

Kingsway

APARTMENTS



Rental Rates

2 Bedroom Apartment:
\$829*

3 Bedroom Apartment:
\$929*

*Water, Sewer, Trash and maintenance are included.

*Requires a one-year lease.

Application Fee: **\$50.00 per household***

*Certified check or money order only.

Fee includes background and credit check. Must be submitted with application.

Rates, Fees and Deposits subject to change.

Kingsway Apartments is a tax credit community.

We are designed with low to moderate income households in mind.

Therefore, our community does have income restrictions which are as follows:

Maximum Gross Income per Household Size

Household Size	60% AMI
1 Person	\$36,600
2 Person	\$41,820
3 Person	\$47,040
4 Person	\$52,260

*Effective 5.23.2023

116 O'Hara Circle • King, NC 27021 • Phone (336) 983-0702 • Fax (336) 744-9758

www.kingswayapts.com  

LEASING CRITERIA Kingsway Apartments

This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection.

Criteria:

1. A minimum of 6-month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6-month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If renting from a Private Owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied. Evictions will constitute an automatic denial of the application. Rental history criterion will be exempt for Key Assistance/Targeting Program applicants.
2. Criminal background reports, rental history reports, and other reports are reviewed for all household members. Where an application "may be denied", an individual assessment of the criminal record and its impact on the household's suitability for admission will be conducted. Assessment will consider (1) seriousness of criminal offense; (2) relationship between criminal offenses and safety and security of residents, staff, or property; (3) length of time since offense with weight being given to significant periods of good behavior; (4) the age of the applicant at the time of the offense; (5) number and nature of other criminal convictions; (6) evidence of rehabilitation such as employment, participation in job training program, education, drug/alcohol rehabilitation; and (7) risk mitigation services applicant will be receiving during tenancy. If an applicant has been convicted of a felony offense involving the sale or manufacture of a controlled substance: The application will be denied if the conviction, or exit from incarceration, occurred within 5 years of application; the application may be denied if the conviction, occurred more than 5 years but within 10 years of application. If an applicant has been convicted of a violent felony offense (Class A, B, C, D, E, F, or G felony or any felony requiring registration on the sex offender registry.) the application will be denied if the conviction occurred within 5 years of application; may be denied if conviction, occurred more than 5 years before the application. If an applicant has been convicted of a nonviolent felony (Class H or I felony) offense the application may be denied if the conviction occurred within 7 years of application. If an applicant has been convicted of a violent misdemeanor (Class A1 or requiring registration on the sex offender registry) the applicant will be denied if the conviction occurred within 2 years of application; applicant may be denied if the conviction occurred more than 2 years before application. If an applicant has been convicted of a nonviolent misdemeanor (Class 1, 2, or 3 misdemeanor) offense the applicant may be denied if the conviction occurred within 5 years of application. (Applicants may be denied with pending charges at the time of application.) *The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.*
3. All applicants must provide one US government issued photo identification and one of the following: valid Social Security Number, Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W), I-551 Permanent Resident Card, Form I-668 Temporary Resident Card, Form I-688A Employment Authorization Card.



Leasing Criteria Pg 2

4. 6-months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
5. At least 50% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. Bankruptcy must be discharged and all trades (minimum of 3) since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification of balance paid in full before approval can be considered. Credit criterial will be exempt for Key Assistance/Targeting Program applicants.
6. Minimum monthly verifiable gross income must be at least 2.5 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 time's resident portion of rent. Applicants will not be denied solely on the basis of reliance on state and federal housing voucher.
7. Maximum gross income, which includes all income sources, cannot exceed LIHTC & HOME schedule; HUD MTS & HOME Income Limits based on household size. Kingsway has 14 units designated as 50% of median income and 14 units designated as 60% of median income. Income limits are available at leasing office.
8. Household comprised of ALL full-time students are considered ineligible for residency unless the household meets one of the five exemptions per Section 42 program rules. Student rules and exemptions are available on request.

Each applicant must satisfy all of the above criteria. No co-signers accepted. If applicant has no credit and/or rental history a deposit equal to one months' rent may be required.

***Maximum General Occupancy Standards**

2 bedrooms - 4 persons

3 bedrooms - 6 persons

Deposit: 2 Bedroom: \$200 , 3 Bedroom: \$250

Application Fee: \$50 per unit

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy.

If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation, please contact the manager for more information.

ACKNOWLEDGEMENT

I understand the policies contained herein and have received a copy of this document.

Applicant Signature : _____ Date: _____

Applicant Signature : _____ Date: _____



APPLICATION SUPPLEMENT

In addition to the completed application additional documentation is needed to process your application. Please contact our leasing office if you have any questions or concerns.

_____ **Application Fee** \$ _____ **Deposit** \$ _____

_____ Completed **Application** for each person over the age of 18. One application may be accepted for each married couple. (Black Ink Only) All contact numbers for employment, rental history, etc. must be listed on the application.

_____ Valid **ID, Birth Certificate & Social Security Card** or acceptable equivalent for each household member as noted on the Leasing Criteria

_____ **Verification of Income** received or anticipated to be received in next 12 months

- Current Award letter of all unearned income sources for each person; Social Security, SSI, SSD, Pension, Retirement
- Verification of earned income for all persons 18 years of age or older. Check stubs; 7 consecutive if paid bi-monthly or bi-weekly, 13 if paid weekly
- Child support and/or Alimony documentation; divorce papers and court orders for payment and child support case number for each child
- If self-employed; copy of last year's full tax return with all schedules attached
- Verification of any other income such as monetary gifts, trust, rental income, regular recurring withdrawal from retirement/annuity accounts, etc.

_____ **Verification Assets** for each household member; if combined asset cash value equal \$5,000 or more

_____ **Verification of Assets** for each household member regardless of combined value of household assets

Asset Verification

- 6 months consecutive checking account statements (most recent)
- Current savings statement
- Copy of pre-paid debit card and current ATM receipt of balance
- Most recent statement for 401K, stocks, bonds, whole Life Insurance policy, CDs, IRA, annuities and any other retirement or investment accounts.
- Verification of all real property; home, land, etc.

_____ Previous Year **Federal Tax Return** for each adult household member (NY residents)

_____ **Student** household members age 18 or older; provide current class schedule from school

_____ Other: _____

Additional information may be requested in order to complete the application process

Kingsway Apartments

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):			
Date & Time Received: _____			Initial Certification
Unit #: _____			Recertification
# of Bedrooms: _____			Interim
Desired Move-In Date _____			Other: _____

HOUSEHOLD COMPOSITION AND STUDENT STATUS

List all persons who will be living in your home. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Members Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Driver's License Number	Student Y or N	* If "yes" Part-time (PT) or Full-time (FT)
	HEAD						

*For each household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

Contact Information

Home Phone _____	Email address: _____
Cell Phone-1 _____	_____
Cell Phone -2 _____	_____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Is every household member listed above a full-time (FT) student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will your household be receiving rental assistance? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you expect any changes in the household in the next 12 months?
If yes, please describe change and date expected _____ | <input type="radio"/> | <input type="radio"/> |
| 4. If you are divorced or separated, please provide date effective: _____ | | |
| 5. Is each household member a U.S. Citizen?
If no, does everyone have an eligible immigration status? | <input type="radio"/> | <input type="radio"/> |
| 6. Will you have at least 50% physical custody of all minor members in household? | <input type="radio"/> | <input type="radio"/> |

EMPLOYMENT INFORMATION

Current Employment Information: HEAD of HOUSEHOLD

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

Additional Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

Current Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)	Head of Household						Monthly Gross Income
1. Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
2. Self-Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
3. Unemployment Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
4. Social Security/SSI/SS Disability	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
5. Disability/Worker's Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
6. Severance Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
7. VA Benefits	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
8. Pension/Annuity	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
9. Military Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
10. AFDC/TANF	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
11. Child Support/Alimony	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
12. Recurring Gift/Contribution	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
13. Rental Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
14. Adoption Assistance	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
15. Trust Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
16. Other Income: _____	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
17. Zero Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$

ASSET INFORMATION

List all assets for each Household Member	Head of Household		Financial Institution	Annual Interest/Earnings	Asset Value
1. Checking	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
2. Savings	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
3. Pre-Paid Debit	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
4. Cash On Hand	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
5. Stocks/Mutual Funds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
6. CD/Money Markets	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
7. Treasury Bill	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
8. Bonds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
9. IRA/KEOGH	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
10. 401K/401(b)	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
11. Pension/Annuity	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
12. Whole Life Insurance	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
13. Land Contract/Deed of Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
14. Real Estate	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
15. Safe Deposit Box	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
16. Personal Property as Investment	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
17. Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
18. Lump Sum Receipts	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
19. Other	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$

1. Do all combined assets of the entire household total less than \$5,000? Y N

2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? Y N

If yes, complete the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of asset due to: (Select One)

Bankruptcy Y N
 Foreclosure Y N
 Marital Separation/Divorce Y N

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Y N

If yes, complete the following:

Gifted to: _____ Date: _____
 Amount Gifted: _____

Residential History *Please provide 2 years of rental/housing history*

Current Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage: _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out: _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>
Previous Address: _____	
City/State/Zip: _____	
Landlord Name/Mortgage: _____	
Phone: _____	Reason for Leaving: _____
Date Moved In: _____	Date Moved Out: _____
Rent/Mortgage: \$ _____	Rent <input type="radio"/> Own <input type="radio"/>

1. Have you ever been evicted from tenancy, broken a lease, or sued for rent? Yes No
 If yes, please list date: _____

2. Have you ever filed for bankruptcy? Yes No
 If yes, is bankruptcy discharged? Y N Date Discharged: _____

3. Has any household member plead guilty or received probation, deffered adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault?
4. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____

Other Information

Type of Vehicle:	_____	License Plate #	_____
Make/Model:	_____	Year	_____ Color _____
Type of Vehicle:	_____	License Plate #	_____
Make/Model:	_____	Year	_____ Color _____

Emergency Contact *In case of emergency, notify...*

Name:	_____	Phone #1	_____
Address:	_____	Phone #2	_____
	_____	Relationship:	_____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household

Date

Applicant

Date

Applicant

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all Persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous Landlords (including Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and to correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
<u>Kingsway Apartments</u>	_____	<u>(336) 983-0702</u>
Apartment Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.