

Great Location:

Located inside the Beltline- 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
Walk to the R-LINE Stop on Peace Street

Unique concept....a true neighborhood with tree lined 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!

Variety of floorplans to choose...some of the largest rentals in the area!

Built in the fall of 2003

Cable & Phone jacks in each room
Full Size Washer/Dryer connections

Pet friendly = One pet per household with a 25 lb limit

On-site Daycare Facility (Halifax Street)

On-site City Parks and Rec. Center (Halifax Street)

**In select homes*

*** Subject to change*

APPLY TODAY!

\$60 APPLICATION FEE

non-refundable

Money Order or Personal Check only

Capitol Area Developments, Inc.

Management will verify:

*Landlord References

*Criminal Background

*Credit History

*Income Sources (minimum = **3 times** the monthly rent)

*A copy fee=\$.25 cents per sheet

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	DRIVERS LICENSE/STATE ID NUMBER
LAST NAME,	FIRST, MI			
1				
2				
3				
4				
5				
6				

EMAIL ADDRESS: _____

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 who can verify: _____ **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 pet information/shot record _____

PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER:

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 Monthly 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)

