

Rental Application

Development Name: Promise 25

Phone Number: (919) 805-3874

Property Address:

Email: kdavis@firststratepropertymgmt.com

Number of Bedrooms Desired: ☐ Efficiency ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR

The following is to be completed in its entirety by household members ages 18 and older.

Please answer all questions. Do not leave any blank spaces. Write NONE or N/A where appropriate.

PART 1: HEAD OF HOUSEHOLD DATA

Head of Household Name:

Phone #:

Mailing Address:

City/State/Zip:

Email:

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Second adult: ☐ Spouse ☐ Co-Head ☐ Other Adult

Name:

Phone #:

Mailing Address:

City/State/Zip:

Email:

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Have you ever used another name? ☐ Yes ☐ No If yes, please indicate name:

PART 2: HOUSEHOLD COMPOSITION

Directions: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive.)

#	Household Member Name(s)	Relationship to Head	Date of Birth	Full-Time Student (Y/N)	Income (Y/N)	SS Number
1.		Head		Y N	Y N	
2.				Y N	Y N	
3.				Y N	Y N	
4.				Y N	Y N	
5.				Y N	Y N	
6.				Y N	Y N	
7.				Y N	Y N	

Are there any absent household members who normally reside in the household? ☐ Yes ☐ No

If yes, explain:

Anticipated change in number of students within the next 12 months? ☐ Yes ☐ No

If yes, explain:

PART 3: HOUSEHOLD INFORMATION

RENTAL HISTORY

(must show most recent 2-year rental history)

Household Member Name:									
	Current Residence			Previous Residence			Previous Residence		
Street Address:									
City, State, Zip:									
Select One:	Rent	Own	Other	Rent	Own	Other	Rent	Own	Other
If other, explain:									
Owner/Landlord Name:									
Owner/Landlord #:									
Reason for Leaving:									
Dates of Residency (mm/yy):	From:		To:	From:		To:	From:		To:

RENTAL HISTORY

(must show most recent 2-year rental history)

Household Member Name:									
	Current Residence			Previous Residence			Previous Residence		
Street Address:									
City, State, Zip:									
Select One:	Rent	Own	Other	Rent	Own	Other	Rent	Own	Other
If other, explain:									
Owner/Landlord Name:									
Owner/Landlord #:									
Reason for Leaving:									
Dates of Residency (mm/yy):	From:		To:	From:		To:	From:		To:

Have you or any member(s) of the household ever had your lease terminated or been evicted? ☐ Yes ☐ No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.)? ☐ Yes ☐ No

Are you or any member(s) of your household currently fleeing from an abusive situation? ☐ Yes ☐ No

Are there any animals in the household? ☐ Yes ☐ No

Would you or any member(s) of the household benefit from the features of an accessible unit? ☐ Yes ☐ No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? ☐ Yes ☐ No

If yes to any question(s) above, please explain:

EMERGENCY CONTACT INFORMATION

Name:

Relationship:

Phone #:

Email:

PART 4: HOUSEHOLD ASSETS

Do you or anyone in the household have any of the following assets? Please mark "Yes" or "No" for each source of income.

	Head of Household			Co-Head			Additional Household Members		
Type of Asset	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value	
Cash on Hand	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Depository Debit Cards	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Checking Accounts	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Savings/Money Market Accounts	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Certificates of Deposit	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Stocks/Bonds	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Trust Funds (excluding irrevocable)	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Real Estate/Land	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Mortgage or Deed of Trust	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Cryptocurrency (Bitcoin, etc.)	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Life Insurance (excluding Term)	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
GoFundMe/Crowdsourcing	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Mobile Payment Services (Venmo, CashApp, etc.)	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Personal Property (held as an investment)	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Other Investments	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Have you received any lump sum payments?									
Inheritances	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Lottery or Other Winnings	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Insurance Settlements	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Workers' Compensation Settlements	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Social Security Disability Settlements	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Unemployment Compensation Settlements	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
VA Disability Settlements	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Severance Pay	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Capital Gains	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	
Other	Yes No	\$	Yes No	\$	Yes No	\$	Yes No	\$	

ASSET DETAILS (detail all assets for all household members marked yes above)

Household Member Name	Type of Asset	Bank/Financial Institution Name	# of Accounts

I/We hereby certify that I/we ☐ HAVE ☐ HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (Excluding items lost in bankruptcy, divorce, or foreclosure)
 If applicable: Identify all assets sold or disposed of for less than fair market value in the last two years.

Household Member Name	Asset Description	Market Value	Date Disposed	Amount Received

PART 5: SOURCES OF INCOME

Is income received from any of the following sources? Please mark "Yes" or "No" for each source of income.

	Head of Household			Co-Head			Additional Household Members		
Type of Income	Check One		Monthly \$	Check One		Monthly \$	Check One		Monthly \$
Employment	Yes	No	\$	Yes	No	\$	Yes	No	\$
Self-Employment	Yes	No	\$	Yes	No	\$	Yes	No	\$
Gig Income (Ride Share, Food Delivery, etc.)	Yes	No	\$	Yes	No	\$	Yes	No	\$
Regularly Recurring Gifts	Yes	No	\$	Yes	No	\$	Yes	No	\$
Social Security	Yes	No	\$	Yes	No	\$	Yes	No	\$
SSI (Supplemental Security Income)	Yes	No	\$	Yes	No	\$	Yes	No	\$
Retirement Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Pensions	Yes	No	\$	Yes	No	\$	Yes	No	\$
Disability or Death Benefits (not SSI)	Yes	No	\$	Yes	No	\$	Yes	No	\$
TANF or Other Public Assistance	Yes	No	\$	Yes	No	\$	Yes	No	\$
Alimony	Yes	No	\$	Yes	No	\$	Yes	No	\$
Child Support	Yes	No	\$	Yes	No	\$	Yes	No	\$
Unemployment Compensation	Yes	No	\$	Yes	No	\$	Yes	No	\$
Workers' Compensation	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from Rental Property	Yes	No	\$	Yes	No	\$	Yes	No	\$
Military Pay, including all allowances	Yes	No	\$	Yes	No	\$	Yes	No	\$
Severance Pay	Yes	No	\$	Yes	No	\$	Yes	No	\$
Annuities Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Insurance Policies Income	Yes	No	\$	Yes	No	\$	Yes	No	\$
Scholarships/Grants/Work Study	Yes	No	\$	Yes	No	\$	Yes	No	\$
Long Term Care Payments	Yes	No	\$	Yes	No	\$	Yes	No	\$
Income from Training Programs	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other:	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other:	Yes	No	\$	Yes	No	\$	Yes	No	\$
Other:	Yes	No	\$	Yes	No	\$	Yes	No	\$

INCOME DETAILS (detail all income for all household members marked yes above)

Household Member Name	Type of Income	Company/Provider Name	Contact Info

PART 6: SIGNATURES

Must be signed and dated by all members of the household age 18 and older.

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date