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## Application for 60 Givens Gerber Park

Applications require a \$300 non-refundable deposit. This fee is non-refundable and will be applied to the total application and administrative fee.

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Mailed applications should be sent to  
Givens Gerber Park, 40 Gerber Road, Suite 100, Asheville, NC 28803



Emailed applications may be sent to  
[info@givensgerberpark.org](mailto:info@givensgerberpark.org)



Please call 828-771-2207 to schedule an appointment  
to deliver the application in-person.



Applications may be faxed to 828-623-9440



Please call 828-771-2207 if you have questions about Givens Gerber Park,  
the application process, or need assistance completing the application.

*Givens Gerber Park 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 Gerber Park in writing, if household information changes (i.e. address, phone numbers, number of household members, number of future household members, criminal history, income, etc.).*



# 60 Givens Gerber Park Rental Application

**Applicant:**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Bedroom Size Requested: \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Marital Status: \_\_\_ single \_\_\_ married \_\_\_ divorced \_\_\_ separated \_\_\_ widow

**Co-Applicant:**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell 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.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security</u>
	Head of Household				

2. Do you expect a change in your household composition within the next 12 months?  Yes  No  
If yes, please explain: \_\_\_\_\_



**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 .. [ ]Yes [ ]No \$ \_\_\_\_\_
2. Work for someone who pays him or her cash ..... [ ]Yes [ ]No \$ \_\_\_\_\_
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..... [ ]Yes [ ]No \$ \_\_\_\_\_
5. Now receive or expect to receive child support. .... [ ]Yes [ ]No \$ \_\_\_\_\_
6. Entitled to child support that he/she is not now receiving ..... [ ]Yes [ ]No \$ \_\_\_\_\_
7. Now receive or expect to receive alimony ..... [ ]Yes [ ]No \$ \_\_\_\_\_
8. Have an entitlement to receive alimony that is not  
 currently being received ..... [ ]Yes [ ]No \$ \_\_\_\_\_
9. Do you take or anticipate taking regular monthly withdrawals from an  
 IRA or retirement account? ..... [ ]Yes [ ]No \$ \_\_\_\_\_
10. Do you have a required minimum distribution from an IRA or other  
 similar retirement account? ..... [ ]Yes [ ]No \$ \_\_\_\_\_
11. Now receive or expect to receive Social Security or disability..... [ ]Yes [ ]No \$ \_\_\_\_\_
12. Now receive or expect to receive income from a pension/annuity ..... [ ]Yes [ ]No \$ \_\_\_\_\_
13. Now receive or expect to receive regular contributions from  
 organizations or individuals not living in the unit..... [ ]Yes [ ]No \$ \_\_\_\_\_
14. Receive income/dividends from assets including checking, savings,  
 certificates of deposit, stocks, bonds, rental property .... [ ]Yes [ ]No \$ \_\_\_\_\_
15. Own real estate or any asset for which you receive income ..... [ ]Yes [ ]No \$ \_\_\_\_\_
16. Now receive military pay ..... [ ]Yes [ ]No \$ \_\_\_\_\_
17. Now receive workers compensation..... [ ]Yes [ ]No \$ \_\_\_\_\_
18. Now receive veterans administration benefits..... [ ]Yes [ ]No \$ \_\_\_\_\_
19. Do you have income from any source not mentioned above ..... [ ]Yes [ ]No \$ \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Employment:**

**Applicant:**

Circle all applicable:

	<b>Employed full time</b>	<b>Employed part time</b>	<b>self – employed</b>
	<b>Retired</b>	<b>Unemployed</b>	

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 ( ) No If so, how much? \_\_\_\_\_

**Co-Applicant:**

Circle all applicable:

	<b>Employed full time</b>	<b>Employed part time</b>	<b>self – employed</b>
	<b>Retired</b>	<b>Unemployed</b>	

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 ( ) 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 (average 6mon balance)..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Savings Account..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Certificates of Deposit..... [ ]Yes... [ ]No \$ \_\_\_\_\_

Stocks or Bonds..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

IRA/s or Retirement Funds..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Mutual Funds..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Trust Accounts..... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Personal Property held as an investment.... [ ]Yes.. [ ]No \$ \_\_\_\_\_

Real Estate..... [ ]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 \$ \_\_\_\_\_

If you own a home do you plan to sell it? If so when?[ ]Yes.. [ ]No  
Projected date to list home for sale \_\_\_\_\_

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 Present 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: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate \_\_\_\_\_

Second Driver

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**HAVE YOU OR ANY HOUSEHOLD MEMBER EVER:**

Filed for Bankruptcy? .....  Yes  No

Been evicted from Tenancy? .....  Yes  No

Been evicted from Federally Funded Housing for a lease violation including drug use or a crime?  Yes  No

If yes, when: \_\_\_\_\_

Been convicted of a Felony or Misdemeanor? .....  Yes  No

If yes, explain: \_\_\_\_\_

Are you or any household member subject to lifetime sex offender registration .....  Yes  No

Are you or any household member enlisted in the U.S. Military or a veteran .....  Yes  No

Do you have any special housing needs? .....  Yes  No

If yes, explain: \_\_\_\_\_

**Emergency Contact:**

Nearest Living Relative: \_\_\_\_\_

Address:	Name	Phone	Relationship
_____	_____	_____	_____

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Givens Gerber Park II LLC the owner of the property, and/or Community Housing Partners, agent of the owner, 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 the amount of \$ 300. This fee is non-refundable and will be applied to the total application and administrative fee. 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 non-refundable fee of \$ 300 is made herein. If the application is approved, said fee will be held as part of the Application and Administrative fee. The full Application and Administrative Fee will be determined based upon the Applicant's qualifying income. Landlord reserves the right to retain any portion of the Application and Administrative Fee which has been paid if, for any reason, prospective resident withdraws the application for tenancy.

By execution of this application, I hereby authorize Givens Gerber Park II and/or 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 requires Resident to answer all questions about income and household member status truthfully and completely at Resident's initial certification and at any 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 household member 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 :** \_\_\_\_\_

