

Raleigh's historic Chavis Heights beautifully re-designed

Great Location ... offering something for everyone

Walk to schools, pool, park and downtown Shops and Restaurants

A real Neighborhood with sidewalks and a Park-like setting

2 & 3 Bedroom = Brick townhomes

Built in the fall of 2007

Upgraded Carpet, Mini Blinds and Ceiling Fans

9 ft ceilings*

Separate Dining Areas*

Cable and 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

Community Park, walking trails, and swimming pool

On-site After-school Programming (Chavis Community Center)

On-site City Parks and Rec Center (Chavis Community Center)

**In select homes*

*** Subject to change*

APPLY TODAY!

Management will verify:

*Landlord References

*Criminal Background

*Credit History

*Income Sources (income must be at least 2 x 1/2 the rent amount)

Deposit Required = Equal to One Month's Rent (*Pet Deposit Separate*)

12-Month Lease Term

CALL OUR STAFF AT 508-1226

We can't wait to match you with the perfect home that fits your style and budget!

CHAVIS HEIGHTS MARKET RATE RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: CHAVIS HEIGHTS 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: 2BR 3BR

HOW DID YOU HEAR ABOUT CHAVIS?

HOUSEHOLD COMPOSITION:

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

PRESENT ADDRESS: _____ PHONE: _____

WORK: _____

CELL: _____

MGMT/MORTGAGE COMPANY: _____ 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/MORTGAGE COMPANY: _____ LANDLORD PHONE: _____

HOW LONG AT PREVIOUS ADDRESS

DATE MOVED IN _____ DATE MOVED OUT _____

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

REASON FOR MOVING: _____

CHAVIS HEIGHTS MARKET RATE RENTAL APPLICATION

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** \$ _____

CHAVIS HEIGHTS MARKET RATE RENTAL APPLICATION

BANKING AND CREDIT REFERENCES

ASSET	NAME OF BANK OR CREDIT COMPANY	PHONE NUMBER	ACCOUNT NUMBER	ACCOUNT BALANCE
Checking Account			No need to give Number	\$
Savings Accounts			No need to give Number	\$
Credit Reference				\$
Credit Reference				\$
Credit Reference				\$

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 ___

PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER: Your signature below authorizes Management to contact you through this alternate contact listed below:

ALTERNATE CONTACT: Name _____
 Address _____
 Phone _____

➤➤ Please attach a copy of your Picture ID and verification(s) of income ◀ ◀

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO VERIFY 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.

SIGNATURE: _____ DATE: _____
 (APPLICANT)

SIGNATURE: _____ DATE: _____
 (APPLICANT)