



North Carolina Indian Housing Authority

*2125 Sapona Rd.
Fayetteville, NC 28312
(910) 483-5073*

Necessary Documents Needed for Applications

- ☐ Valid Photo ID (driver's license, school ID, work ID, etc.)
- ☐ Social Security cards for all family members
- ☐ Birth Certificates for all family members
- ☐ \$35 Money Order to NCIHA this is to complete a criminal record check(s)
- ☐ Landlord References (at least 3)
- ☐ Verification of educational benefits and expenses
- ☐ Proof of income
 - Four (4) consecutive pay stubs for all employed household members 18 year or older. (For example, if paid biweekly, we will need 2 biweekly pay stubs or 4 weeks of reflected employment)
 - SS, SSI
 - TANF
 - Veterans Benefits
 - Retirement Income
 - Court Ordered Child Support Documentation

****Only completed applications with *ALL* required documents will be processed. If something does not apply to you, put N/A. We will not accept incomplete applications****

**** WE DO NOT MAKE COPIES AT THE OFFICE. PLEASE HAVE COPIES OF REQUIRED DOCUMENTS ATTACHED TO APPLICATION****

APPLICATION FOR RENTAL HOUSING

Eagle's Nest Complex
2200 Indian Creek Rd.
Fayetteville, NC 28312
(910) 483-9562 Fax (910)483-6850
Email : ncindianhousing@aol.com

Elliott Properties
1019 Elliott Circle
Fayetteville, NC 28301
(910) 488-1869 Fax (910)488-6149
Email: ncindianhousing@aol.com

Coharie Village Complex
610 Royal Lane Rd.
Clinton, NC 28328
(910) 592-1507 Fax (910) 592-4619
Email: ncindianhousing@aol.com

Red Springs Properties
206 E. 6th Avenue
Red Springs, NC 28377
(910) 843-1398 Fax (910)843-1410
Email: ncindianhousing@aol.com

INTRODUCTION

The goal of the **North Carolina Indian Housing Authority** is to provide clean, safe, adequate, and affordable housing for qualified "FAMILIES" and the "ELDERLY".

Rentals are offered by the **North Carolina Indian Housing Authority** to qualified families with "Low to Moderate income levels".

Applications are reviewed and ranked based on the information provided by YOU – THE APPLICANT and verified through State, Federal, and local third-party entities.

All Applications are subject to a \$35.00 fee that covers the application fee and (1) Adult Criminal records check. All family members that will be listed in your household age 16 and older, an additional \$20.00 fee per criminal records check is required to complete your application. All monies provided for the application and criminal records check must be in the form of money order made payable to the NCIHA. **Monies paid for Criminal Records checks and application fee are NON-REFUNDABLE.**

SECTION 1 – General Information

1.1 Applicant's Name: _____
(Last Name) (First Name) (MI)

1.2 Marital Status: (Circle One) Married Single Separated Divorced Widowed

1.3 Applicant's **CURRENT** Mailing Address: _____
(Building Number, Street Name, Apt. Number, PO box Number)

(City) (State) (ZIP)

1.3 Applicant's Contact information:

Phone Number (_____) _____ (_____) _____
(mobile) (Home)

Email: _____

1.5 Ethnic Group most commonly associated with: (Circle One) Optional:
American Indian White Black Asian Hispanic Other

1.6 **HOUSEHOLD COMPOSITION.** Please fill in **ALL** of the information requested on the HOUSEHOLD COMPOSITION below:

Name of Family Member	Relation to Family Head	Social Sec. No.	Birthdate/AGE	SEX	INCOME	
					YES	NO

1.7 Has applicant ever been guilty of a felony? If so, please provide details below. (Circle One) YES NO

1.8 Emergency Contact (Name, Number, and Relation) _____

SECTION 2 – Employment Data & Financial Information

2.1 Is the Applicant CURRENTLY Employed? (Circle One) YES NO

A. What is your Employer's Name and Address: _____

(PHONE NUMBER)

(NAME OF COMPANY)

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

(FAX NUMBER)

(CITY)

(STATE)

(ZIP)

2.2 Is your Spouse (Significant other) CURRENTLY Employed? (Circle One) YES NO

A. What is his/her Employer's Name and Address: _____

(PHONE NUMBER)

(NAME OF COMPANY)

(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

(FAX NUMBER)

(CITY)

(STATE)

(ZIP)

2.3 Please list ALL sources of income for ALL Household Members below:

INCOME SOURCE (Employer/family member/Friend)	AMOUNT EARNED/RECEIVED (Per Week/Month/Year)

SECTION 3 – Housing Data

3.1. Please provide the North Carolina Indian Housing Authority with the following information
(MUST BE COMPLETED)

CURRENT LANDLORD:

Name: _____
(LAST NAME) (FIRST NAME)

Mailing Address: _____
(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

(CITY) (STATE) (ZIP)

Telephone Number: (_____) _____

Dates at this Address: _____

*Amount of Rent per month: \$ _____

PREVIOUS LANDLORD:

Name: _____
(LAST NAME) (FIRST NAME)

Mailing Address: _____
(BUILDING NUMBER, STREET NAME, APT. NUMBER, PO BOX)

(CITY) (STATE) (ZIP)

Telephone Number: (_____) _____ - _____ Home (_____) _____ - _____ Work

Dates at this Address: _____

*Amount of Rent per month: \$ _____

3.2. Is there anything else we should know about your current living conditions? (Ex. overcrowding, sub-standard, no plumbing, were evicted, the house burned down, etc...)

****IF YOU DO NOT HAVE A CURRENT/PREVIOUS LANDLORD CHECK HERE []. WE WILL NEED ANOTHER WAY TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION. PLEASE PROVIDE CONTACT INFO. WITH DETAILS BELOW.****

SECTION – 4 Acknowledgements

- 4.1. I understand that this **APPLICATION IS ONLY VALID FOR A PERIOD OF SIX (6) MONTHS**. If I do not come into the **NCIHA's Administrative office** to update my application prior to that six (6) month period elapsing, my **APPLICATION WILL BE MOVED TO THE INACTIVE FILE**. Should I still desire rental housing from the **North Carolina Indian Housing Authority**, I must submit a new application. _____ (Applicant's Initials) subject to additional application fee.

SECTION - 5 Certification

I, affirm that the information provided on this **APPLICATION FORM** is true and correct to the best of my knowledge. I further understand that misrepresentation of facts constitutes **fraud** and could render me ineligible for housing.

_____ (Signature of HEAD OF HOUSEHOLD)	_____ (DATE)	_____ (SIGNATURE OF SPOUSE OR SIGNIFICANT OTHER)	_____ (DATE)
_____ (Signature of Household member over 18)	_____ (DATE)	_____ (Signature of Household member over 18)	_____ (DATE)

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE NCIHA. MAKE SURE YOU SIGNED YOUR APPLICATION. THANK YOU FOR YOUR INTEREST IN THE NORTH CAROLINA INDIAN HOUSING AUTHORITY.