

Application for 40 & 50 Givens Gerber Park

No Application Fees are required for 40 and 50 Givens Gerber Park

Mailed applications should be sent to Givens Gerber Park, 40 Gerber Road, Suite 100, Asheville, NC 28803



Emailed applications may be sent to info@givensgerberpark.org



Please call 828-771-2207 to schedule an appointment to deliver the application in-person.



Applications may be faxed to 828-623-9440



Please call 828-771-2207 if you have questions about Givens Gerber Park, the application process, or need assistance completing the application.

Givens Gerber Park will contact applicants on the waiting list annually by first class mail. If the applicant fails to respond regarding the applicant's desire to remain on the waiting list the household will be removed from the waiting list.

Applicants must contact Givens Gerber Park in writing, if household information changes (i.e. address, phone numbers, number of household members, number of future household members, criminal history, income, etc.).

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex (including gender identity and sexual orientation), national origin, religion, disability or familial status, or any other legally protected characteristic. We do not interfere, threaten, or coerce persons in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or persons who have assisted someone in asserting their rights.









Rental Application

	ddress: Email address:							
Date of Birth:								
	Work Phone: Bedroom Size Request					ed:		
	work i none Bearoom Size Required widow			1	-			
Co-Applicant: Jame:								
Current Address:								
City, State, Zip Code:								
			Date of Birth:					
Iome Phone:	Social Secu	ırity#		D	ate of Birth:			
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EQUAL HOUSING

INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below. Does any member of your household: 3. Expect a leave of absence from work due to lay off []Yes []No \$ medical, maternity, or military leave. 8. Have an entitlement to receive alimony that is not 12. Now receive or expect to receive regular contributions from 13. Receive income/dividends from assets including checking, savings, certificates of deposit, stocks, bonds, rental property []Yes []No \$ If yes, please explain: **Employment:** Applicant: Circle all applicable: **Employed full time Employed part time** Self – employed Non-employedUnemployedCurrent Employer:Position:Date Hired:Address:Supervisor:Phone: Current Wages: \$______ per: hour week month year (circle one) Do you expect to earn substantial overtime? () Yes () No If so, how much? **Co-Applicant:** Circle all applicable: Employed full time **Employed part time** Self – employed Non-employed Unemployed Position: _____Date Hired: _____ Current Employer:_____ Address: Supervisor: Phone: Current Wages: \$______ per: hour week month year (circle one)Do you expect to earn substantial



overtime? () Yes () No If so, how much?

ASSET INFORMATION

Please answer each of the following questions.			
Do any household members have any of the following:	? If yes, i	ndicate the value.	
Checking Account [
Savings Account]Yes []No \$	
Certificates of Deposit[]Yes[]No \$	
Government Benefits Card[]Yes []No \$	
Mobile Payment Services (Venmo/PayPal/Chime/Cash App) []Yes []No \$	
Stocks/Bonds/Mutual Funds[]Yes []No \$	
Trust Accounts]Yes []No \$	
Whole or Universal Life Insurance (not Term)[]Yes []No \$	
Personal Property held as an investment []Yes []No \$	
Real Estate]Yes []No \$	
Annuities[]Yes []No \$	
Cryptocurrency / Bitcoin[]Yes []No \$	
GoFundMe / Crowdsourcing]Yes []No \$	
Any Assets not listed above[]Yes []No \$	
Have you disposed of any assets in the			
previous 24 months for less than fair market value? []Yes []No \$	

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

BANK NAME or	TYPE OF	ACCOUNT	BALANCE
INSTITUTION	ACCOUNT	NUMBER	

PREVIOUS RENTAL HISTORY	
Name and Address of Your <u>Present</u> Landlord:	Do you: □Rent □Own □Other
	Telephone No
	How Long Have You Lived There?
	Reason for Leaving.
Name and address of your Former Landlord:	
	Telephone No
	How Long Did You Live There?
	Reason for Leaving.



OTHER INFORMATION:

Driver's	s License #:	State:	Expires:		
Vehicle	e Model:	Year:	License Plate #:		
ADDIT 1. 2. 3. 4. 5. 6. 7. 8. 9.	Have you or any household med violation including drug use or any household med violation including drug use or any household med and the you or any household med are you or any household med any you or any household med any you have any relatives that any the yes, explain: Will you be bringing a pet?	ember filed for Bankruptcy? ember been evicted from Tenancember been evicted from Federal a crime? ember been convicted of a Felon ember subject to lifetime sex offen ber enlisted in the U.S. Military aber currently receiving housing liber have any special housing nework for Givens Communities?	y?		[] No [] No
Nearest	ency Contact: t Living Relative: Name			elationship	
	ETING INFORMATION: id you hear about this community	y?			
for the cresidence consume capacity which I This fee contained A depose the coverauthorizinvestig below, tapprova	enants of the lease and as a damage of the Community Housing Partners to not ations typically include (but are not the applicant gives permission to produce of this application. The undersigned state transaction.	application, I warrant that all statem neome restrictions and that residence to Reporting Act, 15 U.S.C. 1881 a (conal characteristics, or mode of living a consumer credit report, employed dition to execution of a Lease Agremade under the penalty of perjury. Herein. If the application is approve deposit. The full security deposit whake such investigations into my credimited to) verification of employmente a criminal background check and do hereby acknowledge disclosure.	tents contained herein are true. I here is subject to qualification. I here d) seeking information on the creating. I tender in addition to any secundary verification, character referencement that I will execute a tenant d, said deposit will be held as (part ll be \$ By each thistory as they may deem apprent and salary, rental history and cond understands the results of such ret that the licensee, Community H	nave been advise reby authorize Ladit worthiness, crurity deposit, the nees and other adcertification attential/full) security xecution of this a ropriate. I under to background che ousing Partners in	d and understand that andlord to procure a redit standing, credit amount of \$
	RESIDEN ING: Section 1001 of Title 18 U.S within the jurisdiction of a federal				se statement in any
Residen Residen with this or incon	It acknowledges that federal law and it's initial certification and at each are it understands that (s) he must give to separagraph is a condition of Resident income or student status informat's Acknowledgement:	nual recertification. This information that and complete income and states occupancy of the Unit. If Owner mation, Owner may evict Resident	on is essential for determining Resident status information at all time r discovers, at any time the Lease	sident's eligibility es. Resident und Term, that Resid	y to occupy the Unit. erstands that compliance lent purposely gave false
Applic	ant:		Date:		
	plicant:				
	ed by:				

