Housing Application

***Please note:** Applications can only be obtained by meeting with CASA staff.*

How to submit your application

Qualified applicants can complete and return the full application and background check fee by mail, fax, email, or hand delivery. CASA's office location:

Office Location	Office Hours
624 W Jones St Raleigh, NC 27603	Monday – Friday 8:30 am – 1:00 pm 1:30 pm – 5:00 pm

Mail: P.O. Box 12545, Raleigh NC 27605 **Email:** casahousing@casanc.org **Fax:** 919-754-9968

All Applications must include the following:

____ $25 Background Check fee, non-refundable (money order only)

____ One for each household member 18 years & older

____ Legible copy of state or government issued photo IDs for all household members 18 years old & older

____ Legible copy of social security card for all household members 6 years old & older

____ Income verifications: most recent two months of income verification

____ Asset verifications

Checking account: most recent 6 months statements. Other assets: most recent month's statement

____ Verification of disability

If applicable:

____ Housing voucher or rental subsidy approval letter

____ Verification of homelessness

____ Verification documentation for veteran status

Homelessness verification: a letter on letterhead signed by an outreach worker or service provider with knowledge of applicant's current living arrangements and how long they lived there. The letter must be signed and dated.

Definition of "Veteran":
A veteran is anyone who served in the military and who was discharged with anything other than a dishonorable discharge. (Please note this is a broader definition than the one used to determine eligibility for VA medical care, HUD VASH Voucher Program and Veteran's Benefits.)

Proof of Verification of Veteran Status:
Tenants claiming veteran status are required to provide verification. To be considered, please provide one of the following:

- An award letter for VA benefits, or
- A copy of form DD-214, showing military discharge status. This document can be obtained from the VA, or online at http://www.archives.gov/veterans/military-service-records/standard-form-180.html

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Applicant Information

Name _____ Date of Birth _____

Mailing Address _____ City _____

State _____ Zip Code _____ Last four digits of Social Security Number _____

Email Address: _____

Phone: _____ ☐ Work ☐ Home ☐ Cell

Alternative Phone: _____ ☐ Work ☐ Home ☐ Cell

Are you the head of household? ____ Yes ____ No

Please answer questions fully.

1. Do you or does anyone in your household have a disability? ____ Yes ____ No
2. Do you have a housing voucher? (attach subsidy award letter) ____ Yes ____ No
3. Does anyone in your household have special housing needs (i.e. handicap accessibility, no stairs, etc.)
   ____ Yes ____ No If yes, please list details: _____
4. Are you currently homeless? ____ Yes ____ No
5. Are you chronically homeless? ____ Yes ____ No
6. Were you displaced by a natural disaster? ____ Yes ____ No

   If yes, please list details: _____
7. Are you a veteran? ____ Yes ____ No
8. How many individuals are in your household? _____
9. How many bedrooms does your household need/want? _____
10. How many household members are under the age of 18? _____
11. Are you a full-time student? ____ Yes ____ No
12. Have you or has any member of your household ever been:
    - Convicted of or pled guilty or "no contest" to a sexual offense? ____ Yes ____ No
    - Listed on a registry of sexual offenders? ____ Yes ____ No
    - Convicted of or pled guilty or "no contest" to any arson related offense? ____ Yes ____ No
    - A survivor of domestic violence, stalking, dating or sexual violence ____ Yes ____ No

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Household Members

Please include all persons who will be living in the household. (Use additional paper if needed.)

Household Member's Full Name	Date of Birth	Last four SS#	Total annual income	Full time student?	Relationship to Applicant
				☐ Yes ☐ No	Head of household
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Income

- Do you have income? ____ Yes ____ No
- What is your total household income? $_____
- How do you receive income and benefits? ___ physical check

  ___ direct deposit into a checking or savings account

  ____ prepaid debit card *(provide bank inquiry receipt from ATM with current balance)*

All applicants and household members (including those under 18) are required to show proof of income. The following forms of proof will be accepted:

Employment Income

- Most recent two months of paystubs
- Employment offer letter *(On company letterhead, stating: start date, hourly/salary wage, number of hours per week, part/full time, manager contact information, and be signed & dated by a manager)*

Social Security Benefits/Entitlement Income

- Social Security or VA benefits awards letter dated within 120 days of application date

Other Income (child support, TANF, Work First, etc.)

- Court documents showing payments received within the past 6 months
- Initial awards letter dated within 120 days of application

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Sources of Income

In the chart below, indicate if you currently have each kind of income. You must answer each question by checking "Yes" or "No." ***Proof of income is required for each source of income.*** If you answer "Yes" to any question or list other sources of income, please provide the most recent statement and/or most recent two months of paystubs.

Type of Income	Check one	Annual Income	Comments
Wages, Salary, Employment, etc.	☐ Yes ☐ No		
Social Security	☐ Yes ☐ No		
Supplemental Security Income (SSI)	☐ Yes ☐ No		
TANF or other public assistance	☐ Yes ☐ No		
Food stamps/SNAP	☐ Yes ☐ No		
Child Support	☐ Yes ☐ No		
Disability or Death Benefits	☐ Yes ☐ No		
Alimony	☐ Yes ☐ No		
Income from a business/profession	☐ Yes ☐ No		
Military pay including all allowances	☐ Yes ☐ No		
Unemployment Compensation	☐ Yes ☐ No		
Workers Compensation	☐ Yes ☐ No		
Severance Pay	☐ Yes ☐ No		
Retirement Income	☐ Yes ☐ No		
Pensions	☐ Yes ☐ No		
Annuity Income	☐ Yes ☐ No		
Insurance Policy Income	☐ Yes ☐ No		
Income from rental property	☐ Yes ☐ No		
Regularly recurring gifts	☐ Yes ☐ No		
Scholarships	☐ Yes ☐ No		
Grants	☐ Yes ☐ No		
Educational Entitlements	☐ Yes ☐ No		
Work Study Programs	☐ Yes ☐ No		
Long Term Care payments	☐ Yes ☐ No		
Income from training programs	☐ Yes ☐ No		

List other income here:

Type of Income	Annual Income	Comments
1		
2		
3		
4		

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Assets

In the chart below, indicate if you have each kind of asset. You must answer each question by checking "Yes" or "No." ***Documentation is required for each type of asset.*** If you answer "Yes" to any question or list other assets, please provide the most recent statement. For checking accounts, provide six consecutive statements (include all pages). For savings accounts, provide you most recent statement (include all pages).

Type of Asset	Check one	Value	Comments
Checking Account(s)	☐ Yes ☐ No		
Savings Account(s)	☐ Yes ☐ No		
Life Insurance Policies (Whole Life)*	☐ Yes ☐ No		
Pension Funds*	☐ Yes ☐ No		
Certificates of Deposit*	☐ Yes ☐ No		
Money Market Funds	☐ Yes ☐ No		
Mutual Funds / Stock*	☐ Yes ☐ No		
Treasury Bills	☐ Yes ☐ No		
IRA or 401K	☐ Yes ☐ No		
Company Retirement Accounts*	☐ Yes ☐ No		
Annuity Income	☐ Yes ☐ No		
Trust Accounts	☐ Yes ☐ No		
Personal Property held for investment	☐ Yes ☐ No		
Mortgage or Deed of Trust	☐ Yes ☐ No		
Cash held in safety deposit boxes, etc.	☐ Yes ☐ No		
House or Real Estate*	☐ Yes ☐ No		
Rental Property	☐ Yes ☐ No		
Other investments	☐ Yes ☐ No		

**When listing the cash value of the items with an asterisk (*), factor in penalties for withdrawal, or fees to convert the asset to cash. For example, if you sold a home, the value is what remains after paying off the mortgage, the realtor, etc.*

In the chart below, indicate if you have received any lump sum payments and the current value.

Type of Asset	Check one	Value	Comments
Inheritance(s)	☐ Yes ☐ No		
Lottery or other winnings	☐ Yes ☐ No		
Insurance settlement(s)	☐ Yes ☐ No		
Worker's Compensation settlement(s)	☐ Yes ☐ No		
Social Security Disability settlement(s)	☐ Yes ☐ No		
VA Disability settlement(s)	☐ Yes ☐ No		
Severance pay	☐ Yes ☐ No		
Capital Gains	☐ Yes ☐ No		

Have you disposed of any assets for less than Fair Market Value within the last two years? (State if the sale was due to foreclosure, bankruptcy, or divorce). ____ Yes ____ No

If yes, explain: _____

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Optional Information

Do you have a legal guardian? ____ Yes ____ No Do you give CASA permission to speak with them? ___ Yes ____ No

Name: _____

Agency: _____ Phone number: _____

Do you have a payee? ____ Yes ____ No Do you give CASA permission to speak with them? ___ Yes ____ No

Name: _____

Agency: _____ Phone number: _____

Do you have a Case Manager? ___ Yes ___ No Do you give CASA permission to speak with them? ___ Yes ____ No

Name: _____

Agency: _____ Phone number: _____

In case of emergency, illness, or accident, whom should we notify?

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Automobile Information

Model _____ Model _____

Make _____ Make _____

Tag _____ Tag _____

Color _____ Color _____

Consent and Signature

I understand that CASA's management is relying on the information that I have provided to qualify for an apartment. I understand that CASA has a no pet policy. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I understand that CASA can run a criminal background check and/or an Existing Tenant Search through EIV on all persons over the age of 18. I also authorize my previous landlords and employers to release information pertaining to income and housing. I understand that if I am currently homeless prior to moving into CASA's housing, my name will be entered into the Homeless Management Information System (HMIS).

Applicant Signature:

_____ _____ _____

Print Name Signature Date

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Addendum I: Verification of Disability

Head of Household Name: _____

Household Member with Disability Name: _____ **Last four SS#** _____

CASA requires all applicants to the Supportive Housing Program to provide proof of disability.

In CASA's Oak Hill, Shade Hill, and Robertson Hill properties, the head of household must have a verifiable disability to qualify.

Please answer the following:

Do you receive disability entitlement benefits?

____ **Yes:** ***please provide one of the following documents***
- Written verification from the Social Security Administration
- Social Security Awards letter

____ **No:** ***a professional licensed by the state of North Carolina must complete the second half of this form.***
A licensed professional may be any of the following: medical doctor, psychiatrist, psychologist, or a state licensed health professional (MED, RN, LPC, LCSW, PA)

To be completed only by a licensed professional:

I certify that the client or patient listed above has a diagnosed disability.

Please certify with your initials if the primary diagnosis is a disability other than a Substance Abuse Disorder.

Initial: _____

Agency Name: _____

Professional completing this form: _____

Title: _____ **Date:** _____

Signature Licensed Professional: _____

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Addendum II: Verification of Homelessness

To be completed by the applicant with documentation from an agency or service provider.

Applicant Name: _____

Current Address: _____ (list City and State)

Please list previous episodes of homelessness (sleeping in a place not meant for human habitation such as living on the streets) or living in a homeless emergency shelter during the following period(s) of time:

Between _____ (date) and _____ (date) I lived at _____ (location or address)

Between _____ (date) and _____ (date) I lived at _____ (location or address)

Between _____ (date) and _____ (date) I lived at _____ (location or address)

Between _____ (date) and _____ (date) I lived at _____ (location or address)

This addendum should be used to describe the applicant's homelessness situation on or about the date of this application. Applicants who do not qualify for the choices listed below will not qualify for CASA housing that has a homelessness requirement. Applicants that meet one of the options below are required to provide the necessary verifications listed under each choice.

The applicant is homeless as defined by HUD because he or she is (check all that apply):

1. ____ currently living in a place not meant for human habitation (car, abandoned building, parks, etc.).
2. ____ currently living in an emergency shelter.
3. ____ currently living in a transitional or program housing facility for persons who are homeless.
4. ____ currently living in a hotel or motel paid for by charitable organizations, or by federal, state or local government programs.
5. ____ chronically homeless.

    (a) An individual and/or family who meets the homeless definition (choices 1, 2, or 3 above) and has been homeless for a period of at least one year, or has experienced four episodes of homelessness in the last three years.
    (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility for fewer than 90 days and meets HUD's homeless definition according to one of the above choices. This also includes a family whose composition has fluctuated while the head of household has been homeless.

Homelessness verification: a letter on letterhead signed by an outreach worker or service provider with knowledge of applicant's current living arrangements and how long they lived there. The letter must be signed and dated. If the applicant is homeless under the conditions described in numbers 3 or 4(b), a verification letter from the facility should include entry date into the facility and the applicant's prior living arrangements.

Applicant's Signature: _____ **Date:** _____