

For Office Use Only:
 (date/time): _____ / _____ am / pm
 by (initial): _____ HH ID # _____

Willard Street Preliminary Application

APARTMENT SIZE DESIRED. Check any that apply (NOTE: All unit sizes may not be available at this property).

1-Bdrm 2-Bdrm

HOUSEHOLD MEMBERS: (List all persons *who will live in the unit 50% or more of the time* in the upcoming 12-month period, including unborn children.) **No person is to live with you who is not listed. Attach additional pages if needed.**

| NAME | RELATIONSHIP TO HEAD OF HOUSEHOLD | STUDENT STATUS (check one) | | | SOCIAL SECURITY # | DATE OF BIRTH |
|------|-----------------------------------|-------------------------------|-----------|---------------|-------------------|---------------|
| | | FULL TIME* | PART TIME | NOT A STUDENT | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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* **Full-time student:** Any individual who currently is or will be enrolled at an educational institution with regular facilities during 5 calendar months for the number of hours or courses that are considered full-time attendance by that institution. The 5 months need not be consecutive.

MAILING ADDRESS: _____
Street
City
State
Zip

DAYTIME PHONE # _____ **CELL PHONE #:** _____

EMAIL ADDRESS: _____

HOUSEHOLD INFORMATION. You must explain in the space below, any questions answered YES.

| | |
|---|--|
| Do you anticipate any household member becoming a <i>full-time student</i> * in the next twelve (12) months? * Full-time student: Any individual who currently is or will be enrolled at an educational institution with regular facilities during 5 calendar months for the number of hours or courses that are considered full-time attendance by that institution. The 5 months need not be consecutive. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any members of your household ever had your lease terminated or been evicted in the last 3 years? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or any members of your household receiving rental assistance (voucher, public housing, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently fleeing from an abusive situation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you or any members of your household subject to a State lifetime sex offender registration? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have special unit requirements – example separate bedroom, vision or hearing impaired, accessible unit (ADA) or any other modification? List your special unit requirements here: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List Your Assets here – Example of assets – Checking, Savings, CD, IRA, Whole Life Insurance policies, Stocks, Bonds, IRA, Retirement/401, Real estate, Etc.

ASSET DETAILS: ASSETS WILL BE VERIFIED

| HOUSEHOLD MEMBER NAME | TYPE OF ASSET | VALUE/AMOUNT |
|-----------------------|---------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

INCOME DETAILS. List each source of income for all household members. Use **GROSS ANNUAL AMOUNTS** (before deductions). Examples – wages, child support, pensions, social security, any other income
Income/amounts from all sources will be verified.

| HOUSEHOLD MEMBER NAME | INCOME SOURCE/TYPE (I.E., WAGES, SSI) | EMPLOYER/PROVIDER ADDRESS & PHONE # | ANNUAL GROSS AMOUNT |
|-----------------------|---------------------------------------|-------------------------------------|---------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

CRIMINAL HISTORY

Have you or any members of your household been arrested for or convicted of any crimes? YES NO

If yes, please explain: _____

*Having a criminal record does not automatically disqualify you. Please note that all adults will have criminal backgrounds pulled as part of our screening guidelines. Please review our criminal criteria per our Tenant Selection Plan.

Do you or any members of your household have any unpaid balance owed to current or past landlord?

YES NO If yes, please explain: _____

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME AND ASSETS OF THE HOUSEHOLD ARE LISTED. APPLICANT(S) UNDERSTAND AND AGREE THAT THE OWNER IS REQUIRED TO VERIFY THIS INFORMATION AND AGREES TO SIGN ALL AUTHORIZATIONS FOR RELEASE OF INFORMATION NEEDED TO VERIFY THE INFORMATION PROVIDED.

SIGNATURE: _____

DATE: _____

Please refer to the Tenant Selection Plan at: <https://www.cmc-nc.com/willard/tsp.pdf> or a printed copy will be provided upon request.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that **Willard Street Apartments** may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet the Tenant Selection Criteria established for the property. These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.