

Great Location:

Located in the heart of downtown Raleigh

Walk to Restaurants, Shops, Hotels, Red Hat Amphitheater and the Raleigh Convention Center

Conveniently located near I-440

On CAT bus route

Walking distance to AMTRAK

Exceptional neighborhood

1 Bedroom – Villa

2 Bedrooms – Townhomes

Beautiful Landscaping – no grass to cut – we do it all!

Built in 2014

Cable & Phone jacks in each room

Full Size Washer/Dryer connections

Pet friendly

APPLY TODAY!

\$60 APPLICATION FEE

Non-Refundable

Certified Funds Only

Capitol Area Developments, Inc.

Please provide copies of your photo ID, Social Security Card and last 4 consecutive paystubs

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 \$350*)

12-Month Lease Term

CALL OUR STAFF AT (919) 508-1237

**Fees are subject to change





FOR OFFICE USE ONLY

PROPERTY NAME: Walnut Terrace DATE OF APPLICATION: _____ AMR
ADDRESS APPLYING FOR _____ Wheelchair Accessible
APPLICANT'S LAST NAME _____ UNIT SIZE _____ STAFF INITIALS _____

THE NEW WALNUT TERRACE COMMUNITY WILL CONSIST OF ALL SMOKE-FREE UNITS WITH SMOKING PERMITTED IN DESIGNATED OUTSIDE AREAS ONLY

PLEASE ANSWER ALL QUESTIONS:

NUMBER OF BEDROOMS NEEDED: 1BR 2BR

HOW DID YOU HEAR ABOUT WALNUT TERRACE? _____

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY HOME: LAST NAME, FIRST, MI		SOCIAL SECURITY#	DATE OF BIRTH	DRIVERS LICENSE/STATE ID NUMBER
1				
2				
3				
4				

EMAIL ADDRESS: _____

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: _____

EMPLOYMENT/INCOME INFORMATION

APPLICANT INFORMATION

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

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

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: _____
Number of Hours Worked per Week: _____ **Gross Monthly Salary:** \$ _____

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

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: _____ 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 MANANAGEMENT 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)

