



THE PINES

at Carolina Place

APARTMENT HOMES

Luxury Living at an Affordable Cost

Thank you for your interest in our community!

- 1 Bedroom/1 Bathroom apartments**, 812 SF starting at **\$806**
2 Bedroom/1.5 Bathroom apartments, 1092 SF starting at **\$971**
3 Bedroom/2 Full Bathroom apartment, 1271 SF starting at **\$1135**
(Prices subject to changes based on availability)

Application Fee: \$25* per Adult, **non refundable** paid at time of application
Reservation Deposit: \$100* Applied to your security deposit (**Refundable if application is denied**)

**Application Fees & Holding Deposit should be paid in separate money orders.*

Standard Security Deposit: Starting From \$200 for a 1 Bedroom
Starting From \$300 for a 2 Bedroom
Starting From \$400 for a 3 Bedroom
(Based on your credit & landlord history)

Utilities: (WE PAY) Water, Sewage & Trash **(YOU PAY)** Electricity and Cable/Internet

Pet Policy: A maximum of (2) approved pets per apartment are allowed at this apartment community. This includes certain breeds of domesticated dogs, cats & birds. For more information on our breed limitations and pet policy inquire with a member of management.

**Pets are subject to a \$300 Non-Refundable Fee for 1st pet & \$150 for 2nd pet. \$20 per pet/per month fee.*

**We can't wait to help YOU make
THE PINES AT CAROLINA PLACE your NEW HOME!**

The Pines at Carolina Place operates under the tax credit sec 42 program. Under this program, each apartment has a maximum allowable income determined by the number of people in the home. The Pines at Carolina Place will need to verify all the household income & assets prior to move in.

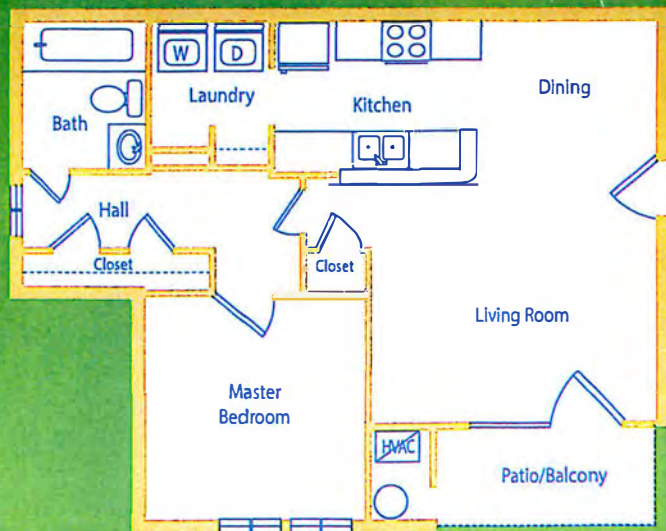
# Of people	1	2	3	4	5	6
Maximum Income	60%: \$33,240	\$37,980	\$42,720	\$47,460	\$51,300	\$55,080

**Minimum income requirement is 2 times the rent on the apartment you are applying for.*

pinesatcarolina@hallkeen.com | www.pinesatcarolinaplace.com

Professionally Managed by HallKeen Management

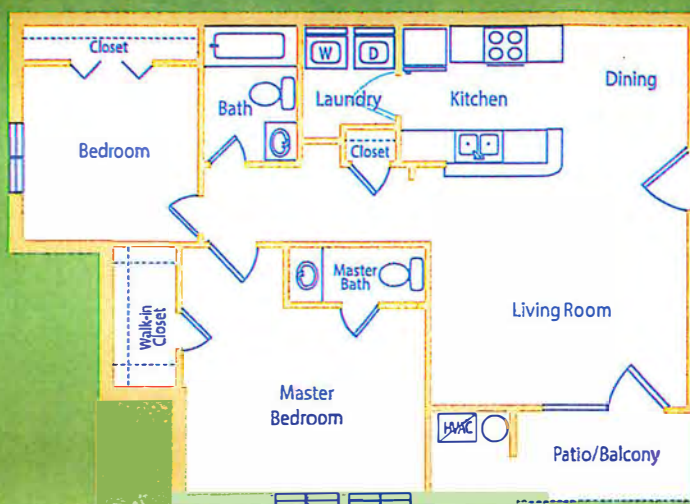




The Crescent • 1 Bed 1 Bath • 714 Sq Ft • The Pines

RENT \$ _____

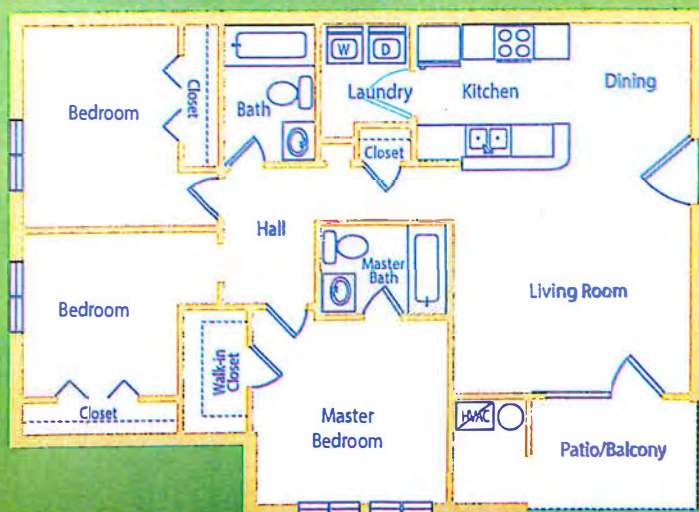
DEPOSIT \$ _____



The Carolinian • 2 Bed 1.5 Bath • 948 Sq Ft • The Pines

RENT \$ _____

DEPOSIT \$ _____

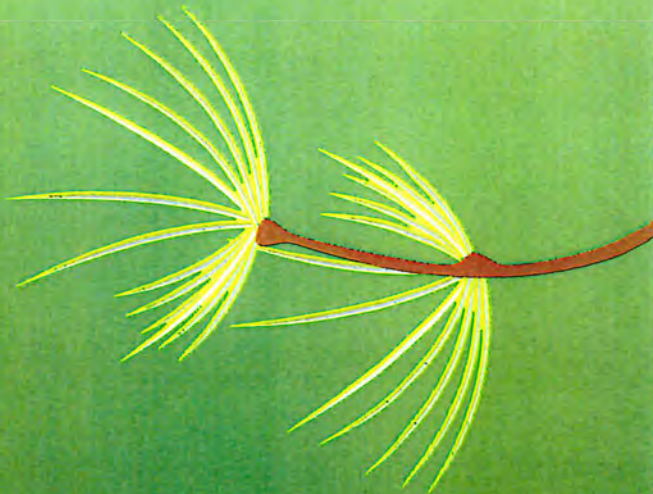


The Piedmont • 3 Bed 2 Bath • 1098 Sq Ft • The Pines

RENT \$ _____

DEPOSIT \$ _____

Call or Stop By
Today for a Tour!



Dear Applicant:

Thank you for your interest in The Pines at Carolina Place Apartments, located in Pineville, North Carolina. The Pines at Carolina Place is a pet friendly community, consisting of 200 units. We offer one, two and three bedrooms, with some apartments specifically designated to accommodate persons with mobility impairments.

Enclosed is an application for housing and an attached package explaining the Conventional Tax Credit Program/ the application process. Please complete each section of the application in detail. Please include with your application the items listed below.

***Your application WILL NOT be process/approved without these items. Incomplete applications will be returned to the applicant.**

- \$25 application fee per Adult (over age 18)
- Driver License per Adult (over age 18)
- Social Security Cards (For Everyone)
- Birth Certificates (For Everyone)
- Bank Statements (If Applicable): 6 months checking & 2 month savings
- Paystubs (Last 8 Paystubs)
- Offer Letter (If unable to flourish 8 paystubs)
- Social Security Awards Letter
- Unemployment Awards Letter
- Child Support Documents (Obligation Summary or full Court Order only)
- Full Divorce Decree
- Pet Records

Incomplete applications will be returned to the applicant.

You may submit your completed application, required documentation, and money order to leasing office located at the following address:

The Pines at Carolina Place Apartments
12600 Windy Pines Way
Pineville, NC 28134

If you have any questions please call 704-544-3217 or email pinesatcarolina@hallkeen.com. Thank you for your interest in The Pines at Carolina Place Apartments. We look forward to hearing from you.

-Management

HK Hall Keen Management

PRELIMINARY RENTAL APPLICATION

-Equal Housing Opportunity-

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE
OR OTHER ALTERNATE FORMATS.

Application Date: _____

Property Name: Pines at Carolina Place
Address: 12600 Windy Pines Way
City, State, Zip: Pineville, NC 28134
Telephone Number: 704.544.3217
TDD#: Call 7-1-1
Email Address: pinesatcaroline@hallkeen.com

Return Completed Application To: Pines at Carolina Place, Leasing Office

12600 Windy Pines Way
Pineville, NC 28134

APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: _____ Telephone: _____

Email Address: _____

Current Address:

Street _____ Apt. # _____
City, State _____ Zip Code _____

Current Landlord:

Name _____ Telephone _____
Street _____ Fax # _____
City, State _____ Zip Code _____
Email Address _____

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- ☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander ☐ Other (not white or Hispanic)
☐ Black (not of Hispanic origin) ☐ Hispanic ☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

☐ 0BR ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR

How did you hear about this property? _____

ADDITIONAL INFORMATION:

- Do you currently hold a *Mobile Voucher*? ☐ Yes ☐ No
- Are you requesting a *Hearing/Visual Adapted Unit*? ☐ Yes ☐ No
- Are you requesting a *Wheelchair Adapted Unit*? ☐ Yes ☐ No
- Do any members of the household have any *accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you*? ☐ Yes ☐ No

If yes, please explain/provide details: _____

- Do you or a member in your household *consider yourself to be homeless or at-risk of being homeless*? ☐ Yes ☐ No

If yes, please explain/provide details: _____

- Have you ever been *evicted* from your home for any reason? ☐ Yes ☐ No

If yes, please explain/provide details: _____

- Have you or any household member ever been *convicted* of any crime? ☐ Yes ☐ No

If yes, please explain/provide details: _____

- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household? ☐ Yes ☐ No

If yes, please explain/provide details: _____

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? ☐ Yes ☐ No

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): _____

CURRENT HOUSING:

- Present Housing Cost Per Month \$ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? ☐ Yes ☐ No
- How Long Have You Lived at Present Address? _____ Years / _____ Months
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

FAMILY COMPOSITION: List all who will occupy the apartment.
YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	Gender (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Full-time/PT Part-time/PT
1) _____	Head of Household	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
8) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Does the Head of Household have full custody of all household members under the age of 18 ☐ Yes ☐ No

If no, please explain _____
(Please be prepared to supply copy of child support/custody agreement and divorce decree.)

(HUD only): If you have no social security number, you claim you are exempt because:

☐ You are an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

LANDLORD REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

1) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

2) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

3) Previous Address _____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

4) Previous Address

Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone # _____ Landlord E-mail address _____
Landlord Address _____

Please list all states where the applicant and/or members of the applicant's household have resided.

CHARACTER REFERENCES: (If you are unable to furnish landlord or other housing references) *They must have known you for one (1) year or more and not be related to you.*

1.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

2.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

3.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

EMPLOYMENT: Is any member of the household employed? ☐ Yes ☐ No
If yes, please list below. *List each member by their corresponding number from Page 3.*

Member # _____

Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member # _____

Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member # _____

Name of Present Employer _____ Telephone _____
Email address: _____ Fax: _____
Employer's Address _____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ _____
If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly
Gross earnings (before taxes): \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member # _____
 Name of Present Employer _____ Telephone _____
 Email address: _____ Fax: _____
 Employer's Address _____
 Length of Employment: _____ Position: _____
 Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
 Do you receive tips? ☐ Yes ☐ No If yes, how much do you average each week? \$ _____
 If hourly, rate per hour? \$ _____ Number of hours scheduled each week: _____ hours
 Gross earnings (before taxes): \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)? ☐ Yes ☐ No

If yes, list below by household member and income type:

Member #	Type of Income	Gross Earnings (Before Taxes)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)
Member # _____	_____	\$ _____ per _____ (week, month, year)

DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS (*Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.*)? ☐ Yes ☐ No **If yes, list below:**

Member # _____
 Name of Financial Institution: _____
 Email address: _____ Fax: _____
 Financial Institution Address: _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____
 Name of Financial Institution: _____
 Email address: _____ Fax: _____
 Financial Institution Address: _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____
 Name of Financial Institution: _____
 Email address: _____ Fax: _____
 Financial Institution Address: _____
 Account # _____ Type of Account: _____ Current Balance \$ _____
 Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

Member # _____

Name of Financial Institution: _____

Email address: _____ Fax: _____

Financial Institution Address: _____

Account # _____ Type of Account: _____ Current Balance \$ _____

Interest Rate: _____% If Stock, Number of Shares: _____ Dividends per Share: \$ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.? ☐ Yes ☐ No **If yes, list below:**

Household Member	Type of Asset	Cash Value of Asset
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____

Has any household member disposed of any assets for less than fair market value in the last two years?

☐ Yes ☐ No If yes, please list below:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____ Relationship: _____

Phone# _____ Email Address: _____

Address: _____

Name: _____ Relationship: _____

Phone# _____ Email Address: _____

Address: _____

CONFLICT OF INTEREST:

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).

☐ Yes ☐ No

If yes, please provide name(s) of immediate family member(s), relationship and company/owner name:

IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐Yes ☐No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

- Are any full-time student(s) married and filing a joint tax return? ☐Yes ☐No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐Yes ☐No
- Are any full-time student(s) an AFDC or a title IV recipient? ☐Yes ☐No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another’s tax return? ☐Yes ☐No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐Yes ☐No

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):

- Not Applicable for this property

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/ We hereby certify that this apartment will be this household's primary residence.

Signed under the pains and penalties of perjury:

Head of Household/Applicant

Date

Co-Applicant

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by:
HallKeen Management
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800**



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____
ADDRESS: _____

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self-Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	Debit Cards
Direct Express Cards	Other Sources not listed above

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury.

Head of Household	Date
-------------------	------

Date _____

Spouse	Date
--------	------

Date _____

Other Adult Member	Date
--------------------	------

Date _____

Other Adult Member	Date
--------------------	------

Date _____

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at _____, I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager/Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the Owner/Manager/Employee/Agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or Credit/Criminal Background Checking Agency having any information on me, to release any and all such information to the Owner/Manager/ Employee/Agent or Credit Checking Agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all Owners, Managers, and Employees, or Agents, both of Landlord and their Credit Checking Agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over the age of 18 must sign:

Applicant: _____
Signature Social Security # _____ Date _____

Print Name

Applicant: _____
Signature Social Security # _____ Date _____

Print Name

Applicant: _____
Signature Social Security # _____ Date _____

Print Name

Applicant: _____
Signature Social Security # _____ Date _____

Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800

The Pines at Carolina Place Apartment Homes
--Rental Guidelines--

The staff at The Pines at Carolina Place Apartment Homes welcomes you to our community. In order to provide every resident with an exceptional apartment living experience, we adhere to certain resident selection guidelines that are uniformly applied to the applicants.

Income	We verify that your annual income falls below certain income limits published by the federal government and that your household's monthly income is at least two and a half times your monthly rent.
Application Processing	We utilize an applicant- screening product called Onesite. Onesite looks at your past and current rental history, credit and criminal background. Once we receive a report from Onesite, we confirm this information independently.
Rental History Criteria	We seek a positive verifiable rental history, including timely rental payments. Applicants with prior evictions will not be approved.
Credit Criteria	The Onesite report generates an application screening recommendation: pass, pass with conditions, or fail.
Deposit Criteria	Pass- Standard Deposit. Pass w/ Conditions- Double deposit up to one month's rent. Fail- Considered on a case-by-case basis, if accepted will required one month's rent or more.
Criminal Background Check	Any repeated tendency towards valiant acts or illegal activity is cause for non-approval.

Other Policies

- We required that all adult household members age 18 and older complete an application. Our application fee is \$25.00 for each person age 18 and older.
- We follow standard occupancy guidelines placing no more than two persons in any one bedroom
- Certain pets are allowed with a nonrefundable deposit. No more than 2 pets per household with a combined weight of 50 pounds or less
- All deposits and prorated rent due for the first month must be paid prior to move in.
- We will consider requests for reasonable accommodations for a disability.
- Section 8 certificate or voucher holders are welcomed and they will be provided the same consideration for occupancy as any other applicant. Minimum income requirements for certificate and voucher holders are two and a half times the amount of the resident(s) portion of rent.

It is our goal to complete the processing of your application as quickly as possible. Our ability to do so is dependent upon your submission of all requested documents in a timely fashion. A thorough application process ensures a successful residency.

Signing this acknowledgement indicates that you have had the opportunity to review these rental guidelines, if you do not meet the rental guidelines, or provide inaccurate or incomplete information, your application may be rejected. Your application fee will not be refunded, and your holding deposit may be returned or forfeited.

The above policy may be changed at any time without prior notice

Applicant's Signature

Date

Owners Agent Signature

Date

We comply with the North Carolina and Federal Fair Housing Laws,
We DO Not Discriminate against Any Person Because Of Race, Color,
Religion, Sex, Handicap, Family Status, or National Origin.

The maximum and minimum number of occupants permitted for each unit:

Unit type & size	Maximum occupants:	Minimum occupants*:
1 Bedroom	2	1
2 Bedroom	4	2
3 Bedroom	6	3

*subject to exception on the basis of reasonable accommodation, or as permitted below

Other Occupancy Standards:

◆ The following household members will be counted to determine apartment size:

1. Full-time members of the family
2. Live-in aides (one bedroom permitted for the aide)
3. Foster children
4. Foster adults

Attachment 1-A



Attachment 2

Criminal History

Criminal Background Screening – The application will be denied for any of the following reported criminal related convictions that have occurred within the timeline identified below prior to the application date regardless of the applicant's age at the time of the offense. All records are evaluated from the date of disposition. Records of arrests shall not be considered. However, if an applicant has pending criminal charges, the application may be held until such time as such criminal charges are finally adjudicated.

<u>Offense</u>	<u>Felony</u>	<u>Misdemeanor</u>
Crimes against a person or property	10 years	3 years
Drug related offenses	10 years	3 years
Theft by check related offenses	10 years	Approved
Worthless check/Bogus check related offenses	10 years	Approved
Sex related offences and terrorism related offenses	Declined	Regardless of Time
Prostitution related offenses	10 years	3 years
Weapons related offenses	10 years	Approved
Cruelty to animals related offenses	10 years	3 years
Felony DUI	5 years	
Any other Felony offense	10 years	
Deferred Adjudication and/or Adjudication Withheld		Off probation/parole 5 years
Pending cases and/or Arrest Warrants	Approved	
Active status on Probation and Parole	Off probation/parole 5 years	
Pre-trial Intervention/Diversion	Approved	

It is important to note that this requirement does not constitute a guarantee or representation that residents or occupants currently residing in our community have not been convicted of or subject to deferred adjudication for a felony, certain misdemeanors or sex offenses requiring registration under applicable law; there may be residents or occupants that have resided in the community prior to the information made available to us by the criminal and credit reporting services used.



Attachment 6

Restricted Animal/Breed List

(Includes but is not limited to the following)

Breeds of Dogs

Pit Bull	Malamute	Akita
Rottweiler	Doberman	Staffordshire Terrier
Presa Canario	Chow Chow	American Bull Dog
German Shephard	St. Bernard	Karelian Bear Dog
Husky	Great Dane	Shar Pei

Any hybrid or mixed breed of one of the aforementioned breeds.

ALL poisonous animals

Exotic Animals

Reptiles (Snakes, Iguanas, etc.)	Raccoons	Birds (parrots, cockatiels,
Ferrets	Squirrels	Macaws)
Skunks	Rabbits	

Fish

Fish tanks are allowed with evidence of renters insurance that is acceptable to Management.

All pets must be pre-approved by the property manager, and must be properly licensed and have all up-to-date shots/vaccinations. The resident will be subject to our Pet Rules and an amendment to the lease relative to pets. Management reserves the right to refuse any pet that appears to be aggressive in any way.

