



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

Emailed applications may be sent to
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.



COMMUNITY HOUSING PARTNERS

Rental Application

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home 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: _____ 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.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security</u>	<u>Student circle which applies</u>
	Head of Household					NO FT PT
						NO FT PT
						NO FT PT
						NO FT PT
						NO FT PT
						NO FT PT
						NO FT PT

2. Do you expect a change in your household composition within the next 12 months? Yes No
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 who 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 []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. Now receive or expect to receive public assistance (TANF) []Yes []No \$ _____
10. Now receive or expect to receive Social Security or disability..... []Yes []No \$ _____
11. Now receive or expect to receive income from a pension/annuity []Yes []No \$ _____
12. Now receive or expect to receive regular contributions from
 organizations or individuals not living in the unit..... []Yes []No \$ _____
13. Receive income/dividends from assets including checking, savings,
 certificates of deposit, stocks, bonds, rental property []Yes []No \$ _____
14. Own real estate or any asset for which you receive income []Yes []No \$ _____
15. Now receive military pay []Yes []No \$ _____
16. Now receive workers compensation..... []Yes []No \$ _____
17. Now receive veterans administration benefits..... []Yes []No \$ _____
18. Do you have income from any source not mentioned above []Yes []No \$ _____

If yes, please explain: _____

Employment:

Applicant:

Circle all applicable:

	Employed full time Non-employed	Employed part time Unemployed	self – employed
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:

	Employed full time Non-employed	Employed part time Unemployed	self – employed
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 \$ _____
- Whole or Universal Life Insurance (not Term)..... []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

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: _____ License Plate #: _____

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

Are you or any household member currently receiving housing assistance from HUD or a PHA ... [] Yes [] No

Do you have any special housing needs? [] Yes [] No

If yes, explain: _____

Emergency Contact:

Nearest Living Relative: _____

Name

Phone

Relationship

Address: _____

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 \$_____. If the applicant(s) notifies the Landlord within three (3) days after the execution of this application that applicant(s) no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

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 : _____

