**NORTH CAROLINA INDIAN HOUSING AUTHORITY**

**P.O. Box 2343**

**FAYETTEVILLE, NC 28302**

**(910) 483-5073 Main Office**

**(910) 483-2235 FAX**

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**APPLICATION FOR RENTAL HOUSING**

**Eagle’s Nest Complex Elliott Properties**

**2200 Indian Creek Rd. 1019 Elliott Circle**

**Fayetteville, NC 28312 Fayetteville, NC 28301**

**(910) 483-9562 Fax (910)483-6850 (910) 488-1869 Fax (910)488-6149**

**Coharie Village Complex Red Springs Properties**

**610 Royal Lane Rd. 206 E. 6th Avenue**

**Clinton, NC 28328 Red Springs, NC 28377**

**(910) 592-1507 Fax (910) 592-4619 (910) 843-1398 Fax (910)843-1410**

**INTRODUCTION**

The goal of the **North Carolina Indian Housing Authority** is to provide clean, safe, adequate, and affordable housing for qualified “FAMILIES” and the “ELDERLY”.

Rentals are offered by the **North Carolina Indian Housing Authority** to qualified families with “Low to Moderate income levels”.

Applications are reviewed and ranked based on the information provided by YOU – THE APPLICANT and verified through State, Federal, and local third party entities.

All Applications are subject to a $30.00 fee that covers the application fee and (1) Adult Criminal records check. All family members that will be listed in your household age 16 and older, an additional $15 fee per criminal records check is required to complete your application. All monies provided for the application and criminal records check must be in the form of money order made payable to the NCIHA. **Monies paid for Criminal Records checks and application fee are NON-REFUNDABLE.**

**1**

**SECTION 1 – General Information**

1.1 Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Last Name) (First Name) (MI)

* 1. Marital Status: (Circle One) Married Single Separated Divorced

1.3 Applicant’s CURRENT Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Building Number, Street Name, Apt. Number, PO box Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(City) (State) (ZIP)

1.4 Applicant’s CURRENT Telephone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

(HOME) (WORK)

* 1. Ethnic Group most commonly associated with: (Circle One) American Indian White Black Asian Hispanic

* 1. **HOUSEHOLD COMPOSITION.** Please fill in ALL of the information requested on the HOUSEHOLD COMPOSITION below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Family Member | Relationship to Family Head | Social Sec. No. | AGE | SEX | INCOME  YES NO | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

1.7 Has applicant ever been guilty of a felony? (Circle One) YES NO

**SECTION 2 – Employment Data & Financial Information**

2.1 Is the Applicant CURRENTLY Employed? (Circle One) YES NO

1. What is your Employer’s Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME OF COMPANY)

(PHONE NUMBER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(FAX NUMBER) (CITY) (STATE) (ZIP)

**2**

2.2. Is your Spouse (Significant other) CURRENTLY Employed? (Circle One) YES NO

1. What is his/her Employer’s Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF COMPANY)

(PHONE NUMBER)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(FAX NUMBER) (CITY) (STATE) (ZIP)

2.3. Please list **ALL** sources of income for **ALL** Household Members below:

|  |  |
| --- | --- |
| INCOME SOURCE  (Employer/family member/Friend) | AMOUNT EARNED/RECEIVED  (Per Week/Month/Year) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 3 – Housing Data**

3.1. Please provide the **North Carolina Indian Housing Authority** with the following information: (**MUST BE COMPLETED**)

**CURRENT LANDLORD:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(LAST NAME) (FIRST NAME) (MI)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CITY) (STATE) (ZIP)

Telephone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_Home (\_\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_Work

Fax Number: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_

Dates at this Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Rent per month: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3**

**PREVIOUS LANDLORD:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(LAST NAME) (FIRST NAME) (MI)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CITY) (STATE) (ZIP)

Telephone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_Home (\_\_\_\_\_\_) \_\_\_\_\_\_- \_\_\_\_\_\_Work

Fax Number: (\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_

3.2. Is there anything else we should know about your current living conditions?

(I.e. is it overcrowded, sub-standard, no plumbing, were evicted, the house burned down, etc…)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION – 4 Acknowledgements**

4.1. I understand that this **APPLICATION IS ONLY VALID FOR A PERIOD OF SIX (6)** **MONTHS.** If I do not come into the **NCIHA’s Administrative office** to update my application prior to that six (6) month period elapsing, my **APPLICATION** **WILL BE MOVED TO THE INACTIVE FILE**. Should I still desire rental housing from the **North Carolina Indian Housing Authority**, I must submit a new application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant’s Initials) subject to additional application fee.

**SECTION - 5 Certification**

I, affirm that the information provided on this **APPLICATION FORM** is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes **fraud** and could render me ineligible for housing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Signature of HEAD OF HOUSEHOLD) (DATE) (SIGNATURE OF SPOUSE OR SIGNIFICANT OTHER) (DATE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Signature of Household member over 18) (DATE) (Signature of Household member over 18) (DATE)

**PLEASE RETURN YOUR COMPLETED APPLICATION TO THE NCIHA. MAKE SURE YOU SIGNED YOUR APPLICATION. THANK YOU FOR YOUR INTEREST IN THE NORTH CAROLINA INDIAN HOUSING AUTHORITY.**

**4**