH # | 1 | 2 | 3 | 4 |

If you DO wish to furnish this information, please complete the information below for each household member (see below for codes)

| Household Demographic Profile | | | | | | | |
|-------------------------------|-----------|------------|----------------|------|-----------|----------------|---------------|
| HH# | Last Name | First Name | Middle Initial | Race | Ethnicity | Disabled (Y/N) | Veteran (Y/N) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 – Other

Note: Multiple racial categories may be indicated as such: 3 -1 – American Indian/Alaska Native & White, 4-1 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status: Check “Y” if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201.
- “Disability” does not include current, illegal use of or addiction to a controlled substance.

Veterans Status: Check “Y” if any member of the household is “A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served.”

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.