

Brick Capital CDC Rental Application



Name:		Date:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent	Monthly	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rent (circle one)	Monthly Rent	Amount?	How long? Email:
EMPLOYMENT			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
EMERGENCY CONTACT			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
CO-APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (circle one)	Monthly Rent	Amount?	How long?
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly	How long?	
CO-APPLICANT EMPLOYMENT			
Current employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
REFERENCES			
Name:	Address:	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:		Date:	
Signature of co-applicant:		Date:	

****PLEASE ATTACH A COPY OF YOUR ID/DRIVERS LICENSE & SOCIAL SECURITY CARD****

OTHER SOURCES OF INCOME	LIST AMOUNT & PROVIDE PROOF OF INCOME	
Social Security		
Disability		
Retirement Pension		
Stocks & Bonds		
401K		
RENTAL SUBSIDY		
Do you receive rental assistance from any housing authority?	YES or NO (Please circle which one)	<ul style="list-style-type: none"> • Housing Choice Voucher (Section 8) • DHHS Key Program • VASH (VA Supportive Housing) • Rapid Re-Housing

OTHERS LIVING IN THE HOME IF APPLICABLE:

NAME: _____

DOB: _____ Social Security #: _____

RELATIONSHIP: _____

NAME: _____

DOB: _____ Social Security #: _____

RELATIONSHIP: _____

NAME: _____

DOB: _____ Social Security #: _____

RELATIONSHIP: _____

I hereby authorize Brick Capital CDC to obtain a credit report and criminal background check in my name, and/or request verification of income, employment and residency. This information will be used by Brick Capital CDC staff and Board of Directors and will remain confidential.

Applicant Printed Name: _____

Applicant Signature: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____

****There is a \$25 application fee. Please include this fee when you return your application. If your application is approved, the fee will be applied towards your security deposit.**

This fee is waived for all applicants participating in the DHHS Targeted Program or TCLL.

****NOTE: This is NOT a lease. Upon completion of our review you will be notified of acceptance or denial.**

EMPLOYMENT VERIFICATION

DATE: _____

EMPLOYER: _____
ADDRESS: CITY, STATE, ZIP _____
CONTACT: _____
TEL: _____ FAX: _____

PROPERTY: _____
ADDRESS: CITY, STATE, ZIP _____
CONTACT: _____
TEL: _____ FAX: _____

The individual named directly below is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility for housing. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

PRINTED NAME OF EMPLOYEE: _____ ADDITIONAL INFO: _____

RELEASE STATEMENT (APPLICANT SHOULD ONLY FILL IN EMPLOYERS INFORMATION ABOVE & SIGN RELEASE. WE WILL MAIL TO YOUR EMPLOYER)

I hereby authorize the above named management agent to make inquiries regarding release of employment information for the purpose of determining my eligibility for occupancy.

SIGNATURE _____

DATE _____

****THIS SECTION TO BE COMPLETED BY EMPLOYER. APPLICANT SHOULD ONLY SIGN RELEASE STATEMENT ABOVE****

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed _____ No Last Day of Employment _____

Current gross wages/salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week (not included in regular hours): _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week (not included in regular hours): _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Is the employee's work seasonal or sporadic? Yes No If yes, indicate the average number of weeks in the layoff period(s): _____

Does this employee have a 401(k), 403(b), or other retirement account? Yes No If yes, can the employee withdraw the funds in this account? Yes No What is the appropriate agency/contact information to verify retirement account information? _____

Current year to date earnings	Dates From: _____ To: _____	Number of pay periods included in YTD earnings below:
Base pay/Salary:	\$ _____	
Overtime/other (specify):	\$ _____	
Total:	\$ _____	

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Date: _____

Signature/Title: _____

Company Name: _____ Address: _____

Printed Name: _____ Phone: _____ Fax: _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or to obtain federal funds.

EMPLOYMENT VERIFICATION

LANDLORD REFERENCE FORM

NAME OF RENTAL DEVELOPMENT: _____

TO CURRENT/PREVIOUS LANDLORD: The renter named below has applied for an apartment at the rental development named above, which is a Low-Income Housing Tax Credit development. As managing agents, we need you help in answering the following questions; your answers will be used to help determine the renter's eligibility. Thank you for your cooperation. Enclosed is a self-addressed, stamped envelope for return of this form to us.

Signature of owner of managing agent _____ Phone Number _____ Date _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

My/Our signature(s) as (an) applicant(s) authorize the release of the above information.

Renter's Name: _____ Landlord's Name: _____

Renter's Address: _____ Landlord's Address: _____

The following is to be completed by Landlord:

1. When did they rent this property? From: _____ To: _____
Month/Day/Year Month/Day/Year

2. Do they still live here now? _____

3. Name of persons who signed lease (including owner or managing agent) _____

4. Who lived at this address? _____

5. Are you related to them or anyone in their household by blood or marriage or the operation of the law? _____

6. What type of structure is this property? House _____ Apartment _____ Room _____

7. What was their **monthly rent**? \$ _____ Was it paid on time? Yes _____ No _____

8. What was their **security deposit**? \$ _____ Amount refunded to them? \$ _____

9. Why did they move? _____

10. Did they give proper notice before moving out? Yes _____ NO _____

11. What were their overall housekeeping habits? _____

12. Was the property left in rentable condition after they moved? Yes _____ No _____

13. Was the property damaged during their stay? Yes _____ No _____

14. Did they have pets? Yes _____ No _____ If yes, what type? _____

15. Did they get along with their neighbors? _____

16. Were they responsible for paying their own heat and lights? Yes _____ No _____

17. Do you own this rental property address listed above? Yes _____ No _____

18. If no, who is the owner? _____

19. Would you rent to them again? Yes _____ No _____

20. Additional Comments: _____

Name of Person Completing Form _____ Title _____ Date _____

LANDLORD REFERENCE FORM



Dear Potential Tenant,

Brick Capital Community Development Corporation will require that you maintain personal liability insurance of at least \$100,000 as a condition of your rental lease. The most common way to do this is with a renters insurance policy. If there is damage to your property from fires or other events, you are solely responsible for it. A renters insurance policy, however, generally also covers personal possessions, so you can protect your belongings.

When obtaining a policy, you must name the landlord as an “additional interest” on the policy. This means the insurance company would notify the landlord in the event of a lapse or cancellation. “Additional interest” and “Interested Party” are the only acceptable designations. The additional interest should read as follows:

Brick Capital CDC, PO Box 568 Sanford, NC 27331

Once an offer for residency has been accepted, please provide a copy of the declarations page of your policy meeting the requirements listed above prior to moving. All adult residents living in the unit must be named on the policy.

This is an important component of your lease. Failure to keep the required coverage in force will be considered a breach of the lease and is subject to termination due to non-compliance.

The tenant is responsible for arranging for and paying for the water utility services required on the Premises. Once a lease has been signed and you have a copy, please call/visit the City of Sanford’s water department at 919-775-8215 to arrange water utilities in your name. The resident is responsible for contacting the water utility company prior to the move in date and having the billing set up and the account put into their name effective the same day as the move-in date. The Property Manager requires proof that this utility has been taken out of the landlord’s name and put into the resident’s name. The tenant is responsible for visiting the City of Sanford water utility located at 225 E Weatherspoon St. Sanford, NC 27330 prior to move-in and have the billing set up and the account put into their name.

The Property Manager requires proof that this utility has been taken out of the landlord’s name and put into the tenant’s name. The City of Sanford Water Department will provide a hard copy of the utility screen showing that Brick Capital has an end date of XX/XX/XXXX and Tenant’s start date of XX/XX/XXXX. This hard copy will be verification that the account has been set up in the tenant’s name. This hard copy is **REQUIRED PRIOR TO LEASE SIGNING**. Proof of the account change will not be accepted in any form other than the hard copy mentioned above. It is **YOUR** responsibility to ask for the screen copy showing the changes.

Brick Capital Community Development Corporation