



GREENBRIER LANDING

1000 Doctors Dr. Kinston, NC 28584



Pendergraph Property Management, LLC

55 AND OVER COMMUNITY

GREENBRIER LANDING IS A SMOKE FREE COMMUNITY

252-686-5332~ greenbrierapartments1@gmail.com

Thank you for your interest in Greenbrier Landing Apartments, Kinston's newest affordable community for ages 55 and older. Our beautifully landscaped community consists of 61 apartment homes, community room, laundry hook-ups as well as laundry room, craft rooms, library, and is complete with a fitness center. We are certain that you will enjoy living at Greenbrier Landing as much as we will enjoy having you as one of our much appreciated residents!

Attached is our application for residency. In **BLACK** ink, please fill out as much of the information as it pertains to you. **DO NOT USE WHITE OUT.** Please answer all questions, if a particular question or line does not apply to you, please mark **N/A** or draw a line through it.

Please submit the following information along with your completed application:

1. Clear copy of state issued photo ID
2. Clear copy of Social Security card
3. Non-refundable application fee in the form of a **MONEY ORDER** or **CERTIFIED CHECK** made out to **PENDERGRAPH MANAGEMENT** in the amount of: \$25 (per single adult); \$30 (per married couple)
4. Current proof of income benefits letter from the Social Security Administration (if applicable)

SECURITY DEPOSIT: \$200

1 Bedroom Home (882 Sq. Ft.)- \$495

2 Bedroom Home(1,111 Sq. Ft.)- \$580

Maximum income allowed per household with a 60% median income is as follows:

- | | |
|------------|--------------|
| • 1 Person | \$24, 420.00 |
| • 2 Person | \$27, 900.00 |
| • 3 Person | \$31, 380.00 |
| • 4 Person | \$34, 860.00 |

A minimum income of \$10,770 yearly is required for a 1 BR and \$12,840 yearly for a 2 BR



**Equal Housing Opportunity
TAX CREDIT
RENTAL APPLICATION**

Complex GREENBRIER LANDING APARTMENTS
Date/Time Received _____

APPLICATION INFORMATION – Applicant(s) must answer all questions (Co-applicant to complete section on page 2)

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS _____ PHONE NO. _____ EMAIL _____

ARE YOU CURRENT ON YOUR RENT? _____ HAVE YOU GIVEN REQUIRED NOTICE TO VACATE? _____

HAVE YOU EVER BEEN EVICTED FOR NONPAYMENT OF RENT OR A LEASE VIOLATION? _____

CURRENT LANDLORD _____ LANDLORD PHONE NO. _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT EMPLOYER (NOTE IF DISABLED OR RETIRED) _____ EMPLOYER PHONE NO. _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____ TOTAL ANNUAL INCOME \$ _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, INCLUDING A MISDEMEANOR OR FELONY BUT NOT A MOVING VIOLATION? _____

IF YES, WHEN AND WHY? _____

REASON FOR MOVING _____ DRIVERS LICENSE NO. _____ STATE ISSUED _____

ARE YOU A FULL-TIME STUDENT? _____ ARE YOU A PART-TIME STUDENT? _____

IF A STUDENT, WHERE DO YOU ATTEND SCHOOL? _____

MARITAL STATUS (Circle one): MARRIED SINGLE SEPARATED DIVORCED

LIST PREVIOUS RESIDENCES (Please provide all residences for the past three years)

COMPLETE ADDRESS	LANDLORD NAME	LANDLORD PHONE NO.	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE ANY MEMBER(S) OF THE HOUSEHOLD (LISTED ABOVE) SUBJECT TO A LIFETIME REGISTRATION REQUIRED UNDER A STATE SEX OFFENDER REGISTRATION PROGRAM? (Circle one) YES NO

IF YES, LIST THE NAME(S) OF THE HOUSEHOLD MEMBERS AND STATES REGISTERED IN _____

DO YOU HAVE A PET? (Circle One) YES NO

CO-APPLICANT INFORMATION

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS _____ PHONE NO. _____ EMAIL _____

ARE YOU CURRENT ON YOUR RENT? _____ HAVE YOU GIVEN REQUIRED NOTICE TO VACATE? _____

HAVE YOU EVER BEEN EVICTED FOR NONPAYMENT OF RENT OR A LEASE VIOLATION? _____

CURRENT LANDLORD _____ LANDLORD PHONE NO _____

LANDLORD ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT EMPLOYER (NOTE IF DISABLED OR RETIRED) _____ EMPLOYER PHONE NO. _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____ TOTAL ANNUAL INCOME \$ _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, INCLUDING A MISDEMEANOR OR FELONY BUT NOT A MOVING VIOLATION? _____

IF YES, WHEN AND WHY? _____

REASON FOR MOVING _____ DRIVERS LICENSE NO. _____ STATE ISSUED _____

ARE YOU A FULL-TIME STUDENT? _____ ARE YOU A PART-TIME STUDENT? _____

IF A STUDENT, WHERE DO YOU ATTEND SCHOOL? _____

MARITAL STATUS (Circle one): MARRIED SINGLE SEPARATED DIVORCED

LIST PREVIOUS RESIDENCES (Please provide all residences for the past three years)

COMPLETE ADDRESS	LANDLORD NAME	LANDLORD PHONE NO.	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INTENDED OCCUPANTS OF APARTMENT

FULL NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTOMOBILE INFORMATION FOR YOUR HOUSEHOLD

MODEL	MAKE	TAG NO.	COLOR
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION* (In Case of Accident, Medical or Other Emergency):

NAME _____ RELATIONSHIP _____ PHONE NO _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DOCTOR _____ PHONE NO. _____ HOSPITAL _____

*If you choose not to provide Emergency Contact Information, initial here: _____

IRS SECTION 42 REGULATIONS REQUIRE THAT ALL APPLICANTS/TENANTS REVEAL ALL SOURCES OF INCOME AND ASSETS. THIS APPLICATION IS NOT CONSIDERED COMPLETE, AND THEREFORE CANNOT BE PROCESSED, UNTIL A QUESTIONNAIRE OF INCOME AND ASSETS HAS BEEN COMPLETED BY EACH ADULT HOUSEHOLD MEMBER, INCLUDING THE APPLICANT AND CO-APPLICANT.

THE FOLLOWING RULES APPLY TO QUALIFY AS A STUDENT HOUSEHOLD. IF THE ENTIRE HOUSEHOLD IS COMPRISED OF FULL-TIME STUDENTS, ONE OF THE FOLLOWING EXCEPTIONS MUST BE USED TO QUALIFY THE HOUSEHOLD.

ELIGIBILITY OF STUDENTS

HOUSEHOLDS COMPRISED ENTIRELY OF FULL-TIME STUDENTS CANNOT BE CONSIDERED LOW-INCOME UNLESS:

1. THEY ARE ELIGIBLE TO FILE A JOINT FEDERAL TAX RETURN.
2. THE HOUSEHOLD RECEIVES AFDC/TANF BENEFITS.
3. THEY ARE INVOLVED IN CERTAIN FEDERAL OR STATE JOB TRAINING.
4. THEY ARE A SINGLE PARENT AND HIS/HER MINOR CHILDREN AND NONE OF THE TENANTS ARE A DEPENDENT OF THIRD PARTY.
5. HOUSEHOLD CONSISTS OF ONE STUDENT WHO WAS PREVIOUSLY UNDER FOSTER CARE.

A FULL-TIME STUDENT IS DEFINED AS ANY INDIVIDUAL WHO HAS BEEN OR WILL BE A FULL-TIME STUDENT AT AN EDUCATIONAL INSTITUTION WITH REGULAR FACILITIES AND IS A STUDENT DURING FIVE MONTHS OF THE YEAR IN WHICH THE APPLICATION IS SUBMITTED, OTHER THAN CORRESPONDENCE SCHOOL. STUDENTS INCLUDE THOSE ATTENDING KINDERGARTEN THROUGH A PhD, AND ALL OTHER TYPES SUCH AS BARBER/BEAUTY, POLICE ACADEMIES, TECHNICAL, TRADE, AND MECHANICAL SCHOOLS. SPECIAL RULES APPLY TO STUDENT INCOME.

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 MISREPRESENTATION WILL DISQUALIFY THE HOUSEHOLD. I/WE FURTHER CERTIFY THAT THE HOUSING OCCUPIED ON THE PREMISES WILL BE OUR PERMANENT RESIDENCE AND I/WE WILL NOT MAINTAIN A SEPARATE RESIDENCE AT ANY OTHER LOCATION.

BY SIGNING THIS APPLICATION, I/WE HEREBY AUTHORIZE MANAGEMENT, OR AN AGENT OF THE COMPLEX, FOR PURPOSE OF THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES, TO VERIFY ALL APPLICANT INFORMATION, INCLUDING CREDIT AND CRIMINAL HISTORY, INCOME AND ASSETS, AS MAY BE REQUIRED FOR PROCESSING. 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.

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 ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH.

IF THIS APPLICATION IS REJECTED, I/WE UNDERSTAND THAT I/WE MUST WAIT A PERIOD OF SIX MONTHS FROM THE DATE OF THIS APPLICATION BEFORE RE-APPLYING FOR OCCUPANCY.

IF THIS APPLICATION IS APPROVED, ONE MONTH'S PRORATED RENT AND SECURITY DEPOSIT PAYMENTS MUST BE PAID AND LEASE AND TENANT CERTIFICATION MUST BE EXECUTED IN ADVANCE BEFORE OCCUPANCY OF THE APARTMENTS. **NO REFUNDS** WILL BE MADE EXCEPT TO COMPLY WITH STATE AND FEDERAL GUIDELINES. ALL RENT IS DUE AND PAYABLE IN ADVANCE ON THE **FIRST DAY OF THE MONTH.**

APPLICATION WILL NOT BE PROCESSED UNTIL APPLICATION FEE FOR HOUSEHOLD HAS BEEN RECEIVED. APPLICATION FEE MUST BE IN THE FORM OF A CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO PENDERGRAPH MANAGEMENT, LLC. APPLICATION FEE IS NON-REFUNDABLE.

APPLICATION FEES:

***Individuals - \$25.00 each**

***Married Couples - \$30**

***Minors 16-17 years old - \$10.00 (criminal report)**

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

APPLICANT _____

DATE _____

CO-APPLICANT _____

DATE _____

HOW DID YOU HEAR ABOUT OUR APARTMENT COMMUNITY?

____ NEWSPAPER ____ INTERNET ____ RESIDENT ____ DRIVE-BY ____ FLYER/BROCHURE

____ OTHER (Please explain) _____

DATE POSSESSION OF APARTMENT DESIRED _____

REFERENCES: Please provide at least three personal or professional references for each applicant. (No family members)

Name

Address

Phone

INCOME AND ASSETS QUESTIONNAIRE
(Each Adult Household Member Must Complete a Separate Questionnaire)

Name: _____

A. ASSETS SECTION

1. DO YOU HAVE ANY OF THE FOLLOWING?

			<u>BANKING INSTITUTION</u>	<u>CITY/STATE</u>
A. CHECKING ACCOUNT	__YES __NO		_____	_____
B. SAVINGS ACCOUNT	__YES __NO		_____	_____
C. CERTIFICATE OF DEPOSITS	__YES __NO		_____	_____
D. MONEY MARKET FUNDS	__YES __NO		_____	_____
E. STOCKS/BONDS	__YES __NO		_____	_____
F. TREASURY BILLS	__YES __NO		_____	_____
G. IRA/KEOUGH ACCOUNTS	__YES __NO		_____	_____
H. 401K / RETIREMENT ACCT.	__YES __NO		_____	_____
I. PENSION FUNDS	__YES __NO		_____	_____
J. WHOLE LIFE INSURANCE	__YES __NO		_____	_____
K. TRUST ACCOUNTS	__YES __NO		_____	_____
IF YES, IS IT IRREVOCABLE	__YES __NO		_____	_____
L. CASH or ITEMS HELD IN SAFE DEPOSIT BOX, ETC.	__YES __NO		_____	_____
M. HOUSE	__YES __NO		_____	_____
N. RENTAL PROPERTY	__YES __NO		_____	_____
O. OTHER INVESTMENTS	__YES __NO		_____	_____
P. DEBIT CARD(S) Direct Express, Cash App, Pay Pall Account, etc.	__YES __NO		_____	_____
Q. CASH ON HAND	__YES __NO		_____	_____

2. TOTAL ESTIMATEED AMOUNT/VALUE OF ASSETS LISTED ABOVE \$ _____

3. IN THE PAST TWO YEARS, HAVE YOU RECEIVED ANY **LUMP SUM** PAYMENTS, SUCH AS INHERITANCES, UNEMPLOYMENT COMPENSATION, VA DISABILITY, WORKERS COMPENSATION, SEVERANCE PAY, ETC.?
 _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

4. HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS?
 _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

B. INCOME SECTION

1. DO YOU RECEIVE ANY OF THE FOLLOWING? IF YOU HAVE NO INCOME, YOU WILL BE REQUIRED TO FILL OUT AN ADDITIONAL FORM:

SOURCE OF INCOME

- | | | | |
|----|---|--|-------|
| A. | WAGES, SALARY, ETC. THRU EMPLOYMENT | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| B. | INCOME FROM A BUSINESS OR PROFESSION | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| C. | SOCIAL SECURITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| D. | SSI | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| E. | AFDC OR OTHER PUBLIC ASSISTANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| F. | ALIMONY | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| G. | COURT ORDERED CHILD SUPPORT PAYMENTS | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| H. | CHILD SUPPORT WITHOUT COURT ORDER | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| I. | UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| J. | WORKMAN'S COMPENSATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| K. | SEVERANCE PAY | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| L. | RETIREMENT INCOME | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| M. | ANNUITIES INCOME | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| N. | INSURANCE POLICIES INCOME | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| O. | DISABILITY OR DEATH BENEFITS
(From Insurance or Settlements) | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| P. | INCOME FOR RENTAL PROPERTY | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| Q. | OTHER | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |
| R. | RENTAL ASSISTANCE FROM AN OUTSIDE SOURCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ |

2. DO YOU REGULARLY RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE THE HOUSEHOLD FOR (RENTS, UTILITIES, CLOTHING, MISC. HOUSEHOLD SUPPLIES, ETC.)?

YES NO IF YES, HOW MUCH IS RECEIVED? _____

WHO PROVIDES THE GIFTS _____?

3. ARE THERE ANY FULL-TIME STUDENTS IN YOUR HOUSEHOLD FROM KINDERGARTEN THROUGH PhD?

YES NO IF YES, LIST ALL STUDENTS BELOW:

I ATTEST TO THE ABOVE INFORMATION, WHICH IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE

Pendergraph Management, LLC

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Pendergraph Management, LLC/ GREENBRIER LANDING Apartments for purposes of verifying information on my/our apartment.
(Agent/Owner)

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

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 ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|---|-----------------------------------|--------------------------------------|
| *Past and Present Employers | *Welfare Agencies | *Veterans/Administration |
| *Previous Landlords (including Public Housing Agencies) | *State Unemployment Agencies | *Retirement Systems |
| *Support and Alimony Providers | *Social Security Administration | *Banks and/or Financial Institutions |
| | *Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ 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 SEPARATELY.

Tax Credit App Consent
04-2020 lrv

Certification of Assets Disposed of for Less Than Fair Market Value

I certify, under penalty of perjury, that the following statement is true and accurate:

() I have not disposed of any asset(s) for less than fair market value in the past 24 months.

() I have disposed of asset(s) for less than fair market value in the past 24 months. The asset(s) disposed of are accurately listed below:

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly and willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Signature of Applicant/Resident

Date

Signature of Spouse (If Applicable)

Date

CERTIFICATION OF NON-EMPLOYMENT

I, _____, Social Security Number ____/____/____, do hereby certify that all statements checked below are true and the information furnished is accurate.

_____ I am not presently employed or receiving any type of income from current or previous employment. Further, I do not anticipate becoming employed within the next twelve (12) months.

_____ I am not presently employed or receiving any type of income from current or previous employment. However, I do anticipate becoming employed within the next twelve (12) months. I estimate that my annual income once I become employed will be approximately \$ _____. I understand that this information will not be used for rent calculation purposes.

In addition, I understand that should I become employed or begin to receive an income, I will report it immediately to the Site Manager. At that time, I will be required to sign a "Consent to Release Information" form, in order for Management to verify my income and determine my continued eligibility. I realize that failure to report a change in my employment status would be a direct violation of my lease agreement, which may result in eviction proceedings or non-renewal of my lease agreement.

Applicant/Resident's Signature

Date

Manager's Signature

Date

RESIDENT STATEMENT

I, _____, attest that I have not been employed in the last thirty (30) days. The following statement represents my current employment situation.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I have not been employed since ____/____/____.
Name of former Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____

_____ I have always remained at home and have not had any outside employment of any kind.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement

Signature of Applicant/Resident

Date

ANNUAL STUDENT CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: Greenbrier Landing Apartments 1000 Doctors Dr. Kinston, NC 28501

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

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

SUPPLEMENTAL DEMOGRAPHIC INFORMATION FORM FOR NEW MOVE-IN'S

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the NCHFA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box below.

- Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.
- (Initials) _____
 (HH#) 1. 2. 3. 4. 5. 6. 7.

Enter both Ethnicity and Race codes for each household member(see below for codes).

TENANT DEMOGRAPHIC PROFILE							
HH Mbr#	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Veteran (Y or N)
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
 - 4a – Asian Indian
 - 4b – Chinese
 - 4c – Filipino
 - 4d – Japanese
 - 4e – Korean
 - 4f – Vietnamese
 - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - 5a – Native Hawaiian
 - 5b – Guamanian or Chamorro
 - 5c – Samoan
 - 5d – Other Pacific Islander
- 6 – Other

Note: Multiple racial categories may be indicated as such: 3 -1 – American Indian/Alaska Native & White, 4b-1 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 - 1a – Puerto Rican
 - 1b – Cuban
 - 1c – Mexican, Mexican American, Chicano/a
 - 1d – Another Hispanic, Latino/a or Spanish Origin
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check "Y" if any member of the household is disabled according to Fair Housing Act definition for disability:

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms used, please see 24 CFR 100.201.
- "Disability" does not include current, illegal use of or addiction to a controlled substance.

Veterans Status:

Check "Y" if any member of the household is "A person who took their oath and served or is serving in any branch of the US armed forces, including the Coast Guard or National Guard, regardless of deployment, rank, position or when they served."