

Hello, and thank you for considering Walnut Ridge Apartments for your housing needs. Attached, you'll find our rental application, eligibility guidelines, and application requirements.

After submitting your completed application, we'll review your application for pre-approval. This screening can take up to 72 hours.

The overall timeline depends on how quickly you provide the requested documents.

If you have any questions, feel free to call the office.

We look forward to welcoming you to the Walnut Ridge Community!

1611 Royal Foxhound Lane I Raleigh I NC I www.livewalnutridge.com I 984-314-3288 I walnutridge@winnco.com







Congratulations on making the decision to call Walnut Ridge home! Now you are ready to begin the application process – it's a few simple steps to follow.

Step One: Complete the Application and submit non-refundable application fee of *\$35.00 *required for each adult member of the household 18+. You must complete all sections of the application for prompt processing, and if a section does not apply, simply write "N/A". We accept money orders or certified bank check. We do not accept cash, personal checks, or credit card as payment. Make payments out to: Walnut Ridge Apartments and list Application Fee in the memo. PLEASE NOTE INCOMPLETE APPLICATIONS SUBMITTED WITHOUT THE APPLICIATION FEE WILL NOT BE PROCESSED.

□ Step Two: Provide us with two forms of government issued identification to accompany the application.

Disclaimer: All Applications are subjected to credit, criminal and compliance eligibility screening & approval.



1611 Royal Foxhound Lane, Raleigh, NC 27610 (919) 231 - 7600 – <u>WalnutRidge@winnco.com</u> www.LiveWalnutRidge.com





Eligibility Guidelines

Size	# Persons	Minimum Income (Non-Subsidized)	Rental Rates
2 BR	2 – 4 Persons	\$40,440 / year	\$1,349 - \$1,591
3 BR	3 – 6 Persons	\$46,410 / year	\$1,547 - \$1,972
4 BR	4 – 8 Persons	\$51,270 / year	\$1,707 - \$2,667

*Income guidelines apply. Rents are listed as net, after current utility allowance. Section 8 Vouchers Welcome.

> Maximum Income per Household Size (HUD) 2024 Low Income Housing Tax Credit Program

HH Size	Maximum Income Guidelines
2 Person	\$58,740 / year
3 Person	\$66,060 / year
4 Person	\$73,380 / year
5 Person	\$79,260 / year
6 Person	\$85,140 / year
7 Person	\$91,020 / year
8 Person	\$96,900 / year

The income limits in the chart do not apply to Section 8 Voucher Holders.





RENTAL APPLICATION

Date: ____

ERSONAL	Each applicant 18 a	and over mus	st file sepa	rate appl	lication. Entire h	nousehold s	hould only be listed	d on one applicatio
1	Last	First		M.I.	D.O.B.		Applicant	SS#
2	Last	First		M.I.	D.O.B.		Relationship	SS#
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1.		First		M.I.	D.O.B.		Relationship	SS#
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Present Address	5	Street			City		State	Zip Code
Former Address	5	Street			City		State	Zip Code
Own: Date o	of Current Occupa	ncy From	Month	Year	To:	Year	\$ Monthly Mortga	ge Payment
Rent: Date c	of Current Occupa	ncy From	Month	Voor	_ To: Month	Year	\$	Payment
Rent: Date o	of Previous Occup	ancy From	Month	Year	_ To: Month		\$ Monthly Rental	
elephone Num	ber			Email Ac	ddress			
Driver's License	Number							
lumber of Auto	S	Reg. No. (of Auto #	1		Reg. No.	of Auto #2	
Do you have an	y pets? No No	Yes <u># of</u>	pets		Description			
n Case of Eme	rgency Notify (na	me)						
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I. THIS SECTION TO BE COMPLETED BY OWNER/MANAGEMENT		
Owner/Management Name: Walnut Ridge Site Number: 1302		
Contact Name:	Contact Title:	
Address: 1611 Royal Foxhound Lane, Raleigh, NC 27610	Phone: 984-314-3288	
Email Address: walnutridge@winnco.com	Fax: N/A	

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

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 the purposes of verifying information on my/our application for participation in an affordable housing program regulated by the government. I/We authorize release of information without liability to the owner/management agent listed above.

INFORMATION COVERED:

I/we understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include e, but are not limited to personal identity, student status, employment, income, assets and medical or childcare 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 in an affordable housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

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

Past or Present Employers	Welfare Agencies	Veterans Administrations
Support & Alimony Providers	State Unemployment	Retirement Systems
	Agencies	
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Bank & Financial Institutions	Utility Providers	Previous Landlords
Public Housing Agencies	Appraisal Districts	Insurance Carrier
Credit Bureaus	Criminal Background	Sex Offender Registry
Enterprise Income Verification (EIV) System		Work Number

APPLICANT CERTIFICATION

I/we understand that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Management Office. I/we understand I/we have a right to review this file and correct any information that is incorrect.

Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date



III.