



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!



*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 APPLCIATION 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 – WalnutRidge@winnc.com
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.



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Date: _____

PERSONAL

Each applicant 18 and over must file separate application. Entire household should only be listed on one application.

1.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Applicant	SS#
2.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
3.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
4.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
5.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#
6.	_____	_____	_____	_____	_____	_____
	Last	First	M.I.	D.O.B.	Relationship	SS#

Present Address _____ Street _____ City _____ State _____ Zip Code _____

Former Address _____ Street _____ City _____ State _____ Zip Code _____

Own: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Mortgage Payment

Rent: Date of Current Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Rent: Date of Previous Occupancy From _____ Month _____ Year To: _____ Month _____ Year \$ _____ Monthly Rental Payment

Telephone Number _____ Email Address _____

Driver's License Number _____

Number of Autos _____ Reg. No. of Auto #1 _____ Reg. No. of Auto #2 _____

Do you have any pets? No Yes # of pets _____ Description _____

In Case of Emergency Notify (name) _____

Address _____ Phone _____

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment ? (e.g. - unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One: Yes No If yes, you will be asked to complete a Request for Reasonable Accommodation.

Where did you hear about us? _____

INCOME & ASSETS

Affordable program applicants skip to Supplemental Applicant Questionnaire

Currently employed by _____ Occupation _____

Address _____

Length of Employment _____ Supervisor _____ Phone _____

Annual Gross Salary _____

Other Source of Income (i.e., social security, retirement fund, disability, workers compensation, pension, alimony/ child support, investments, etc.)

Type _____	Amount _____	Type _____	Amount _____
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Type _____	Amount _____	Type _____	Amount _____
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Former Employer _____ Occupation _____

Address _____ Dates of Employment _____

Supervisor _____ Phone _____

Bank Account - Type _____

Bank Account - Type _____

Other - Type _____

Other - Type _____

APPLICANT'S TERMS

APPLICANT: PLEASE READ CAREFULLY

This application is for Apartment No. _____ or similar type of occupancy on (date) _____

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

The applicant hereby grants permission to carry out necessary credit checks to verify the information contained in the application. Furthermore, applicant understands that an investigative consumer report will be obtained which may include information about personal character and criminal records. Applicant agrees that the information set forth on the application is true and complete, and any misrepresentation on this application will constitute a default under the Lease or Rental Agreement between the parties.

The deposit taken with this application is to be applied to the Security Deposit. If the applicant fails to execute a lease, then the deposit shall be retained by the owner as liquidated damages. However, the owner will refund the deposit if the application is rejected.

A breach of the above warranty regarding the veracity of any statements made herein releases the owner from all obligations and liabilities arising from either this agreement or a subsequent lease. This application and deposit are taken subject to previous applications and shall be acted upon within 10 days.

The rental agent is only authorized to show the apartment for rent and has no authority to make any representations concerning the premises.

The applicant warrants and represents that all statements herein are true and promises to execute, upon presentation, a lease in the usual form and on the terms and conditions stated therein.

Deposit with application _____ Dated _____

Agents Signature _____ Applicant's Signature _____



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 Agencies	Retirement Systems
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

III. 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