Nicol Arms Apartments
168 Nicol Arms Rd. Apt E
Sylva, NC 28779
828-586-3346

TO PROCESS YOUR APPLICATION WE MUST HAVE THE FOLLOWING

1. COMPLETE THE APPLICATION IN FULL-THE APPLICATION MUST BE SIGNED.

2. AITACH A CHECK OR MONEY ORDER IN THE AMOUNT OF $20 FOR EACH ADULT OVER 18 WHO WILL OCCUPY THE APARTMENT. THIS FEE IS FOR THE CRIMAL/CREDIT REPORT. NO CASH ACCEPTED-NO EXCEPTIONS.

3. BRING THE APPLICATION AND FEE TO THE MANAGER OR SUBMIT IN THE DROP BOX. THE MANAGER CANNOT ACCEPT ANY OF THE ABOVE IN" PIECE MEAL" FASHION.

4. MAKE AN APPOINTMENTWITH THE MANAGER BY CALLING 828-586-3346

Thank you,

Your application will not be processed if the application is incomplete or the credit/criminal check fee is not included.

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CONFIDENTIAL RENTAL APPLICATION

Complex Name: _____ Unit Type: ____ 1BR ___2BR ___ 3 BR

Date of Application	Time of Application	Date of Completed Application	Application #

FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING REFUSED OR EVICTION AFTER TENANCY.

Applicant: _____ Age: _____ Birthday _____

Status: (circle) Single - Married - Separated - Divorced - Widowed - Name of Spouse: _____

Can anyone else claim you as a dependent? _____ Home Phone (___) _____ - _____

Social Security # : _____ Driver License #: _____ State: _____

Present Address _____
Street Apt # City State Zip

Check One ___ Own ___ Rent ___Parents ___ Armed Forces ___ School

Present Landlord: _____
Company Name Street City State Zip Phone Number

Length of stay: _____ Housing Expenses: $_____ Any Pets? _____

Reason for moving: _____

Past Landlord:_____
Name Street City State Zip Phone Number

Past Address: _____
Street Apt # City State Zip

INTENDED OCCUPANTS OF APARTMENT: Please complete information below. Attach Sheet for additional space.

Co-Applicant: _____ Relationship: _____

Social Security #: _____ Age/Birthday: _____

Can anyone else claim you as a dependent? _____

Name: _____ Relationship: _____

Social Security # _____ Age/Birthday: _____

Name: _____ Relationship: _____

Social Security # _____ Age/Birthday: _____

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Do dependents receive any outside income? ____ Yes ____No
If yes, what is the source? _____

Applicants Employer: _____ Present Salary: _____
Address: _____ Phone Number: _____
Position: _____ Date of Employment: _____ Supervisor_____

Co-Applicants Employer: _____ Present Salary: _____
Address: _____ Phone Number: _____
Position: _____ Date of Employment: _____ Supervisor _____

Do you have any additional income sources other than salaried employment? __ Yes __ No

If yes, what is the income source: _____

How much do you receive? _____

REFERENCES

In case of emergency notify: (Name)_____Phone:_____

Personal Reference:_____
Name Address Relationship

Have you ever been convicted of a felony offense? _____ Yes _____No

If yes, what was the felony conviction?_____

Have you disposed of any assets over $2,000.00 in the past two years? __ Yes No

Do you have a checking account? ____Yes ____No

Bank Name & Account#:_____

Do you have a savings account? ____ Yes___No

Bank Name & Account#: _____

Do you have a IRA. CD or other investments?___Yes_____No

Do you own real property? _____Yes____No

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REQUIRED NOTICE TO TENANTS AND APPLICATIONS

WARNING: Section 101 of Title 18, United Sta1es Code provides, “Whomever, 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 statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five years, or both."

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

1 understand that cash is not an acceptable method of payment

Applicant and/or Co-Applicant hereby certifies that this apartment will be their permanent residence and that they will not maintain a separate subsidized rental unit in a different location.

"Persons which meet the definition of disabled or handicapped qualify for a $400 deduction to their annual income when determining rent contribution and certain deductions. See the attached addendum, which defines disabled, or handicap. If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions."

___ l am requesting the Handicap / Disability adjustment to income

___ I am requesting a special handicapped accessible unit

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibit discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status and handicap, are compiled with. You are not required to furnish the information, but are encouraged to do so. The 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.

Sex: ___Male ___ Female

Race / National Origin:

American Indian / Alaskan Native ____ Asian ___ White___
Black or African American ___ Native Hawaiian or Other Pacific Islander ___

Ethnicity: Hispanic orLatino [ ] Non-Hispanic orLatino [ ]

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

APPLICANT	COMPLEX MANAGER	CO-APPLICANT

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Dear Prospective Tenant:

The following items listed below are the required documentation that must be verified before your application can be accepted for processing:

1. Complete and signed application.
2. Signed Income Verifications.
3. Verification of assets.
4. Verification of medical expenses and insurance.
5. Credit history check
6. Past Landlord reference check.
7. Personal reference check.
8. Tenant certification of income will be required before lease can be executed.
9. Police report.
10. Copy of Social Security Cards.
11. Copy of Driver License.

We appreciate your interest in our Apartment Complex.

Site Manager

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Addendum to Application for Occupancy
Definitions based upon FmHA Instruction 3560

What is considered a disability?

1. Person with a disability. A person who is considered disabled if the person meets the criteria of either of the following:
   A. The person has an inability to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which:
   B. Has lasted or can be expected to last for a continuous period of not less than 12, or which can be expected to result in death;
   C. Substantially impedes the ability to live independently;
   D. Is of such a nature that such ability could be improved by more suitable housing conditions, or
   E. In the case of a blind person who is at least 55 years old (within the meaning of blindness as determined in section 223 of the Social Security Act), is unable, because of the blindness, to engaged in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time

   Note: Receipt of veteran's benefits for disability, whether service oriented or otherwise does not automatically establish disability.

2. A person has a developed mental disability; a sever, chronic disability which:
   A. Is attributable to a mental or physical impairment or combination of mental and physical impairment
   B. Was manifested before age 22.
   C. Is likely to continue indefinitely
   D. Results in substantial functional limitations in three or more of the following areas of major life activity, (1) self-care (2) receptive and expressive language (3) learning (4) mobility (5) self-direction (6) capacity for independent living (7) economic self sufficiency
   E. Reflects the persons need for a combination and sequence of special, interdisciplinary or generic care, treatment, or for other services, which are lifelong or extended duration and are individually planned and coordinated.

What is considered handicap?

1. A person with a handicap is a person with a physical or mental impairment that;
   A. Is expected to be long continued or indefinite duration.
   B. Substantially impedes the person's ability to live independently and can be improved by more suitable housing conditions.
   C. Is of such a nature that the persons ability to living dependently could be improved by more suitable housing conditions.
2. The term handicapped or handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment. This term does not include current illegal use of or addiction to a controlled substance. As used in the definition, physical or mental impairment includes.
   A. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one of more of the body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic; skin, and endocrine; or
   B. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotion or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction (other than caused by current, illegal use of a controlled substance), alcoholism.
3. Major life activates means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.
4. Has a record of such impairment means has a history of or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.
5. Is regarded as having a impairment:
   A. Has a physical or mental impairment but does not substantially limit one or more major life activities, but is treated by another person as constituting such a limitation;
   B. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others towards such impairment; or
   C. Has one of the impairments defined in paragraph 4A and 4B of the definition but is treated by another person as having such an impairment.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Farmers Home Administration, that Federal laws prohibit discrimination against tenant applicants on the basis or race, color, national origin, religion, familial status, and handicapped are complied with. You are not required to furnish this information, but are encouraged to do so. The 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.

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NOTICE

1. All income is verified in writing through third party verifications.

2. All income is subject to verification by the Rural Development

3. All changes in household income must be reported to our office within 30 days of the change. (Change in employment, pay raise, over time, bonus, etc.)

4. Failure to report income increase shall result in rent being raised retroactive to the date of the income increase.

5. Failure to report changes may result in eviction, $10,000.00 fine, or 5 years in Federal Prison.

6. WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, 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 under this title or imprisoned not more than five years or both."

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LANDLORD REFERENCE

_____ has applied for housing at _____ apartments. I, _____ _____, hereby give my permission to release all Pertinent information regarding my tenant record while housed at _____.

TO WHOM IT MAY CONCERN:

The information below will be held to the strictest confidence and will be used only to determine the eligibility of the family for housing. Thank you for your cooperation in completing those applicable portions of the inquiry and returning it to the address below.

1. Length of stay _____.
2. Was rent paid in a timely manner? _____
3. If rent was paid late, how many times during stay? _____
4. Was residence kept clean? ____ Yes ___ No
5. How did tenant get along with other tenants? ____ Well ____ Poorly
   Please explain if poorly _____
6. Did you receive complaints from other tenants about the mentioned?
   ____ Yes ____ No
   If Yes, please explain _____
7. Any information not covered above that you feel are relevant regarding applicant?
   _____
8. Would you re-rent to the above applicant? ____Yes ____ No

_____ _____

Partnership Position Title

_____ _____

Address Phone Number

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In accordance with Federal civil rights law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632- 9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov

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Authorization to Release Information

Name	Name
Address	Address
Social Security Number	Social Security Number
Telephone number	Telephone number

I hereby authorize any and all Agencies, Offices, Groups, Employers and/or Organization to provide information regarding all income and benefits that I receive to_____also known as_____

I also understand that a credit check and a landlord reference check will be made and verification will be made concerning any police record that may exit.

Signature	Signature
Date	Date

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