

Application for Givens Great Laurels

____ Application Fees are required for Givens Great Laurels

Mailed applications should be sent to Givens Great Laurels, 80 Candler Street, Waynesville, NC 28786



Emailed applications may be sent to info@givensgreatlaurels.org



Please call 828-452-9747 to schedule an appointment to deliver the application in-person.



Applications may be faxed to 828-452-9749

Please call 828-452-9747 if you have questions about Givens Great Laurels, the application process, or need assistance completing the application.

Givens Great Laurels will contact applicants on the waiting list annually by first class mail. If the applicant fails to respond regarding the applicant's desire to remain on the waiting list the household will be removed from the waiting list.

Applicants must contact Givens Great Laurels in writing, if household information changes (i.e. address, phone numbers, number of household members, criminal history, income, etc.).

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex (including gender identity and sexual orientation), national origin, religion, disability or familial status, or any other legally protected characteristic. We do not interfere, threaten, or coerce persons in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or persons who have assisted someone in asserting their rights.









Rental Application

<u>Applicant:</u> Name:		
		Email address:
Date of Birth:	Social Security #	
Home Phone:	Work Phone:	Bedroom Size Requested:
Marital Status: single	married divorced	separated widow
<u>Co-Applicant:</u> Name:		
City, State, Zip Code:		Work Phone:
Home Phone:	Social Security #	Date of Birth:
Marital Status: single	married divorced	separated widow

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

Name	Relationship	Birth	Age	Sex	Social Security	S	tuden	ıt
		Date	_		_		le whi	
						a	pplies	
	Head of Household					NO	FT	PT
						NO	FT	PT
						NO	FT	PT
						NO	FT	PT
						NO	FT	PT
						NO	FT	PT
						NO	FT	PT
. Do you expect a change in your household composition within the next 12 months? Yes]	No	

2. Do you expect a change in your household composition within the next 12 months? Yes If yes, please explain: ______

STUDENT STATUS:

Are all of the residents full time students?	() Yes () No
If yes: is the household comprised of a single parent and child, neither of wh	no is dependent on a third party.
	() Yes () No
If yes: is Applicant & CO-Applicant married and file a joint tax Return?	() Yes () No
If yes: does the household receive AFDC or TANF?	() Yes () No
If yes: is head of household in federal or state job training program?	() Yes () No



INCOME INFORMATION

Please answer each of the following questions.	For each "yes," provide details in the charts below.
Does any member of your household:	

1. Work Full time, part time, or seasonally (including Gig Income)	
2. Work for someone who pays him or her cash []Yes []No <u>\$</u>	
3. Expect a leave of absence from work due to lay off []Yes []No §	
medical, maternity, or military leave.	
4. Now receive or expect to receive unemployment benefits	
5. Now receive or expect to receive child support	
6. Entitled to child support that he/she is not now receiving	
7. Now receive or expect to receive alimony	
8. Have an entitlement to receive alimony that is not	
currently being received	
9. Now receive or expect to receive public assistance (TANF)	
10. Now receive or expect to receive Social Security or disability	
11. Now receive or expect to receive income from a pension/annuity[]Yes []No <u>\$</u>	
12. Now receive or expect to receive regular contributions from	
organizations or individuals not living in the unit	
13. Receive income/dividends from assets including checking, savings,	
certificates of deposit, stocks, bonds, rental property	
14. Own real estate or any asset for which you receive income	
15. Now receive military pay	
16. Now receive veterans administration benefits	
17. Do you have income from any source not mentioned above	
If yes, please explain:	

Employment: Applicant:

Circle all applicable:	Employed full time	Employed part	time	Self – employed	
	Non-employe	ed	Unemp	loyed	
Current Employer:		Position:		Date Hired:	
Address:	Supervi	sor:	Phone:		
Current Wages: \$	per: hour we	per: hour week month year (circle one)			
Do you expect to earr	n substantial overtime? () Yes ()	No If so, how m	uch?		

Co-Applicant:

Circle all applicable:	Employed full time	Employed p	art time	Self – employed
	Non-e	Non-employed		ployed
Current Employer:		Position:		Date Hired:
Address:		Supervisor:	Phone	:
Current Wages: \$	per:	hour week month year	(circle one)Do	you expect to earn substantial
overtime? () Yes () I	No If so, how much? _			



ASSET INFORMATION

Please answer each of the following questions.	
Do any household members have any of the following?	If yes, indicate the value.

Checking Account]Yes []No \$
Savings Account[]Yes []No \$
Certificates of Deposit]Yes[]No \$
Government Benefits Card[]Yes []No \$
Mobile Payment Services (Venmo/PayPal/Chime/Cash App) []Yes []No \$
Stocks/Bonds/Mutual Funds[]Yes []No \$
Trust Accounts[]Yes []No \$
Whole or Universal Life Insurance (not Term)]Yes []No \$
Personal Property held as an investment []Yes []No \$
Real Estate]Yes []No \$
Annuities]Yes []No \$
Cryptocurrency / Bitcoin]Yes []No \$
GoFundMe / Crowdsourcing]Yes []No \$
Any Assets not listed above]Yes []No \$
Have you disposed of any assets in the	
previous 24 months for less than fair market value? []Yes []No \$

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

BANK NAME or INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

PREVIOUS RENTAL HISTORY	
Name and Address of Your <u>Present</u> Landlord:	Do you: □Rent □Own □Other
	Telephone No
	How Long Have You Lived There?
	Reason for Leaving.
Name and address of your Former Landlord:	
	Telephone No
	How Long Did You Live There?
	Reason for Leaving.



OTHER INFORMATION:

Driver's	License #:	State:	Expires:		
Vehicle	Model:	Year:	License Plate #:		
ADDIT	IONAL QUESTIONS:				
1.	Have you or any household member filed for	Bankruptcy?		[]Yes	[] No
2.	Have you or any household member been ev	icted from Tenan	cy?	[]Yes	[] No
3.	Have you or any household member been ev				
	violation including drug use or a crime?			[]Yes	[] No
	If yes, when:				
4.	If yes, when: Have you or any household member been co If yes, explain:	nvicted of a Felor	ny or Misdemeanor?	[]Yes	[] No
5.	Are you or any household member subject to	lifetime sex offe	nder registration	[]Yes	[] No
6.	Are you or any household member enlisted in	n the U.S. Militar	y or a veteran	[]Yes	[] No
7.	Are you or any household member currently	receiving housing	g assistance from HUD or a PHA	[]Yes	[] No
8.	Do you or any household member have any s If yes, explain:			[]Yes	[] No
9.	If yes, explain: Do you have any relatives that work for Give	ens Communities	?	[]Yes	[] No
10.	Will you be bringing a pet?			[]Yes	[] No
	If yes, what type?				
Emerge	ncy Contact:				
	Living Relative:				
	Name	Phone	Relatio	onship	
MARKI	ETING INFORMATION:			-	

How did you hear about this community?

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Community Housing Partners, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender in addition to any security deposit, the amount of **§**______ which I acknowledge is the cost of procuring a consumer credit report, employment verification, character references and other administrative set-up costs. This fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

A deposit of \$_______ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$_______. By execution of this application, I hereby authorize Community Housing Partners to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, Community Housing Partners represents the Landlord in a real estate transaction.

RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Resident acknowledges that federal law and the IRS require Resident to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit. Resident understands that (s) he must give truthful and complete income and student status information at all times. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If Owner discovers, at any time the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit. **Resident's Acknowledgement:**

	(Initial here)		
Applicant:		Date:	
Co-Applicant:		Date:	
Received by:	Date Received:	Time :	