

HIGHLAND APARTMENTS  
HIGHLAND DRIVE  
WASHINGTON, NC 27889  
252-946-4796  
TDD PHONE #: 1-800-735-2962

EQUAL HOUSING OPPORTUNITY

DATE & TIME RECEIVED

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ A.M./P.M.

LAST NAME: \_\_\_\_\_

APT. SIZE NEEDED: \_\_\_\_\_

APT. # ASSIGNED: \_\_\_\_\_

MOVE-IN DATE: \_\_\_\_\_

\_\_\_\_\_  
FOR OFFICE USE ONLY

**APPLICANT INFORMATION**

APPLICANT NAME: \_\_\_\_\_

LAST

FIRST

MI

PREVIOUS OR MAIDEN

BIRTHDATE: \_\_\_\_\_ SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

DRIVER'S LICENSE #/STATE: \_\_\_\_\_

OTHER OCCUPANTS:

\_\_\_\_\_  
NAME AGE BIRTHDATE SS# RELATIONSHIP

PRESENT ADDRESS: \_\_\_\_\_

STREET

CITY

COUNTY

STATE

ZIP

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ OWN/RENT?: \_\_\_\_\_ MTHLY PYMT: \$ \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

STREET

CITY

COUNTY

STATE

ZIP

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ OWN/RENT?: \_\_\_\_\_ MTHLY PYMT: \$ \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMPLOYMENT**

PRESENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

# YEARS EMPLOYED: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

STREET

CITY

COUNTY

STATE

ZIP

PREVIOUS EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

# YEARS EMPLOYED: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CO-APPLICANT'S EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

# YEARS EMPLOYED: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

STREET

CITY

COUNTY

STATE

ZIP

PREVIOUS EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

# YEARS EMPLOYED: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDITIONAL INCOME (NAME SOURCE AND HOW TO VERIFY):

\_\_\_\_\_ \$ \_\_\_\_\_ PER \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED OR CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**CREDIT REFERENCES**

# VEHICLES TO BE PARKED ON PROPERTY: \_\_\_\_\_

DO YOU OWN ANY RECREATIONAL VEHICLES, MOTORCYCLES, ETC.? IF SO, SPECIFY:

\_\_\_\_\_

VEHICLES:

TYPE	YEAR	LICENSE #	LOAN HOLDER	PAYMENT
				\$
				\$

OPEN CREDIT ACCOUNTS:

FIRM	ACCOUNT #	OUTSTANDING BALANCE
		\$
		\$
		\$

BANK REFERENCES:

BANK	LOCATION (BRANCH)	CHECKING ACCT #	SAVINGS ACCT#

**PERSONAL**

IN CASE OF EMERGENCY, CONTACT:

NAME	RELATIONSHIP	ADDRESS	PHONE

PERSONAL REFERENCE:

NAME	ADDRESS	PHONE

APPLICANT HEREBY AUTHORIZES VERIFICATION OF ANY AND ALL INFORMATION ON THIS APPLICATION, INCLUDING RELEASE OF INFORMATION BY ANY BANK OR SAVINGS AND LOAN, EMPLOYER (PRESENT AND FORMER), AND ANY LENDER. APPLICANT FURTHER AUTHORIZES MANAGEMENT TO VERIFY THE REPUTATION AND CHARACTER OF ALL HOUSEHOLD MEMBERS VIA REFERENCES, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, AND LANDLORDS. ALL SUCH INFORMATION HEREON AND RELEASED AS AUTHORIZED ABOVE WILL BE KEPT CONFIDENTIAL. APPLICANT UNDERSTANDS THAT PENALTIES FOR FALSE OR WILLFULLY OMITTED INFORMATION INCLUDE EVICTION OR REJECTION OF APPLICATION.

APPLICANT HEREBY CERTIFIES THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ (HEAD OF HOUSEHOLD) DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (CO-APPLICANT) DATE: \_\_\_\_\_

AUTHORIZATION FOR THE RELEASE OF INFORMATION

<p>ORGANIZATION REQUESTING RELEASE OF INFORMATION (NAME, ADDRESS, TELEPHONE, AND DATE):</p>	<p>INDIVIDUAL(S) AUTHORIZING THE RELEASE OF INFORMATION (PRINTED NAME):</p>
<p><b>PURPOSE</b>                  THE ABOVE NAMED ORGANIZATION MAY USE THIS AUTHORIZATION AND THE INFORMATION OBTAINED WITH IT, TO ADMINISTER AND ENFORCE PROGRAM RULES AND POLICIES.</p> <p><b>AUTHORIZATION</b>                  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.</p> <p><b>INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:</b>                  CHILD CARE EXPENSES                  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                  RESIDENCES AND RENTAL HISTORY</p>	<p><b>INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION</b>                  ANY INDIVIDUAL OR ORGANIZATION INCLUDING ANY GOVERNMENTAL ORGANIZATION MAY BE ASKED TO RELEASE INFORMATION. FOR EXAMPLE, INFORMATION MAY BE REQUESTED FROM:</p> <ul style="list-style-type: none"> <li>BANKS AND OTHER FINANCIAL INSTITUTIONS</li> <li>COURTS</li> <li>LAW ENFORCEMENT AGENCIES</li> <li>CREDIT BUREAUS</li> <li>EMPLOYERS, PAST AND PRESENT</li> <li>LANDLORDS, PAST AND PRESENT</li> <li>PROVIDERS OF:                         <ul style="list-style-type: none"> <li>ALIMONY</li> <li>CHILD CARE</li> <li>CHILD SUPPORT</li> <li>CREDIT</li> <li>HANDICAPPED ASSISTANCE</li> <li>MEDICAL CARE</li> <li>PENSIONS/ANNUITIES</li> <li>SCHOOLS AND COLLEGES</li> <li>U. S. DEPARTMENT OF VETERAN AFFAIRS</li> <li>UTILITY COMPANIES</li> <li>WELFARE AGENCIES</li> </ul> </li> </ul> <p><b>CONDITIONS</b>                  I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE.</p>
<p>SIGNATURE OF THE HEAD OF HOUSEHOLD AND DATE:</p> <p style="margin-top: 20px;">X</p>	<p>SIGNATURE OF CO-APPLICANT AND DATE:</p> <p style="margin-top: 20px;">X</p>

## 504 NON-DISCRIMINATION NOTICE

IN ACCORDANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, TRENT ROAD I LIMITED PARTNERSHIP AND COMMUNITY MANAGEMENT CORPORATION, AGENT FOR OWNER HEREBY NOTIFIES THE GENERAL PUBLIC THAT:

1. NO QUALIFIED INDIVIDUAL WITH HANDICAPS SHALL, SOLELY ON THE BASIS OF HANDICAP, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR OTHERWISE BE SUBJECTED TO DISCRIMINATION UNDER ANY FEDERALLY ASSISTED PROGRAM OR ACTIVITY ADMINISTERED UNDER THE DIRECTION OF TRENT ROAD I LIMITED PARTNERSHIP AND COMMUNITY MANAGEMENT CORPORATION, AGENT;
2. TRENT ROAD I LIMITED PARTNERSHIP AND COMMUNITY MANAGEMENT CORPORATION, AGENT WILL PROVIDE EMPLOYMENT OPPORTUNITIES, BENEFITS, ACCESS TO HOUSING AND OTHER APPROPRIATE SERVICES IN A MANNER THAT WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, SUBJECT QUALIFIED INDIVIDUALS WITH HANDICAPS TO DISCRIMINATION SOLELY ON THE BASIS OF HANDICAP; AND,
3. TRENT ROAD I LIMITED PARTNERSHIP AND COMMUNITY MANAGEMENT CORPORATION, AGENT WILL NOT PARTICIPATE IN ANY CONTRACTUAL OR OTHER RELATIONSHIP THAT HAS THE EFFECT OF SUBJECTING QUALIFIED INDIVIDUALS WITH HANDICAPS TO DISCRIMINATION SOLELY ON THE BASIS OF HANDICAP.

IT IS THE INTENTION OF TRENT ROAD I LIMITED PARTNERSHIP AND COMMUNITY MANAGEMENT CORPORATION, AGENT TO TAKE REASONABLE, AFFIRMATIVE STEPS TO INCREASE ACCESS AND OPPORTUNITIES FOR HANDICAPPED INDIVIDUALS IN ALL PROGRAMS, SERVICES, AND ADMINISTRATIVE OPERATIONS. A 504 COMMITTEE HAS BEEN ESTABLISHED. THE COMMITTEE CAN BE REACHED BY CALLING: 910/765-0424.

IF YOU HAVE A VISUAL IMPAIRMENT, HEARING, OR PHYSICAL IMPAIRMENT THAT DOES NOT PERMIT YOU TO READ THIS NOTICE, THE MANAGER WILL PROVIDE APPROPRIATE ASSISTANCE.

TO SCHEDULE ASSISTANCE, PLEASE CALL THE RENTAL OFFICE. IF YOU HAVE A HEARING IMPAIRMENT, YOU MAY UTILIZE THE NORTH CAROLINA TELECOMMUNICATIONS FOR THE DEAF (TDD) RELAY SYSTEM BY DIALING 1-800-735-2962. ASSISTANCE TO INSURE EQUAL ACCESS TO THIS NOTICE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.