



Thank you for your interest in the Davidson Housing Coalition. We are excited by the prospect of you joining us in our rental community.

Davidson Housing Coalition believes that Davidson’s traditional mix of people in all income levels is fundamental to our community and distinguishes us as a town. The mission of Davidson Housing Coalition is to work with the larger community to preserve and create affordable housing options, and to prepare families and individuals for financial stability and homeownership.

Below in this letter you will find the Davidson Housing Coalition’s rental application process and procedure:



Statement:

The Davidson Housing Coalition is a non-profit organization that assists low-to-moderate wealth individuals and families to lease a secure, safe and clean rental unit, whose monthly income is less than 80% of the North Carolina area median income (*see chart at bottom of page*).

Application Processing:

Application for occupancy is taken on a first come first served basis. An application must be completed in full, dated and signed by the applicant. A DHC representative will note on the application the date and time the completed application is received. A non-refundable processing fee of \$25.00 will be charged, per person (or married couple) during the application approval process to cover charges associated with conducting background and credit checks.

Processing of application does not begin until we notify you there is a vacancy. At that time we will start processing your application. This will not begin until the \$25.00 fee (per person or married couple) is received.

Application and Disclosure:

Each applicant will receive a disclosure form with an application explaining that the “Davidson Housing Coalition” will pull a credit report on the household members and investigate the household’s criminal history and prior rental history.

Each adult member of the household must sign the application, which thereby authorizes DHC to obtain credit, criminal and rental history. The application will not be processed without the signatures of all adult household members.

PETS: WE DO NOT ACCEPT PETS OF ANY KIND UNLESS IT IS A SERVICE / THERAPY ANIMAL.

NO SMOKING: DAVIDSON HOUSING COALITION DOES NOT PERMIT THE USE OF TOBACCO PRODUCTS ON THE CAMPUS AT ALL.

Income Guidelines:

Creekside Corner follows HUD guidelines in determining its rental rates and tenant eligibility. First, DHC follows HUD and most lenders in that it stipulates residents spend no more than 30% of gross (pre-tax) household income on housing costs, which include rent and other costs such as utilities.

Second, tenants at Creekside Corner must have a gross annual income (before taxes) of less than 80% area median income, adjusted for family size. Below are the 2018 income limits for Mecklenburg County:

Maximum Income at 80% of NC Area Median Income for 2020

1 Person	2 People	3 People	4 People	5 People	6 People	7 People
\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$77,500	\$82,850

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220-A Sloan St.
P.O. Box 854
Davidson, NC 28036
Tel. # (704) 892-4486 / Fax # (704) 892-4197

Preliminary Approval:

Upon receipt of an application during a period of apartment vacancy, DHC will review the information provided by the applicant(s) in their application to confirm eligibility, i.e., age, criminal background check, employment history, credit history, family composition and proof of citizenship.

- a) Age: the application will be rejected if the applicants are under the age of 18 years, and has not established a household separate from parents and/or legal guardians.
- b) Criminal background check: the application will be rejected if the applicant has been convicted of a felony, within the last 7 years, or has repeated misdemeanor activity.
- c) Employment history: the application will be rejected if the applicant rent payment is 30% or higher than the household gross monthly income, or if the household gross monthly income is higher than 80% of the North Carolina area median income.
- d) Credit history: the application will be rejected if the applicant credit report indicates that the applicant(s) are in default with another property rental agreement, or classified as a Chronic Delinquent.
- e) Citizenship: must be a citizen of the United States or a legal immigrant with verifiable W-7 or tax-identification status.
- f) Occupancy: Residence size is limited to 2 adults, per bedroom.

If rejected, the applicant (s) will be notified in writing the reason for rejection and of the applicant's right to respond and discuss said decision with DHC management within 14 days of such notification. When an applicant is rejected due to unsatisfactory credit history, the credit bureau source must be named in the rejection letter to the applicant in accordance with the Fair Credit Act.

Upon completion of such review, the applicant(s) will be notified of her/his status. If eligible, the applicant is notified that "based on the information provided" the applicant appears to be eligible for housing subject to verification of the information provided on the application. This notification also advises that the applicant (s) is being placed on a waiting list. If determined ineligible, the applicant is notified of the reason (s) for such ineligibility.

Waiting List:

When there are currently no vacancies, applicants will be placed on a waiting list according to their selected unit size (1, 2 or 3 bedrooms). When a unit is scheduled to become available, DHC will contact those persons at the top of the waiting list to confirm their continued interest in an apartment. Then, DHC management will review and verify prior rental history, credit reports, backgrounds, police reports and other references. If favorable, the applicant(s) will be contacted to set up a personal interview for completion of the verification forms. If screening indicates an unfavorable rental, credit, police or reference check, the applicant will be notified accordingly.

Final Approval:

Upon receipt of all verifications, DHC will determine if applicant(s) remains eligible. If eligible, the applicant(s) is/are notified that they have been approved for occupancy and are asked to contact DHC to arrange for future occupancy. If verifications indicate the applicant(s) is/are not eligible, she/he will be notified in writing.

A co-signer may be permitted at the discretion of DHC, accompanied with regular financial counseling sessions with DHC's Housing and Financial Counselor to reduce debt, improve credit scores, and encourage financial stability.

Security Deposit:

Upon determination of final approval of the application, a security deposit equal to one month's rent will be required to reserve a unit.

Non-Discriminatory Policies and Practices:

Davidson Housing Coalition adheres to the policies and prohibitions outlined in Title VIII of the Civil Rights Act of 1968, or The Fair Housing Act, requiring that no person be denied the sale, rental or finance of a dwelling because of his or her race, color, national origin, religion, sex, familial status or handicap.

Attached you will find our rental application. Please fill out this application to the best of your ability and return it to our office.



Rental Application

Date Application Received: _____ DHC Initials: _____
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What size apartment would you prefer? 1 BR 2 BR 3BR
 What date do you anticipate moving? _____

Please provide your contact information below so that we may contact you regarding your application.

CONTACT INFORMATION	
Full Name:	Date of Birth:
Social Security #:	Ethnic Group:
Home Telephone:	Cell Number:
Mailing Address:	
Best Time To Contact You: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/>	
Would you like to be contacted by our Housing/Financial Counselors? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email address:	

List ALL household members who will live in the apartment upon move-in or within the next twelve (12) months. This includes anyone who is temporarily out of the home (military personnel, student).

HOUSEHOLD MEMBERS		
Full Legal Name Relationship to You	Date of Birth	Social Security #
1. Self		
2.		
3.		
4.		
5.		
6.		

Please complete the following information regarding your previous tenancy.

LANDLORD HISTORY (please list last five years – use back if needed)	
Current Address:	
Do You: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> other	Current Monthly Rent: \$
Landlord/Company Name:	
Landlord/Company Phone Number:	
Move In Date:	Move Out Date (est):
Reason for Leaving:	
Previous Address (if current home less than 5 years):	
Did You: <input type="checkbox"/> rent <input type="checkbox"/> own <input type="checkbox"/> other	Monthly Rent: \$
Landlord/Company Name:	
Landlord/Company Phone Number:	
Move In Date:	Move Out Date:
Reason for Leaving:	
Have you ever been evicted or has a landlord terminated your lease? <input type="checkbox"/> yes* <input type="checkbox"/> no	
If yes, please explain when and why:	
(*If you have had an eviction in the last five (5) years, you will not qualify.)	

Each working member of the household must complete the employment information section(s) below.

APPLICANT EMPLOYMENT INFORMATION	
Full Name:	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$_____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify:_____)	
<i>If you have a second job, please also complete the following section below:</i>	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$_____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify:_____)	

CO-APPLICANT or OTHER ADULT EMPLOYMENT INFORMATION	
Full Name:	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$ _____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify: _____)	
<i>If you have a second job, please also complete the following section below:</i>	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$ _____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify: _____)	

OTHER ADULT EMPLOYMENT INFORMATION	
Full Name:	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$ _____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify: _____)	
<i>If you have a second job, please also complete the following section below:</i>	
Current Employer:	Phone Number:
Address:	
Position Title:	Length of Service:
Salary: \$ _____ per <input type="checkbox"/> hour (____ hours per week) <input type="checkbox"/> year <input type="checkbox"/> other (Specify: _____)	

Please provide information regarding ALL other household income received for ALL members of the household, including children under the age of 18

ADDITIONAL HOUSEHOLD INCOME (☐None)

Description of Income	Household Member Receiving	Monthly Amount
Alimony/Child Support		
Disability/Worker's Compensation		
Social Security/SSI/SSD Income		
Veterans Administration Benefits		
AFDC		
Income From Annuities, Insurance		
Pension Income		
Retirement Plans (IRA, 401K etc)		
Rental Income from Owned Property		
Unemployment Benefits		
Other Income		

LIABILITIES/DEBT			<i>Please print clearly</i>
PAID TO	CURRENT BALANCE	MONTHLY PAYMENT	Whose debt? A-App/C-Co-App B-Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please use additional sheets if necessary.

LIVING EXPENSES		<i>Please print clearly</i>	
Type of Expense	APPLICANT	CO-APPLICANT	
Current monthly rent or mortgage			
Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

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FOR OFFICIAL USE ONLY

Total Number of Household Members: _____

Gross Annual Income: \$_____

Household % of AMI: _____

Gross Monthly Income: \$_____

Household % of AMI: _____

Please use the space below to offer any additional information you wish Davidson Housing Coalition to know as your application is considered.

I/we hereby confirm that we are making an application for an apartment at Creekside Corner in Davidson, North Carolina and certify that the information given on this application is true and correct.

Applicant Signature

Date

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose: Davidson Housing Coalition may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

Information Covered Inquiries may be made about:

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History
Federal, State, Tribal, or Local Benefits	

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Social Security Administration	Providers of:
Veterans Administration	Social Security Benefits
Welfare Agencies	Veterans Benefits
Utility Companies	Public Assistance
Banks and Other Financial Institutions	Alimony
Courts	Child Care
Law Enforcement Agencies	Child Support
Credit Bureaus	Credit
Employers, Past and Present	Handicapped Assistance
Landlords, Past and Present	Medical Care
And	Pensions/Annuities
	Schools and Colleges

Authorization

By my signature below, I authorize the above-named organization to obtain information about my family or myself that is pertinent to eligibility for or participation in assisted housing programs. Information obtained under this consent is limited to information that is no older than 12 months.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above. By my signature(s) below, I/we agree that this application is complete and true to the best of my/our knowledge.

Primary Applicant Signature/Date

Primary Applicant Printed Name

Additional Applicant Signature/Date

Additional Applicant Signature/Date

SHDP PARTICIPANT ELIGIBILITY CERTIFICATION

Resident Name

Unit No./Bed No./ID No.

This is to certify that the above named individual or household meets the Special Needs occupancy requirement specified in the Declaration of Deed Restrictions. Please select which option best describes your current situation:

CATEGORY 1 – Individual or family who lacks a fixed, regular and adequate nighttime residence as follows:

- My Primary nighttime residence is a public or private place not meant for human habitation;
- I (and my children) are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

CATEGORY 2 – Individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
 - o No subsequent residence has been identified; and
 - o I (and my children) lack the resources or support networks needed to obtain permanent housing.

CATEGORY 3 – An unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- I am defined as homeless under another federal statute:
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:

CATEGORY 4

- I am an individual or family that is:
 - o Fleeing, or attempting to flee due to domestic violence;
 - o Have no other residence; and
 - o Lack the resources or support networks to obtain other permanent housing

OTHER – Persons with one of the following special needs:

- Disabilities which are expected to be permanent; In substance abuse treatment; In hospice care; Children in foster care or other licensed facilities; Young adults aging out of foster care or other licensed facilities;

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the residency and/or lease agreement.

Signature

Date