How did you hear about us?	☐ Newspaper Ad	☐ Website	☐ Word of mouth	□ Other:

IMPERIAL PROPERTY MANAGEMENT SERVICES DRAYTON PINES APARTMETS PRELIMINARY APPLICATION

Asian Native Hawaiian/Other BEDROOM SIZE (Che	n □ Amer. Indian/Alaska Nativ Pacific Islander eck appropriate size, *5		□ Hisp	nCITY: canic or La Hispanic of	r Latino	ack)		LITY
MAILING ADDRESS PREVIOUS ADDRESS HOME #		(C	City)	(State) (Zip) H	IOW HOW	tate & #)) LONG	_
EMAIL ADDRESS 2. List ALL persons who will be li ALL MEMBER INFORMA	ving in household (if addition	nal space					VILL BE REJ	ECTED
NAME	RELATIONSHIP HEAD OF HOUSEHOLD (SAME NAME AS ABOVE)	SEX	RACE	BIRTH DATE	AGE	SC	OC. SEC. NO.	BIRTH CITY, STATE
3. List ALL income in the home (it	f additional space is needed to	ise senara	ate shee	t)				
NAME OF HOUSEHOLD MEMBER	EMPLOYER/SOURCE OF			ONTHLY	WEE	KLY	HOURLY	# OF HOURS
Are you or your spouse currently Eld Would you benefit from a disabled/h Do you anticipate any household cha Do you currently own the unit in wh Do you currently rent the unit in whi Are you employed by the housing au	derly (62 or older)? andicap unit? anges in family composition in the second	employed	by the	onths?	YES	NO	COMMENTS Explain: Landlord name: Address:	
housing authority or any of its instrubrothers and sisters, grandparents an nephew, stepbrothers and stepsisters law, brothers-in-law and sisters-in-labinitimate relationship, including but relationship, including but relationship.	d grandchild, aunt and/or und , husband and wife, parents-i w and "related" includes any not limited to parents and chil	cle and ni n-law and yone with ldren, etc	ece and d childre a signif	/or en-in-			Telephone # If yes, who?	

Have you ever lived in Section 8? If yes When and Where?					
Has you or your family ever been asked to move by <u>any</u> Housing Authority or					
Landlord?; If yes Who, When, and Why?					
ANSWER ALL QUESTIONS					
Are you or any household members banned from any Public Housing or HUD Assisted	YES	NO	COMMENTS		
property?					
Have you ever been evicted from any Housing Authority or HUD assisted housing for a					
drug related activity? If yes When and Where?					
Do you owe any outstanding balance to any Housing Authority? If yes Who and What					
amount?					
Are you or any household member subject to a life time registration requirement under					
a State sex offender registration program?					
5. In case of an emergency, whom may we contact? Name:		Palat	tionshin:		
		_			
Telephone:					
VARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFI OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES TO ANY M					
I have read the above statement and the above information is correct to the best of my knowled purpose of verifying the facts herein stated.	edge. I h	ave no	objection to inquiries for the		
I authorize the Housing Authority of the City of Winston-Salem to use a third party background-checking comp criminal record search. I understand that the information obtained is to be used only in the processing of my rer third party background checking company who have provided information from any and all liabilities arising our credit history and criminal record search.	ıtal applic	ation. I	hereby release and hold harmless any		
The Housing Authority of the City of Winston-Salem adheres to the following Fair Credit Reporting and Fair H	ousing Ac	et.			
Fair Credit Reporting Act The Fair Credit Reporting Act promotes the accuracy and privacy of information in consumer credit reports. It consumer reporting agencies to maintain correct and complete files. According to this act, you have a right to reinformation corrected.					
Fair Housing Act A federal law which prohibits discrimination in housing based on race, color, religion, sex, handicap, familial st	atus and r	national o	origin.		
SIGNATURE OF APPLICANT	D	ATE_			
REVIEWED BY:DATEELIGIBLE_		IN	ELIGIBLE		
NOTES:					

ELIGIBILITY REQUIREMENTS CAMDEN STATION

- Qualify as a family a family may be a single person
- Must meet the Working Activity Requirement (See below)
- Smoking is prohibited anywhere in or near the buildings, including apartments. Violators will be assessed a fine and terminated.
- Family composition conforms to occupancy standards
- Has not committed fraud, misrepresentation or falsified information
- Must submit evidence of citizenship or eligible applicant status
- Must not be or have any household member who is subject to a life time registration requirement under a State sex offender registration program.
- Whose household Annual Income does not exceed the income limits established by the Authority.
- Whose past performance in meeting financial obligations, especially rent and utilities, is satisfactory and who has no record of fraud in reporting income, family composition or any other material fact.
- Who owes no former balance to the Authority.
- Who has not been terminated or evicted for lease violations in the past three (3) years (unless a longer time period is required based on other screening criteria contained herein).
- Who has not habitually, in current or previous housing, engaged in conduct that would be likely to interfere with other residents in such a manner as to endanger their health, safety or welfare, diminish their peaceful enjoyment of the development or adversely affect the physical environment of the development. "Habitual" is defined as five (5) or more incidents in the previous three (3) years from date of application and/or date of admission.
- Who has no habitual record of disturbance of neighbors, physical violence to persons, destruction of property, or living or housekeeping habits at current or previous housing which may endanger the health, safety or welfare of other residents. "Habitual record" is defined as five (5) or more incidents in the previous three (3) years from the date of application and/or admission.
- Who has no recent history of violent criminal activity or criminal activity involving drugs or drug-related activity. "Recent history" is defined as criminal activity within five (5) years from the date of application and/or admission for a felony and three (3) years for a misdemeanor. An exception may be made for residents who have successfully completed a rehabilitation program approved by the Authority and who have not received new charges since the completion.
- Who is not a registered sex offender.
- Who is a United States citizen or an eligible immigrant.

Qualifications for Working Activity Requirement Definition:

• Working Individual or Family – Each head of household must maintain a work activity of at least 30 hours per week. Each additional adult household member will increase the minimum number of work activity hours required by 10 hours per week (i.e. 3 adult household members would be 30 + 10 + 10 = 50 hours per week of work activity for the household). Head of Households and/or adult household members who are elderly, disabled, or handicapped and receive payment in lieu of working are exempt from the work requirement. Should a household no longer meet the work requirement they will be granted a 60-day grace period to meet the work requirement. A 60-day extension may be granted with verification that the household is actively pursuing a work activity. A 60-day grace period and 60-day extension will only be granted once in a 12-month period. If a household is unable to achieve the work requirement within the 60-day grace period and subsequent extension (if granted) the household will be required to transfer to other traditional public housing that does not mandate a work requirement. The household must meet all other eligibility criteria to transfer.

Qualifications for Bethesda Center Client Referrals Definition:

• **Bethesda Center Client Referrals**—must be a referral from the Bethesda Center who is employed and received documented supportive services and meets the working preference definition. The Authority will limit the number of applicants that qualify for this preference to the number that does not allow for more than 6 of the units in the development to be occupied by this applicant preference group.

Oualifications for PATH Program Definition:

• **PATH Program**—a self sufficiency program, through an agreement with Workforce Development, designed specifically for the family to reduce or eliminate the family's dependency on governmental subsidies and support,

through a coordinated and comprehensive delivery of human support services. Must be a participant of the PATH Program as evidenced by a referral from the referring agency and meet all required criteria.

*Applicants who qualify for the Bethesda Center Client Referral preference will be housed before any other preferences. Secondly, applicants who qualify for the PATH Program Participant Preference will be housed before remaining preferences. The date and time recorded on the application shall be used for determining the priority of Applicants who are equally eligible.

OCCUPANCY STANDARDS

Number of Bedrooms	Minimum # of People	Maximum # of People
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

Reasonable Accommodation for Applicants with Disabilities:

The PHA will make a reasonable accommodation in the application and other policy requirements when requested, in writing, by a qualified applicant with a disability. Reasonable accommodation includes helping an applicant meet application requirements but does not require lowering or waiving essential requirements for eligibility. Accommodations are not reasonable if it requires a fundamental alteration in the nature of the program or imposes undue financial and administrative burdens on the PHA.