

Gateway Place
6100 Gateway Place Lane
Kernersville, NC 27284

Phone: 336-992-4433

TDD Phone: 1-800-735-2962



Equal Housing Opportunity



Date/Time Application Received _____ / _____ a.m./p.m.	Last Name: _____ Apartment Size Needed: _____ Apartment # Assigned: _____ Move-In Date: _____
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_____ For Office Use Only _____

APPLICATION FOR LEASE OF APARTMENT

<u>PERSONAL HISTORY</u>				
Applicant's Name(s): _____ Social Security #: _____				
Previous or Maiden Name(s): _____				
Date of Birth: _____ Age: _____ Driver's License # & State: _____				
Co-Applicant's Name(s): _____ Social Security #: _____				
Previous or Maiden Name(s): _____				
Date of Birth: _____ Age: _____ Driver's License # & State: _____				
OTHER OCCUPANTS: List all other persons who will be living in the apartment regularly. No person is to live with you who is not listed.				
<u>Name</u>	<u>Age</u>	<u>D.O.B.</u>	<u>SS#</u>	<u>Relationship</u>
1. Present Address: _____ Phone: _____				
Street _____				
City _____ County _____ State _____ Zip _____				
Landlord's Name: _____ Phone: _____				
How long at present address? _____ Own or Rent? _____				
Amount of monthly rent/mortgage: \$ _____ Utilities \$ _____				
Reason for moving: _____				
2. Previous Address: _____ Phone: _____				
Street _____				
City _____ County _____ State _____ Zip _____				
Landlord's Name: _____ Phone: _____				
3. Previous Address: _____ Phone: _____				
Street _____				
City _____ County _____ State _____ Zip _____				
Landlord's Name: _____ Phone: _____				

CREDIT REFERENCES:

Business Name: _____ Address: _____ Phone: _____

Business Name: _____ Address: _____ Phone: _____

Business Name: _____ Address: _____ Phone: _____

PERSONAL REFERNECES: (Do not include family members or relatives.)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Have you or any member of your household ever been evicted? Yes ___ No ___ If yes, explain: _____

Using the numbers below, please indicate whether any members of your household have been arrested for or convicted of any crimes relating to the following:

- | | | |
|---------------------------------|------------------------------------|------------------------|
| 1. Homicide | 6. Assault/Fighting | 11. Fraud |
| 2. Rape/Child Molestation | 7. Drug Trafficking/Use/Possession | 12. Prostitution |
| 3. Burglary/Robbery/Larceny | 8. Child Abuse/Domestic Violence | 13. Disorderly Conduct |
| 4. Threats/Harassment | 9. Public Intox./Drunk/Disorderly | 14. Other Crimes – |
| 5. Destruct. of Prop./Vandalism | 10. Receiving Stolen Goods | Describe: _____ |

<u>Member's Name</u>	<u>Social Security #</u>	<u>Crime(s) #</u>	<u>Status/Disposition</u>

INCOME INFORMATION: We are required to verify the amount of your income from all sources. Please furnish complete information for each source of income for each person in the household. (Sources include employment, Social Security, SSI, VA, alimony, child support, pensions, welfare assistance, and/or cash contributions from individuals or agencies.) Your income may also be verified by a third party source.

<u>Family Member Name</u>	<u>Employer/Source/Type/ Address/Telephone #</u>	<u>Amount</u>	<u>Mo./Wk./Yr.</u>

ASSET INFORMATION: List all asset information in each section below. Include IRA's, CD's, money market's, etc.

BANK ACCOUNTS:

<u>Family Member Name</u>	<u>Name of Bank</u>	<u>Account #</u>	<u>Account Type</u>	<u>Current Balance</u>

REAL ESTATE:

<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

STOCKS, BONDS, OTHER ASSETS:

<u>Family Member Name</u>	<u>Source/Type</u>	<u>Value</u>

DISPOSED ASSETS: Have you disposed of any asset for less than fair market value within the last two years? Yes _____ No _____

If yes, please list:

Type of Asset	Date of Disposition	Amount Received	Market Value
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE: Do you, or does any member of your household have a condition that requires:

- ___ A separate bedroom
- ___ A barrier-free apartment
- ___ Physical modifications to a typical apartment
- ___ Unit for vision-impaired
- ___ Unit for hearing-impaired

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

Who should be contacted to verify your need for the special unit features you identified?

Name: _____ Phone: _____
Address: _____

What federal or local agencies are assisting you now? Food Stamps _____ Medical Aid _____
Meals _____ Energy/Assistance Payments _____ Other _____

AUTOMOBILES: In order to keep a record of vehicles allowed on the premises and to control adequate parking, please provide the following:

Make: _____ Model: _____ License Plate #: _____
Make: _____ Model: _____ License Plate #: _____
CMC Parking Sticker Assigned #: _____ #: _____ (FOR OFFICE USE)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____
Address: _____ P hone: _____ (Home)
_____ (Work)

PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE REJECTION OF APPLICATION, EVICTION, LOSS OF ASSISTANCE, FINES UP TO \$10,000, OR IMPRISONMENT FOR UP TO FIVE YEARS.

THE APPLICATION MUST BE SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD. BY SIGNING BELOW, APPLICANT(S) AUTHORIZE MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERNCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND CURRENT/PREVIOUS LANDLORDS. (SEE ATTACHED FEDERAL FAIR CREDIT REPORTING ACT DISCLOSURE.)

APPLICANT(S) HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. APPLICANT(S) FURTHER CERTIFY THAT THE HOUSING THEY WILL OCCUPY IS/WILL BE THEIR PERMANENT RESIDENCE, AND THAT THEY DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

SIGNATURE: _____ (APPLICANT) DATE: _____
_____ (CO-APPLICANT) DATE: _____
_____ (CO-APPLICANT) DATE: _____

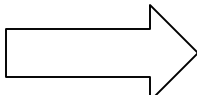
For Statistical Purposes Only

Applicant	Co-Applicant	Co-Applicant	Co-Applicant
Sex:	Sex:	Sex:	Sex:
Race:	Race:	Race:	Race:

**THIS INFORMATION WILL NOT AFFECT TENANT SELECTION
EQUAL HOUSING OPPORTUNITY**

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration and/or United States Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

If you feel that this application is unjustly rejected on the basis of discrimination, you have the right to appeal this decision under the FmHA Tenant Grievance and Appeals Procedure (Part 1944-L).

	<p>* PLEASE BRING WITH YOU OR ATTACH TO THIS APPLICATION COPIES OF:</p> <ol style="list-style-type: none"> 1. BIRTH CERTIFICATE OF DRIVER’S LICENSE FOR ALL ADULTS IN HOUSEHOLD. 2. BIRTH CERTIFICATE FOR ALL MINORS IN HOUSEHOLD. 3. SOCIAL SECURITY CARD FOR ALL FAMLY MEMBERS AGE SIX (6) OR OLDER. 4. INS LETTER FOR PERSONS APPLYING FOR TEMPORARY RESIDENT STATUS.
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*NO APPLICATION CAN BE ACCEPTED WITHOUT PROOF OF AGE.

*THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETE.

Gateway Place Apartments

Kernersville's most perfectly suited Adult Community

These prices do not include water, sewer & garbage

One Bedroom, One Bath 764 Sq. Ft.	\$650.00
Two Bedrooms, 1 ½ Bath 832 Sq. Ft.	\$750.00
Two Bedrooms, 2 Baths 954 Sq. Ft.	\$800.00

A Premium of \$100.00 applies to leases less than seven months.

Deposits & Fees

*Security Deposits \$200.00 (depending on credit)
Refundable*

Pet Policy

\$250.00 Non-refundable

We are a pet friendly community, however your pet cannot exceed 25 pounds or be 15 inches in shoulder height. You must provide us with copies of up to date shot records.

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization Requesting Release of Information

Property Name/Address:

Phone #: 336-992-4433

Date: _____

Gateway Place Apartments
6100 Gateway Place Lane
Kernersville, NC 27284

Purpose

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Information Covered Inquiries may be made about:

Child Care Expense
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residence and Rental History

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Social Security Administration
Veterans Administration
Welfare Agencies
Utility Companies
Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords, Past and Present
Providers of:
Social Security Benefits
Veterans Benefits
Public Assistance
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges

Authorization

By my signature below, I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. Information obtained under this consent is limited to information that is no older than 12 months.

Conditions

I agree that photocopies of this authorization may be used for the purposed stated above.

Applicant/Tenant Authorizing Release of Information

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Gateway Place Apartments

6100 Gateway Place Lane – Kernersville, NC 27284
Phone 336-992-4433 – Fax 336-993-8859
gatewayplace@traidbiz.rr.com

We hope that you choose Gateway Place Apartment Homes.

We are like a community within a community.

We are here to make living a pleasure for you at this stage in your life.

A place where you can make new friends and have a whole new social life or just enjoy the comforts of your new home without being disturbed.

Gateway Place is a place where you can feel safe and enjoy the rest of your life.

We hope that you decide today to make Gateway Place your new Home!

FEATURES

Video Camera security entry	Built-in Microwaves
Elevators	Walk-in Closets
Intrusion Alarms	Time Warner Cable - \$29.95 (monthly, 1 st year)
Ceiling Fans	Mini-Blinds
All white appliances	Handicapped-Accessible Units
Refrigerators with ice makers	Bellman carts to help loading groceries
Self-cleaning ovens	Commons area with balcony
Dishwashers	

AMENITIES

Putting Green	Work out center
Fish Garden with waterfall	Walk Track
Onsite Pharmacy	Pharmacist on call 24/7
Club House	Center of 3 major cities
Medical Facilities	Business Center
Pets Allowed	Onsite Bank
24 hour maintenance	Onsite Manager
Retail shops	Brand New
Quick access to Business 40	Walking distance to downtown
55 and older	Mail boxes inside each building

Statement of Rental Policy

To our prospective residents: it is policy of Gateway Place Apartments to uphold all fair housing laws and not deviate from these policies:

Lease Terms: A premium of \$100.00 per month is charged for any lease seven (7) months or less.

Lease Deposit: \$200.00

Application Fee: none at this time

Pet Fee: \$250.00 Non-Refundable

Pet Policy: We are a pet friendly community; however, we do not allow Doberman, Chows, Pit Bulls, Rottweillers or any mix thereof. Management has sole discretion to accept or deny any pet(s) with or without cause.

Occupancy Standards

Two (2) persons per one (1) bedroom apartment

Four (4) persons per two (2) bedroom apartment

Application Qualifications

Age: At least one member of the household must be 55 years of age.

Rental History: Good rental history is required.

Credit: An unsatisfactory credit report alone can disqualify an applicant. An unsatisfactory credit report is one, which reflects current debts, unpaid bills, liens, judgments or bankruptcies. An applicant rejected for unsatisfactory credit is encouraged to obtain a copy of their credit report from the local Credit Bureau, correct any erroneous information and resubmit an application. We could also ask that you pay by "Money Order" or "Certified Check" if your credit is bad.

Criminal: A criminal background check will be performed on each applicant. Any criminal convictions may result in the denial of the applicant at our sole discretion.

**FEDERAL FAIR CREDIT REPORTING ACT
DISCLOSURE**

You are hereby notified that Gateway Place Apartments may obtain a consumer report or an investigative consumer report during the processing of your application for an apartment. These reports will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends or prior Landlords for the purpose of evaluating your ability to meet Tenant Selection Criteria established for the property.

These reports may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

Such reports will only be obtained after receipt of your written consent to obtain the information. Your signature of the rental application will serve as such authorization.

Signed: _____ Date: _____

APPLICATION ADDENDUM

REQUIRED NOTICE TO TENANTS AND APPLICANTS

WAGE AND DATE STATEMENT

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

I understand that my household wages are subject to being checked through a third party by Rural Development.

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 making any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE.

TENANT (APPLICANT)

DATE

CO-TENANT (CO-APPLICANT)

DATE

cc: Applicant
Tenant File

INCOME VERIFICATION/CERTIFICATION STATEMENT

THIS STATEMENT IS AN ATTACHMENT TO THE APPLICATION FOR LEASE OF APARTMENT AND RECERTIFICATION APPLICATION/NOTICE(S)

1. Please be advised that you are required to report all sources of income and assets for all members of your household at initial certification, by completing an Application for Lease of Apartment. Additionally, you are required to recertify this information annually or when there is a change in income and/or household composition, by completing a Recent Application.

Management is then required to obtain written verification, by third-party sources, of all information reported for your household. You will be required to sign appropriate authorization forms for the release of this information.

2. Failure to timely and accurately provide the information required for certification and/or recertification will result in your being charged the market rate rent for your apartment and may result in termination of tenancy, since this is a material violation of the Lease.

If a discrepancy or misrepresentation is found, the tenant will be responsible for payment of any rental payments resulting from the discrepancy or misrepresentation. Failure to pay any rental amounts due will result in the initiation of appropriate action for collection and/or legal action.

Gateway Place Apartments
PROPERTY NAME

TENANT SIGNATURE

DATE

TENANT SIGNATURE

DATE

TENANT SIGNATURE

DATE

Original: Tenant File
CC: Tenant

Property Name: Gateway Place Apartments

Address: 6100 Gateway Place Lane
Kernersville, NC 27284

DISPOSITION OF ASSETS

Applicant's Name: _____

Address: _____

Have you or any member(s) of your family household disposed of any asset(s) for less than fair market value within the last two years? Yes ____ No ____

If yes, please list disposed asset information:

Type of Asset	Date of Disposition	Amount Received	Market Value
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature: _____ Date: _____

VERIFICATION OF RENTAL HISTORY

Date: _____

To:

From: Gateway Place Apartments

Applicant/Tenant: _____

Social Security #: _____

Address: _____

The individual named above has applied for tenancy or currently resides in the above apartment complex. The sponsor/tenant is subject to Federal Regulations which requires verification of information supplied by applicants/tenants.

We ask your cooperation in providing the following information and returning it in the enclosed self-addressed envelope. Your prompt return of this information will help assure timely processing of the application.

The applicant/tenant has consented to the release of information by their signature below or on the attached Authorization for Release of Information.

Applicant/Tenant Signature

Date

Information Requested:

1. How long has or did the above referenced tenant reside at the above address?

2. Number of bedrooms in unit? _____ Number of persons occupying unit? _____
3. Amount of rent paid? \$_____ Circle utilities included: gas / electric / water
4. Rental payment history: on time / seldom delinquent / frequently delinquent / evicted
5. Did tenant maintain apartment in a clean and sanitary manner? Yes or No
6. Was tenant destructive to apartment or surrounding common areas? Yes or No
7. Were complaints received from other tenants or management in reference to this tenant? Yes or No If yes, please explain: _____
8. Did tenant give proper notice to vacate this unit? Yes or No
9. Would you re-rent to this tenant in the future? Yes or No If no, please explain: _____

10. Additional Comments: _____

Name/Title of Person Supplying Information
(Printed)

Firm/Organization/Agency

Signature

Date

**SECOND PAGE OF THE APPLICATION I NEED
VERIFICATION OF ALL INCOME AND ASSETS.**

BRING YOUR **LAST BANK STATEMENT** WITH YOU FOR
YOUR BANK INFORMATION.

FOR INSTANCE; IF YOU ARE RECEIVING SOCIAL
SECURITY I NEED A **SOCIAL SECURITY** LETTER FOR
ALL PARTIES OF AGE.

IF YOU ARE DRAWING A **PENSION** PLEASE BRING A
COPY OF THE MOST **UPDATED INFORMATION FOR
THAT INCOME.**

IF YOU OWN A HOUSE I NEED THE SALE PRICE OR A
**STATEMENT FROM THE COUNTY TAX OFFICE OF THE
APPRAISAL AMOUNT** OF THE HOUSE AND ALL
PROPERTIES THAT YOU OWN.

THIS INFORMATION IS KEPT IN A LOCKED ROOM WHERE
NO ONE IS ABLE TO SEE EXCEPT MYSELF AND POSSIBLY
A FEDERAL AUDITOR.

**AT NO TIME WILL THIS INFORMATION BE SHARED
WITH ANYONE.**