

# *E*XCEL PROPERTY MANAGEMENT, INC.

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*Excellence In Property Management*

Before filling out your application, please contact the property you are interested in directly so that they may advise you as to where to send the completed application(s). Otherwise, please return the completed application to:

EXCEL PROPERTY MANAGEMENT, INC.  
1004 Bullard Ct. Suite 106  
Raleigh, North Carolina 27615  
Phone: (919) 878-0522 Fax: (919) 878-9962

*EQUAL HOUSING OPPORTUNITY*

**EXCEL PROPERTY MANAGEMENT RENTAL APPLICATION**

MGR. INITIALS	
DATE @ TIME RECEIVED	

**Capital Towers  
Administrative Office  
4808 Six Forks Road  
Raleigh, NC 27609  
Phone: 919-787-1231 Fax: 919-881-9417**



WHAT SIZE APARTMENT WOULD YOU LIKE TO OCCUPY? EFFICIENCY \_\_\_\_\_ STUDIO \_\_\_\_\_ 1BDRM \_\_\_\_\_

WHAT DATE DO YOU ANTICIPATE MOVING? \_\_\_\_\_

Telephone Number where you can be reached? Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE APARTMENT UPON MOVE-IN OR WITHIN THE NEXT TWELVE (12) MONTHS. INCLUDING ANY TEMPORARILY ABSENT (such as military/ student) MEMBERS WHO WILL BE RETURNING TO THE HOUSEHOLD. **UNMARRIED ADULT CO-APPLICANTS COMPLETE A SEPARATE APPLICATION.**

Name	Relationship to Head of Household	Birth Date	Social Security Number	Is HH member a student, anticipating being student or attended school in last five months? (Circle Yes or No)		Is HH member employed: (Circle Yes or No)	
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO

DO ALL HOUSEHOLD MEMBERS LIVE IN THE HOME FULL TIME? \_\_\_\_\_ NUMBER OF FOSTER CHILDREN? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

APPLICANT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ POSITION: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SALARY\$ \_\_\_\_\_ PER \_\_\_\_\_ HOUR \_\_\_\_\_ WEEK \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ OTHER\* \_\_\_\_\_

DO YOU HAVE A SECOND JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHERE: \_\_\_\_\_ SALARY\$ \_\_\_\_\_ PER \_\_\_\_\_

IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER:

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SPOUSE EMPLOYMENT INFORMATION (CO-APPLICANT MUST COMPLETE SEPARATE APPLICATION)

SPOUSE EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_ POSITION: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SALARY\$ \_\_\_\_\_ PER \_\_\_\_\_ HOUR \_\_\_\_\_ WEEK \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ OTHER\* \_\_\_\_\_

DO YOU HAVE A SECOND JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, WHERE: \_\_\_\_\_ SALARY\$ \_\_\_\_\_ PER \_\_\_\_\_

IF EMPLOYED BY CURRENT EMPLOYER LESS THAN SIX (6) MONTHS, GIVE NAME AND ADDRESS OF PREVIOUS EMPLOYER:

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*INCLUDE OVERTIME, TIPS, BONUSES, AND ANY OTHER TYPE OF COMPENSATION**

**LANDLORD HISTORY INFORMATION**

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DO YOU: \_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_ OTHER \_\_\_\_\_ MONTH AND YEAR MOVED IN \_\_\_\_\_ MONTHLY RENT/MORTGAGES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LANDLORD/MORTGAGE COMPANY \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF LESS THAN THREE YEARS AT CURRENT ADDRESS

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DID YOU: \_\_\_\_\_ RENT \_\_\_\_\_ OWN \_\_\_\_\_ OTHER \_\_\_\_\_ MONTH & YEAR MOVED IN \_\_\_\_\_ MONTH & YEAR MOVED OUT \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

LANDLORD/ MORTGAGE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED OR HAS A LANDLORD TERMINATED YOUR LEASE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHY AND WHEN: \_\_\_\_\_



**ASSET DISCLOSURE**

DESCRIPTION OF CURRENT ASSET (OR ANY ASSET DISPOSED OF FOR LESS THAN FAIR MARKET VALUE DURING LAST 24 MONTHS)	CIRCLE ONE		NAME AND ADDRESS OF BANK, AGENCY OR FINANCIAL INSTITUTION	HOUSEHOLD MEMBER	CURRENT VALUE	COMMENTS
	YES	NO				
CHECKING ACCOUNT	YES	NO	ACCT.#		\$	
SAVINGS ACCOUNT/ MONEY MARKET FUNDS	YES	NO	ACCT.#		\$	
CASH HELD IN SAFETY DEPOSIT BOX/ HOME	YES	NO			\$	
CERTIFICATE(S) OF DEPOSIT (CD'S)	YES	NO			\$	
STOCKS, BONDS, TREASURIES, MUTUAL FUNDS	YES	NO			\$	
INDIVIDUAL RETIREMENT ACCOUNT (IRA, 401-K, KEOGH)	YES	NO			\$	
OWNED REAL ESTATE INCLUDING LAND, HOUSE, CONDOMINIUM, MOBILE HOME	YES	NO			\$	
OWNED RENTAL PROPERTY	YES	NO			\$	
PERSONAL PROPERTY HELD AS INVESTMENT (ANTIQUES, STAMPS, COINS, JEWELRY, ETC.)	YES	NO			\$	
LIFE INSURANCE POLICIES WITH CASH VALUE	YES	NO	POLICY#		\$	
TRUSTS (PRINCIPAL VALUE AVAILABLE)	YES	NO			\$	
ANY OTHER ASSET HELD ANY ASSET HELD JOINTLY	YES	NO			\$	

**WARNING:** Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department 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 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 or imprisoned not more than five years, or both." Applicant/ Resident therefore certifies that this Income and Asset Disclosure Statement has been completed truthfully and accurately.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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ALIMONY/CHILD SUPPORT AFFIDAVIT

TENANT/APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPERTY NAME: CAPITAL TOWERS \_\_\_\_\_

SUPPORT TYPE:  ALIMONY/SPOUSAL  CHILD

Proof of alimony or child support must be attached to this form. Examples include:

- Statement from Courthouse
•Copy of Marital Separation Agreement
•Copy of Divorce Decree
•Verification from Child Enforcement Agency

please check all that apply:

I certify that I AM entitled to:
- Receive any alimony, spousal support, child support or other compensation pursuant to any court order or other agreement.

Table with columns: Name of CHILD, Age, AMOUNT, FREQUENCY (per mo., per wk.)

I expect to receive the full amount in the next twelve (12) months: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain:

\_\_\_\_\_

I certify that I am NOT entitled to:
- Receive any alimony, spousal, child support or other compensation pursuant to any court order.
- Receive any alimony/child support or other compensation pursuant to any non-court agreement.

Table with columns: Name of CHILD, Age

I AM ACTIVELY in the process of seeking monies for alimony, spousal, or child support through legal channels or otherwise, as noted in court decrees. I am pursuing support for the following child/children:

Table with columns: Name of CHILD, Age, Amount Anticipated

I am NOT ACTIVELY in the process of seeking any monies for alimony/child support through legal channels or otherwise, nor am I under any obligation to seek such monies.

I hereby certify that the information provided is true and complete to the best of my knowledge.

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

(NOTARY SEAL)

My Commission Expires: \_\_\_\_\_

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

**UNEMPLOYED APPLICANT/RESIDENT  
AFFIDAVIT**

**I have made application/reside at CAPITAL TOWERS .**

**I attest to the following (please initial the appropriate statement):**

\_\_\_\_\_ **I am not presently employed but anticipate becoming employed with in the next twelve (12) months.**

**Based on my past work experience, skills, and income history as shown on my most recent tax return (copy attached) and adjustments to reflect circumstances anticipated with the next twelve (12) months, I expect to earn \$ \_\_\_\_\_ per year Once I become employed.**

*If no tax return has been filed with the Internal Revenue Service or with the state, please attach notarized self affidavit for explanation.*

\_\_\_\_\_ **I am not presently employed and *do not anticipate* becoming employed within the next twelve (12) months.**

*Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**Before me personally appeared \_\_\_\_\_  
who acknowledged to me that he/she/they executed the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

(NOTARY SEAL)

**Notary Public:** \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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**DISPOSED ASSETS AFFIDAVIT NC/VA**

TENANT/APPLICANT: \_\_\_\_\_  
PROPERTY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I **HAVE NOT** disposed of any assets for less than fair market value in the past two (2) years.

Fair Market Value is the market value of the asset minus reasonable cost incurred in selling/converting the asset into cash. Such costs include: 1-penalties for early withdrawal; 2- broker/legal fees for the sale of assets, and 3- settlement costs for real estate transactions.

I **HAVE** disposed of assets for less than fair market value in the past two (2) years.

**Please list any assets disposed of within the past two (2) years for less than fair market value.**

Type of Asset	_____
Fair Market Value	_____
Allowable Deductions	_____
Cash Value of Asset	_____
Amount Received	_____
Amount of Disposition	_____

Assets listed as disposed of during the past two (2) years for less than the fair market value prior to this certification/recertification, will be counted as assets if the difference in the value of the asset and the amount received for the asset exceeds \$1000.00.

*Assets disposed of as a result of foreclosure, bankruptcy or divorce need not be counted.*

**\*\* Please provide documentation to support.**

I hereby certify that the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/TENANT

\_\_\_\_\_  
DATE

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EPM  
Rev. 09/10

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.**

PLEASE CHECK BELOW THE TYPE OF APARTMENT  
DESIRED AND WHICH BUILDING.

EFFICIENCY ( )    STUDIO ( )    ONE BEDROOM ( )

CT I ( )    CT II ( )    BOTH ( )

**List children and/or nearest relative NOT living with you.**

Name: \_\_\_\_\_ Phone No.: (Home) \_\_\_\_\_  
Relationship: \_\_\_\_\_ (Business) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: (Home) \_\_\_\_\_  
Relationship: \_\_\_\_\_ (Business) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: (Home) \_\_\_\_\_  
Relationship: \_\_\_\_\_ (Business) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employed By: \_\_\_\_\_

**EXPENSES:**

Do you have Medicare? \_\_\_\_\_ If yes, what is your monthly premium? \_\_\_\_\_  
Do you have any other kind of medical insurance? \_\_\_\_\_ If yes, provide name and  
address of carrier, policy number, and premium amount: \_\_\_\_\_  
\_\_\_\_\_

Do you have outstanding medical bills? \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

What medical expenses do you expect to incur in the next twelve months? \_\_\_\_\_  
\_\_\_\_\_

If you use the same pharmacy regularly, please provide the name and address: \_\_\_\_\_  
\_\_\_\_\_

**RELEASE AND CONSENT OF INFORMATION**

I, \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **CAPITAL TOWERS** for the purpose of verifying information on my rental application and continued residency.

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, and full-time student status. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation as a qualified resident

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

HUD (Department of Housing & Urban Development) and the IRS Low Income Housing Tax Credit Guidelines (Section 42 of the Internal Revenue Service Code) require this Apartment Community to verify this information for the above referenced individual.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                           |                                |                         |
|---------------------------|--------------------------------|-------------------------|
| Past or Present employers | Welfare Agencies               | Veterans Administration |
| Previous Landlords        | State Unemployment Agencies    | Retirement Systems      |
| Child Support Providers   | Alimony Providers              | Banking Institutions    |
| Schools and Colleges      | Social Security Administration | Courts                  |
| Law Enforcement Agencies  | Welfare Agencies               |                         |

**I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for as long as I am a resident of this property.** I understand that I have a right to review this file and correct any information that is incorrect.

**SIGNATURE:**

<b>Applicant/Resident</b>	<b>Printed Name</b>	<b>Date</b>

Each adult member applying for residency must complete a resident release and consent form.

**Return verifications to: Capital Towers  
Attn: Admin Office  
4808 Six Forks Rd.  
Raleigh, NC 27609**

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