

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



APPLICATION FOR LEASE OF APARTMENT
Telecommunications Relay Services: 711
EQUAL HOUSING OPPORTUNITY
Brookridge Apartments



3930 Durham Drive, Raleigh, NC 27603-3700	
(919) 779-9450	(919) 779-9520
Phone	Fax

INSTRUCTIONS: You MUST ANSWER ALL QUESTIONS IN FULL. DO NOT LEAVE ANY SPACES BLANK; WRITE "NONE" WHERE APPROPRIATE. COPIES OF DOCUMENTS LISTED ON PAGE 6 MUST BE ATTACHED.

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

- 0-Bdrm
 1-Bdrm
 2-Bdrm
 3-Bdrm
 4-Bdrm
 5-Bdrm

HEAD OF HOUSEHOLD INFORMATION:

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH	AGE
PREVIOUS OR MAIDEN NAME	DRIVER'S LICENSE # / STATE		STUDENT STATUS	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> No	
HOW DID YOU HEAR ABOUT THIS APARTMENT COMMUNITY?			Do you expect to be a student in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER HOUSEHOLD MEMBERS: (List all other 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		

* **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: _____

EMERGENCY CONTACT:

NAME	RELATIONSHIP	PHONE #
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RESIDENTIAL HISTORY: MINIMUM 3 CONSECUTIVE YEARS REQUIRED! Attach additional pages if needed.

CURRENT ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____ / ____ / ____ TO present		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____ / ____ / ____ TO ____ / ____ / ____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	COUNTY	STATE	ZIP
DATES ____ / ____ / ____ TO ____ / ____ / ____		MONTHLY <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE \$	MONTHLY UTILITIES \$	REASON FOR MOVING	
LANDLORD'S NAME	RELATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANDLORD'S ADDRESS		LANDLORD'S PHONE NUMBER	

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

Do you anticipate any changes to your household during the next twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any absent household members who normally live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you relocating from a property professionally managed by Community Management Corporation (CMC)? Community Name?	<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 currently own a pet? (Note: pets are not permitted at some properties. Please ask the manager for details.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME LIST. Do you or any members of your household receive income from any of the following sources?

Wages/salaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tips, fees, bonuses or commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overtime pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business/Self Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security / SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Disability Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance / TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support (check YES for any received <u>and/or</u> court-ordered amounts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from rent or sale of property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring monetary gifts or noncash contributions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assistance with utility/energy bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student financial aid, educational grants/scholarships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Funds / Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities or non-revocable trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lottery winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Income:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any adult is currently unemployed or has lost or left a job within the last 12 months, please provide prior job information. If none, please write "NONE". Termination of jobs within the last 12 months will be verified.

HOUSEHOLD MEMBER NAME	PREVIOUS EMPLOYER NAME, ADDRESS & PHONE #	DATE TERMINATED

INCOME DETAILS. List each source of income for all household members. Use GROSS ANNUAL AMOUNTS (before deductions).

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 listed below? YES NO

If yes, indicate by using numbers below.

- | | | |
|-----------------------------|------------------------------------|---------------------------------------|
| 1. HOMICIDE/MURDER | 4. THREATS OR HARASSMENT | 9. PUBLIC INTOX./DRUNK AND DISORDERLY |
| 2. RAPE OR CHILD MOLESTING | 5. DESTRUCT. OF PROP./VANDALISM | 10. RECEIVING STOLEN GOODS |
| 3. BURGLARY/ROBBERY/LARCENY | 6. ASSAULT OR FIGHTING | 11. FRAUD |
| | 7. DRUG TRAFFICKING/USE/POSSESSION | 12. PROSTITUTION |
| | 8. CHILD ABUSE/DOMESTIC VIOLENCE | 13. DISORDERLY CONDUCT |

MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER'S NAME	CRIME(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE *(If not applicable, please write in "NONE")*

Do you or any members of your household have a condition that requires:

- | | | |
|---|--|--|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Physical Modifications to a Typical Apartment |
| <input type="checkbox"/> A Barrier-Free Apartment | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Any Other Accommodation |

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS	

AUTOMOBILES. This information is necessary to keep a record of vehicles allowed on the premises and to control adequate parking.

MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER
MAKE	MODEL	COLOR	YEAR	LICENSE TAG NO./STATE	REGISTERED OWNER

SIGNATURES

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.

BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE THE FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE BELOW.)

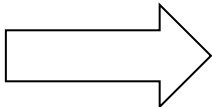
APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME AND ASSETS OF THE HOUSEHOLD ARE LISTED. APPLICANT(S) UNDERSTAND AND AGREE THAT THE OWNER IS REQUIRED TO VERIFY THIS INFORMATION AND AGREES TO SIGN ALL AUTHORIZATIONS FOR RELEASE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

SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION AND/OR EVICTION.

EQUAL HOUSING OPPORTUNITY

***PLEASE BRING WITH YOU OR ATTACH TO THIS APPLICATION COPIES OF:**



1. BIRTH CERTIFICATE OR DRIVERS LICENSE FOR ALL ADULTS IN HOUSEHOLD.
2. BIRTH CERTIFICATE FOR ALL MINOR HOUSEHOLD MEMBERS
3. SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS.

***THIS APPLICATION CAN NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.**

Please refer to the Resident Selection Plan at: <https://www.cmc-nc.com/complex/google/complex.php> or a printed copy will be provided upon request.

FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that **Brookridge 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.