

# CAPITOL PARK

[www.cadcommunities.com](http://www.cadcommunities.com)

## **Great Location:**

Located Inside the Beltline- Part of the Mordecai Community  
Just north of Downtown Raleigh  
Walk to *Seaboard* Shops and Restaurants  
Minutes from Cameron Village  
Conveniently located near I-440 and I-40  
On CAT bus route 1 and 3  
Walk to the R-LINE Stop on Peace Street

A Neighborhood with sidewalks and a Community Park  
2 Bedrooms = Brick townhomes  
3 Bedrooms = Detached houses south of Cedar Street  
Beautiful Landscaping – no grass to cut – we do it all!  
Built in the Fall of 2003  
Upgraded Berber Carpet, Mini Blinds and Ceiling Fans  
9 ft ceilings\* **and** Separate Dining Areas\*  
Cable & Phone jacks in each room  
Full Size Washer/Dryer connections  
24-hour on-site Maintenance Service  
Pet friendly = One pet per household with a 25 lb limit  
  
On-site Daycare Facility (Halifax Street)  
On-site After-school Programming (971 Harp Street)  
On-site City Parks and Rec. Center (Halifax Street)  
  
Great School District/Base Schools\*\*  
Conn Elementary School  
Daniels Middle School  
Broughton High School

*\*In select homes*

*\*\* Subject to change*

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**APPLY TODAY!**

**\$60 APPLICATION FEE**

non-refundable

**Money Order or Personal Check only**

Management will verify:

\*Landlord References

\*Criminal Background

\*Credit History

\*Income Sources (minimum = **2 1/2 times** the monthly rent)

Deposit Required = Equal to One Month's Rent .....(Separate *Pet Deposit of \$500*)

12-Month Lease Term

CALL OUR STAFF AT 831-6045

**911 N. Blount Street  
Raleigh, NC 27604**



**\*FOR OFFICE USE ONLY\***



PROPERTY NAME: CAPITOL PARK      DATE OF APPLICATION: \_\_\_\_\_  MR  
 ADDRESS APPLYING FOR \_\_\_\_\_  Wheelchair Accessible  
 APPLICANT'S LAST NAME \_\_\_\_\_ UNIT SIZE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS:**

NUMBER OF BEDROOMS NEEDED:  1BR.     2BR     3 BR

\_\_\_\_\_ HOW DID YOU HEAR ABOUT CAPITOL PARK?

**HOUSEHOLD COMPOSITION:**

LIST ALL PEOPLE TO OCCUPY HOME:			SOCIAL SECURITY#	DATE OF BIRTH	MALE/ FEMALE	RELATIONSHIP TO YOU
LAST NAME,	FIRST,	MI				
1						
2						
3						
4						
5						
6						

**PRESENT ADDRESS:** \_\_\_\_\_ PHONE: \_\_\_\_\_  
 \_\_\_\_\_ WORK: \_\_\_\_\_  
 \_\_\_\_\_ CELL: \_\_\_\_\_

MGMT/MORTGAGECOMPANY: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_

**HOW LONG AT PRESENT ADDRESS**

DATE MOVED IN \_\_\_\_\_ DATE MOVED OUT \_\_\_\_\_

OWN OR RENT? \_\_\_\_\_ AMOUNT OF MONTHLY RENT/MORTGAGE: \$ \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

\*\*\*\*\*

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

MGMT/MORTGAGECOMPANY: \_\_\_\_\_ LANDLORD PHONE: \_\_\_\_\_

**HOW LONG AT PREVIOUS ADDRESS**

DATE MOVED IN \_\_\_\_\_ DATE MOVED OUT \_\_\_\_\_

OWN OR RENT? \_\_\_\_\_ AMOUNT OF MONTHLY RENT/MORTGAGE: \$ \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

**APPLICANT INFORMATION**

**PRESENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ **Gross Monthly Salary** \$ \_\_\_\_\_  
Number of Hours Worked per Week: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ **Gross Monthly Salary** \$ \_\_\_\_\_  
Number of Hours Worked per Week: \_\_\_\_\_

**OTHER SOURCE OF INCOME:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ fax: \_\_\_\_\_  
Contact person: \_\_\_\_\_ **Gross Monthly Amount** \$ \_\_\_\_\_

**HOUSEHOLD MEMBER'S INFORMATION**

**PRESENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ **Gross Monthly Salary** \$ \_\_\_\_\_  
Number of Hours Worked per Week: \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ **Gross Monthly Salary** \$ \_\_\_\_\_  
Number of Hours Worked per Week: \_\_\_\_\_

**OTHER SOURCE OF INCOME:** \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ **Gross Monthly Amount** \$ \_\_\_\_\_

**BANKING REFERENCES**

ASSET	NAME OF BANK/INSTITUTION	PHONE NUMBER	ACCOUNT NUMBER	ACCOUNT BALANCE
Checking Account			No need to give Number	\$
Savings Accounts			No need to give Number	\$

**\*GENERAL INFORMATION\***

Have you or Co-Applicant ever been sued for non-payment of rent?..... Yes \_\_\_ No \_\_\_

Have you or Co-Applicant ever been evicted or asked to move out?..... Yes \_\_\_ No \_\_\_

Have you or Co-Applicant ever broken a Rental Agreement or Lease?..... Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Have you or Co-Applicant declared Bankruptcy?..... Yes \_\_\_ No \_\_\_

If yes, what year? \_\_\_\_\_

Have you or Co-Applicant been convicted of a Felony?..... Yes \_\_\_ No \_\_\_

Would you or any member of your household benefit from a Handicapped-Accessible Unit?..... Yes \_\_\_ No \_\_\_

Does a household member require a Wheelchair Accessible home?..... Yes \_\_\_ No \_\_\_

Do you own a PET..... Yes \_\_\_ No \_\_\_ If yes, what type/breed \_\_\_\_\_

Weight at full maturity \_\_\_\_\_ lbs. How Many Pets: \_\_\_\_\_ Fully housebroken \_\_\_ Yes \_\_\_ No

Veterinarian who can verify shot record \_\_\_\_\_

**PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER:** *Your signature below authorizes Management to contact you using the information you provide below:*

**ALTERNATE CONTACT:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

**➤ Please attach the following verifications when returning your application: ◀**

1. State Issued Picture ID AND Social Security card for ALL adult family members
2. Proof of all Household Income (Copies of 4 weeks worth of consecutive pay stubs are fine)

**BY SIGNING BELOW APPLICANT(S) AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY INFORMATION THROUGH ANY AGENCIES, POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.**

**APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT FURTHER CERTIFIES AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY. I HAVE INCLUDED INFORMATION FOR ALL WHO (IF APPROVED) WILL LIVE ON THE PROPERTY.**

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

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

