Autumn Spring

3601 Eck Drive Raleigh, NC 27604 (919) 878-8820

Thank You for your interest in Autumn Spring, offering 1 and 2 bedroom apartments. Enclosed is our rental application that must be filled out completely. If a question does not apply to your situation, please answer N/A. We also ask that you use a pen when completing the application. Again, thank you for inquiring about Autumn Spring!

The following income restrictions apply for all persons applying for housing.

| Household | 30% of Median Income | 50% of Median Income | 60% of Median Income |
|-----------|-----------------------|-----------------------|-----------------------|
| Size | Maximum Annual Income | Maximum Annual Income | Maximum Annual Income |
| 1 | 25,710 | 42,850 | 51,420 |
| 2 | 29,370 | 48,950 | 58,740 |
| 3 | 33,030 | 55,050 | 66,060 |
| 4 | 36,690 | 61,150 | 73,380 |
| 5 | 39,630 | 66,050 | 79,260 |
| | | | |

| | <u>1BR</u> | <u>2BR</u> |
|----------------------|------------|------------|
| Rent Schedule: | | |
| (For 30% Households) | 6 @ \$510 | 6 @ \$585 |
| (For 50% Households) | 4 @ \$735 | 4 @ \$810 |
| (For 60% Households) | 14 @ \$810 | 14 @ \$885 |

NOTE: RENTS SUBJECT TO CHANGE WITH LENDER APPROVAL

Utility Allowance \$70 \$87 (estimated utility cost per month – based on average utility cost for electricity)

Security Deposit: \$ 600

Minimum Income Requirement:

 (For 30% Households)
 \$ 13,920
 \$ 16,128

 (For 50% Households)
 \$ 19,320
 \$ 21,528

 (For 60% Households)
 \$ 21,120
 \$ 23,628

For Section 8 Cert./Voucher: 2.5 x (tenant rent + utility allowance)

Pet Policy: Limit 1 Pet, Max. Weight – 25 lbs. \$150 deposit (refundable)

\$150 pet fee (non-refundable)

Age Requirement: 55 years of age and older

No Smoking Permitted Anywhere

Application Requirements

- 1. Completed and signed application.
- 2. Application fee is \$35 for all household members 18 years of age and older paid by check or money order to Evergreen Construction.
- 3. Enclose a copy of each household member(s) birth certificate.
- 4. Enclose a copy of each household member(s) social security card.

Return the above information to: Autumn Spring 3601 Eck Drive Raleigh, NC 27604





| APT. COMMUNIT | Y: |
|---------------|----|
| DATE REC'D: | |
| TIME REC'D: | |

Rental Application

Please print in ink, <u>answer NO or N/A where applicable</u>, initial all corrections, and do not use white out. <u>All Blanks must be completed</u>.

| APPLICANT INFORMATION | | | | | | |
|--|---------|---------|---------|--------------------------------------|--------|--------|
| Applicant's Full Name: Desired Move in Date: | | | | | | |
| Bedroom Size Requested | d: | Email A | ddress: | | | |
| | | * | | CE INFORMATION IAL HISTORY MUST BE F | PROVID | ED* |
| Current Residence | Street: | | | | | |
| City: | | | State: | ZIP: | Telep | phone: |
| Cell Phone Number: | | | | Drivers License Number | r: | |
| Lived here from: | | to: | | Do you Rent ☐ or Own | ı 🗌 | |
| Reason for moving: | | | | | | |
| Landlord Name: | | | | | | |
| Landlord Address: | | | | | | |
| City: | | | State: | ZIP: | Telep | phone: |
| Previous Residence | Street: | | | | | |
| City: | | | State: | ZIP: | | |
| Lived here from: | | to: | | Rent 🗌 or Own 🔲 | | |
| Reason for moving: | | | | | | |
| Landlord Name: | | | | | | |
| Landlord Address: | | | | | | |
| City: | | | State: | ZIP: | Telep | phone: |
| Previous Residence | Street: | | | | | |
| City: | | | State: | ZIP: | | |
| Lived here from: | | to: | | Rent 🗌 or Own 🔲 | | |
| Reason for moving: | | | | | | |
| Landlord Name: | | | | | | |
| Landlord Address: | | | | | | |
| City: | | | State: | ZIP: | Telep | phone: |
| CO-APPLICANT INFORMATION | | | | | | |
| Co-Applicant's Full Name | e: | | | | | |
| RESIDENCE INFORMATION — CO-APPLICANT * 5 YEARS OF RESIDENTIAL HISTORY MUST BE PROVIDED* | | | | | | |
| Current Residence | Street: | | | | | |
| City: | | | State: | ZIP: | Telep | phone: |
| Cell Phone Number: | | | | Drivers License Numl | ber: | |
| Lived here from: | | to: | | Do you Rent 🗌 or O | wn 🗌 | |
| Reason for moving: | | | | | | |

Initial____

| Lar | Landlord Name: | | | | | | | | |
|-----------------------|--|--|--|--|---|---|---|-------------------|--|
| Lar | Landlord Address: | | | | | | | | |
| City | / : | | State: | ZIP: | | Telephone: | | | |
| Pre | Previous Residence Street: | | | | | | | | |
| City: State: | | | | ZIP | | | | | |
| Live | ed here from: | to: | | Ren | t 🗌 or Own 🗌 | | | | |
| Rea | Reason for moving: | | | | | | | | |
| Lar | ndlord Name: | | | | | | | | |
| Lar | ndlord Address: | | | | | | | | |
| City | / : | | State: | ZIP | : | Telephone: | | | |
| Pre | evious Residence | Street: | | | | | | | |
| City | / : | | State: | ZIP: | | | | | |
| Live | ed here from: | to: | | Ren | t 🗌 or Own 🗌 | | | | |
| Rea | ason for moving: | | | | | | | | |
| Lar | ndlord Name: | | | | | | | | |
| Lar | ndlord Address: | | | | | | | | |
| City | / : | | State: | ZIP: | | Telephone: | | | |
| | | | HOUS | EHOLD CO | MPOSITION | | | | |
| AT LIV AN Wh | RECTIONS: PLEASE TENDANTS, WHETH /E WITH YOU AT LE YONE WHO IS ENRO HICH ARE CONSIDER NSECUTIVE). | ER OR NOT TI AST 50% OR OLLED FOR AT | HOSE MEMBERS A MORE OF THE TIM LEAST FIVE CALE E ATTENDANCE B | RE RELATE 1E DURING ENDAR YEA Y THAT IN | ED. INCLUDE ALL THE NEXT 12 M AR MONTHS FOR | MEMBERS WHONTHS. (A FUTHE NUMBERFIVE MONTHS | IO YOU ANTICIP LL TIME STUDEN OF HOURS OR C | ATE WILL IT IS | |
| | | | | | | | | | |
| | Name | Relation to Head | Birth Date | Gender | Student | Employed | Marital Status | SS Number | |
| | | | | | | | | | |
| | | | | M □ | Y N | Y 🗆 | Single ☐ Married ☐ | | |
| 1 | | HEAD | | F 🗆 | F/T □ P/T | N □ | Separated 🗌 | | |
| | | | | | | Long | Widowed 🗌 | | |
| | | | | М 🗆 | Y | Υ□ | Single ☐ Married ☐ | | |
| 2 | | | | F 🗆 | F/T 🗆 P/T | N ☐ How | Separated | | |
| | | | | | Y 🗆 | Long | Widowed ☐ Single ☐ | | |
| 3 | | | | М | N 🗆 | N 🗆 | Married 🗌 | | |
| | | | | F 🗌 | F/T □ P/T □ | How Long | Separated ☐ Widowed ☐ | | |
| | | | | М | Y 🗆 N 🗆 | Y 🗆 | Single ☐ Married ☐ | | |
| 4 | | | | F 🗆 | F/T □ P/T | N □ How | Separated \square | | |
| | | | | | | Long | Widowed □ Single □ | | |
| 5 | | | | М 🗆 | Y N | N 🗆 | Married | | |
| | | | | F 🗆 | F/T □ P/T | How | Separated 🔲 | | |
| | | | | | | Long | Widowed | | |
| | | | | | Y | Long | Single 🗌 | | |
| 6 | | | | м 🗆 | N 🗆 | Y 🗆 | Single Married | | |
| 6 | | | | | N □ F/T □ P/T □ | Y N How Long | Single Married Separated Widowed | | |
| 7 | | | | м 🗆 | N □ F/T □ P <u>/T</u> | Y 🗆 N 🗆 How | Single ☐ Married ☐ Separated ☐ | | |

| | Do all of the household members reside in the household 100% of the time? Y \square N \square If no, please list those not living in the household 100% of the time: | | | | | | |
|--|--|---------------------|------------|-------------------|--------|------------------|-----------------------|
| Anticipated char | ges in household size wit | hin the next 12 m | onths? Y [| □ N □ If yes, exp | olain: | | |
| Anticipated char | nge in number of students | within the next 1 | 2 months? | Y □ N □ If yes, | explai | n: | |
| | | D | ISABILIT | Y STATUS | | | |
| senses, or activi | meet the definition of han ties. It I do not meet the defin | | | - , , | | mental condition | that limits movement, |
| | | | | | | 2 V 🗆 N 🗆 | |
| | yone in your household b any accommodations or m | | | | | | |
| , | | | | | | ,, p | |
| | | (| CARE ATT | ENDANT | | | |
| Will you have a | Care Attendant living with | ı you? Y 🗌 N 🗌 | If yes, F/ | T 🗌 or P/T 🗌 | | | |
| Name of Care A | tendant: | | | | | | |
| Address: | | | | 1 | | | |
| City: | | State: | | ZIP: | Tele | ephone: | |
| | | GEN | IERAL INF | ORMATION | | | |
| Have you, your spouse, or any other proposed occupant ever: | | | | | | | |
| 1. Been arrested and charged with a misdemeanor or felony? Y \Boxedow N \Boxedow If yes, who in what state what year | | | | | | | |
| | d to register as a sex offe in wha | | _ what yea | nr | | | |
| 3. Been evicted If yes, when | ? Y 🗌 N 🔲 wher | ·e | | | | | |
| Do you have a S | ection 8 voucher or certif | icate? Y 🗌 N 🗍 | | | | | |
| Do you have any | pets? Y 🗌 N 📗 If yes, | , list breed and we | eight: | | | | |
| | permitted in senior pr | | | | | | |
| How did you hea | ar about our apartment co | | IEDCENCY | CONTACT | | | |
| EMERGENCY CONTACT (PLEASE PROVIDE INFORMATION FOR TWO PEOPLE NOT PLANNING TO OCCUPY THE PREMISES WHOM WE MAY CONTACT IN THE EVENT OF AN EMERGENCY, OR TO LOCATE YOU) | | | | | | | |
| Name: | | Relationship: | | | Telep | hone: | |
| Address: | | | City: | | | State: | Zip: |
| Name | | Relationship: | | | Telep | ohone: | |
| Address: | | | City: | | | State: | Zip: |
| AUTOMOBILE INFORMATION | | | | | | | |
| Model: | Make: | | Color: | | Tag # | #: | |
| Model: | Make: | | Color: | | Tag # | #: | |

Program regulations for this community require that all applicants/tenants reveal all sources of income and assets. This application is not considered complete and therefore cannot be processed until the following questionnaire of income and assets have been completed by each household member 18 years of age and older (not required for care attendants).

NAME:

| INCOME AND ASSETS (EACH HOUSEHOLD MEMBER 18 YRS AND OLDER MUST COMPLETE SEPARATE INCOME AND ASSETS FORMS) | | | | | |
|---|-----------------------|--------------|--------------------|--|--|
| Type of Asset Including any accounts held for depende | nts | How Many | Estimated Value | Source Contact for Verification (list each separately) | |
| Checking Account | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: Institution Name: Telephone: | |
| Savings Account | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: Institution Name: Telephone: | |
| Debit Cards NOT including debit cards related to th listed above | Y □ N □ e accounts | | \$ | Institution Name: Telephone: Institution Name: Telephone: | |
| Certificates of Deposits | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Money Market Funds | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Mutual Funds/Stock | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Treasury Bills | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| IRA or 401k | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Company Retirement Accounts | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Annuities Income | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Life Insurance Policies (Whole Life) | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Pension Funds (Account Not receiving payments on a reg | Y N N ular basis) | | \$ | Institution Name: Telephone: | |
| Trust Accounts If yes, is it revocable? | Y | | \$ | Institution Name: Telephone: | |
| Personal Property held for Investment | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Mortgage or Deed of Trust | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Cash on Hand including Cash Applications i.e. Paypal, Venmo, CashApp, etc | Y 🗆 N 🗆 | | \$ | List all sources or accounts: | |
| House/Real Estate | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Rental Property | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Other Investments | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | |
| Have you received any lump sum paymen | ts such as th | e following: | | | |
| Inheritances | Y 🗆 N 🗆 | | \$ | Details: | |
| Lottery or other winnings | Y 🗆 N 🗆 | | \$ | Details: | |
| Insurance Settlements | Y 🗆 N 🗆 | | \$ | Details: | |
| Workers Compensation Settlements | Y 🗆 N 🗆 | | \$ | Details: | |
| Social Security Disability Settlements | Y 🗆 N 🗆 | | \$ | Details: | |
| Unemployment Compensation Settlements | Y 🗆 N 🗆 | | \$ | Details: | |
| VA Disability Settlements | Y 🗆 N 🗆 | | \$ | Details: | |
| Severance Pay | Y 🗆 N 🗆 | | \$ | Details: | |
| Capital Gains | Y 🗆 N 🗆 | | \$ | Details: | |
| Other (Including Crypto Currency) | Y 🗆 N 🗆 | | \$ | Details: | |
| Have you disposed of any assets for less than Fair Market Value within the last two years? (Please state if the sale was due to foreclosure, bankruptcy or divorce.) Y \(\subseteq N \subseteq I f yes, explain: | | | | | |

| Income | | | | | | |
|---|---------------|-----------------|--------------------------------|--|--|--|
| Type of Income | | How Many | Estimated Monthly Amount | Source Contact for Verification | | |
| Employment (Wages & Salary) How long? If less than 1 year, start date: | Y 🗆 N 🗆 | | \$ | Institution Name: Address: Telephone: Institution Name: Address: | | |
| | | | | Telephone: | | |
| Income from a Business or Profession | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Military Pay, including all allowances | Y 🗌 N 🗌 | | \$ | Institution Name: Telephone: | | |
| Social Security: Include any amounts received for household dependents | Y N | | \$ | Institution Name: Telephone: | | |
| SSI: Include any amounts received for household dependents | Y□ N □ | | \$ | Institution Name: Telephone: | | |
| Disability and Death Benefits (other than SSI) Include any amounts received for household dependents | Y N N | | \$ | Institution Name: Telephone: | | |
| TANF/Work First or other Public Assistan | ce Y 🔲 N 🔲 | | \$ | Institution Name: Telephone: | | |
| Alimony | Y 🗌 N 🔲 | | \$ | Institution Name: Telephone: | | |
| Child Support (include all support whether ordered or not) | er court | | \$ | Institution Name: Telephone: | | |
| Unemployment Compensation | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Workers' Compensation | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Severance Pay | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Retirement Income | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Pensions (Receiving payments on a regular basis) | Y 🗌 N 🗌 | | \$ | Institution Name: Telephone: | | |
| Annuities Income | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Insurance Policies Income | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Scholarships, Grants, Educational Entitler Include any amounts received for household dependents | | | \$ | Institution Name: Telephone: | | |
| Income from Rental Property | Y 🗌 N 🗌 | | \$ | | | |
| Work Study Programs | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Long Term Care Payments | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Income from Training | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Other Income (Including GoFndMe) | Y 🗆 N 🗆 | | \$ | Institution Name: Telephone: | | |
| Regular Recurring Gifts (Such as but not limited to: Receiving m gifts or non-cash contributions from pers the household for rent, utilities, groceries and/or misc household supplies) | ons outside | | \$ | Please explain: | | |
| I understand that the above information is being collected to determine my eligibility for residence. I authorize the owner/manager to verify information provided on this application and my signature is my consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no other assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law. | | | | | | |
| I understand that this application and all property. | related inqui | res will be use | ed only for its | relevance to screening and occupancy at this | | |
| Signature: | | | | Date:/ | | |

I (we) understand that this application must be filled out completely and accurately. I (we) certify that the information provided is accurate and I (we) understand that any misrepresentations will disqualify me (us). I (we) further certify that the housing occupied on these premises will be my (our) permanent residence and I (we) do not/will not maintain a separate subsidized rental unit at any other location.

By signing this application, I (we) hereby authorize the management (or agent) of this complex, for the purpose of this application, to contact and obtain any information required from any of the individuals or entities listed on this application, or from any other individuals or entities as may be required. Management further reserves the right to release this information for purposes of collecting outstanding debts.

I (we) understand that the managing agent will verify, in writing through a third party the information provided on this application.

I (we) also understand that my household wages are subject to being verified through a third party source(s) by agencies designated by the U.S. Federal Government to administer this housing program.

WARNING

Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain false, fictitious or fraudulent statements or entry, shall be fined under this title or imprisoned not more than five years, or both.

| fined under t | his title or imprisoned not m | ore than five years, or both. | | | | | | | | |
|---|---|---|---|---|--|-----|--|--|--|--|
| and tenant cer | tification must be executed in a | orated rent and security deposit or partial dvance before occupancy of the apartmen lue and payable in advance on the FIRST I | t. NO REFUND | WILL BE MAD | e paid and lease DE except to com | ply | | | | |
| Application w money order | vill not be processed until ap payable to Evergreen Const | plicant pays application fee of \$ ruction Co. Fee is Non-Refundable. | Fee must | t be in the f | orm of a check | or | | | | |
| BY SIGNING BE | ELOW, I CERTIFY I HAVE READ | AND UNDERSTAND ALL THE ABOVE | | | | | | | | |
| Signatures: | | | | | | | | | | |
| Applicant: | | | | Date:/_ | | | | | | |
| Co-Applicant:_ | | | | Date:/_ | | | | | | |
| Adult househo | ld member: | | | Date:/ | / | | | | | |
| Adult househo | ld member: | | | Date:/ | / | | | | | |
| | | | | | | | | | | |
| Government th familial status, This information | at federal laws prohibiting disci age, and disabilities are compl on will not be used in evaluation | x designation solicited on this application in rimination against applicants on the basis of ied with. You are not required to furnish to nof your application or to discriminate aga he race/national origin and sex of individu | of race, color, n his information inst you in any | ational origir , but are enc way. Howev | n, religion, sex, couraged to do so ver, if you choose | 9 | | | | |
| Applicant: Applicant: Ethnicity American Indian/Alaska Native Asian Male Female Native Hawaiian/Pacific Islander White White | | | | | | | | | | |
| Co- Applicant: | Co- White ☐ | | | | | | | | | |
| *Race/national | origin and sex of individual ap | plicants were completed based on visual o | oservation | (MGR init | :ial) | | | | | |

TENANT RELEASE AND CONSENT

| I/We | , the unc | dersigned hereby authorize all |
|---|--|--|
| persons or companies in the cate | gories listed below to release w | vithout liability, information |
| regarding employment, income, a | ent) for | |
| purposes of verifying information | on my/our apartment rental ap | oplication. |
| and inquiries that may be request income, and assets; medical or ch | ted include, but are not limited hild care allowances. I/We und ormation about me/us that is no | me/us may be needed. Verifications to: personal identity; employment, erstand that this authorization of pertinent to my eligibility for and |
| GROUPS OR INDIVIDUALS THAT IT The groups or individuals that mallimited to: | _ | re information include, but are not |
| Past and Present Employers Previous Landlords (including Public Housing Agencies) Support and Alimony Providers Colleges, Universities, and Higher Ed Utility Company | State Unemployment Agencies Social Security Administration Medical and Child Care Provide ducational Institutions | Retirement Systems Banks and Other Financial |
| CONDITIONS I/We agree that a photocopy of this original of this authorization is on fi signed. I/We understand I/we have incorrect. | le and will stay in effect for a ye e a right to review this file and co | ar and one month from the date |
| SIGNATURES | | |
| Applicant/Resident | (Print Name) | |
| Co-Applicant/Resident | (Print Name) | |
| Adult Member | (Print Name) | / |
| Adult Member | (Print Name) | / Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

Initial_____