

Bailey Village Property Management Office  
900 East Market Street  
Greensboro NC 27401  
[BaileyVillageGB@tuhop.org](mailto:BaileyVillageGB@tuhop.org)

Thank you for your interest in Bailey Village in New Downtown East Greensboro. In order to apply for residency, please follow the directions below and submit all application materials.

1. Download and complete the Lease Application and Tenancy Verification forms.
2. Print and Sign completed forms.
3. Attach a copy of your (2) most recent pay stubs to verify employment status.
4. Provide a driver's license or other government-issued photo identification.
5. You may submit an application using the website portal, [www.BaileyVillageGB.com/apply](http://www.BaileyVillageGB.com/apply).

You may send a scanned copy to [BaileyVillageGB@tuhop.org](mailto:BaileyVillageGB@tuhop.org) or [FSWiggins@tuhop.org](mailto:FSWiggins@tuhop.org).

Or send a hardcopy version to:  
Bailey Village Property Management Office  
c/o Elder F. S. Wiggins  
900 East Market Street  
Greensboro NC 27401

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EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD.  
 INCOMPLETE OR ILLEGIBLE INFORMATION WILL DELAY PROCESS. APPLICATION FEE: \$50.00  
 PLEASE PRINT CLEARLY.

### CONTACT INFORMATION

	Last Name	First Name	Initial	Maiden Name	Social Security Number	Date of Birth	Email Address
<b>Applicant</b>							
<b>Co-Applicant</b>							
	<b>Relationship</b>						
<b>Other Occupants</b>							

### PRESENT RESIDENCE

	Street Address	Apt. #	City	State	Zip
<b>Address</b>					
<b>Dates</b>	<b>Resided From</b>	<b>To</b>	<b>Monthly Rent</b>	<b>Lease Ends</b>	
<b>Landlord</b>	<b>Name</b>	<b>Contact Phone #</b>	<b>Reason for Leaving</b>		

### PREVIOUS RESIDENCE

	Street Address	Apt. #	City	State	Zip
<b>Address</b>					
<b>Dates</b>	<b>Resided From</b>	<b>To</b>	<b>Monthly Rent</b>	<b>Lease Ends</b>	
<b>Landlord</b>	<b>Name</b>	<b>Contact Phone #</b>	<b>Reason for Leaving</b>		

# UHOPE / Properties

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## EMPLOYMENT HISTORY

IF EMPLOYER REFUSED TO VERIFY APPLICANT'S EMPLOYMENT BY PHONE, IT SHALL BECOME THE RESPONSIBILITY OF APPLICANT TO PROVIDE IMMEDIATE WRITTEN CONFIRMATION OF SUCH INFORMATION.

MILITARY: Attach copy of latest Leave & Earnings statement and/or Transfer Orders - SELF-EMPLOYED. Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C. HOURLY/WEEKLY EMPLOYEES: Attach copies of last year Form W-2

Applicant(s) shall provide, if necessary, a salary key or authorization code if verification is to be obtained via an automated employment and salary verification service.

<b>Present Employer</b>	<b>Employed By</b>	<b>Business Address</b>	<b>City</b>	<b>State, Zip</b>	<b>Phone</b>
	<b>Position</b>	<b>Supervisor Name and Title</b>	<b>Supervisor Contact #</b>	<b>Employed Since</b>	<b>Salary</b>
	(If Military)				
	<b>Rank/Rate</b>	<b>Branch</b>	<b>Length of Service</b>		
<b>Previous Employer</b>	<b>Employed By</b>	<b>Business Address</b>	<b>City</b>	<b>State, Zip</b>	<b>Phone</b>
	<b>Position</b>	<b>Supervisor Name and Title</b>	<b>Supervisor Contact #</b>	<b>Employed Since</b>	<b>Salary</b>
	(If Military)				
	<b>Rank/Rate</b>	<b>Branch</b>	<b>Length of Service</b>		
<b>Co-Applicant Present Employer</b>	<b>Employed By</b>	<b>Business Address</b>	<b>City</b>	<b>State, Zip</b>	<b>Phone</b>
	<b>Position</b>	<b>Supervisor Name and Title</b>	<b>Supervisor Contact #</b>	<b>Employed Since</b>	<b>Salary</b>
	(If Military)				
	<b>Rank/Rate</b>	<b>Branch</b>	<b>Length of Service</b>		

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### FINANCIAL HISTORY

APPLICANT NEED NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME OR ITS SOURCE, UNLESS APPLICANT WISHES IT TO BE CONSIDERED FOR THE PURPOSE OF THE APPLICATION FOR TENANCY.

	Account Type	Account No.	Current Balance
<b>Bank Name</b>			

Monthly Payments	To	For	Balance	Monthly Payment

	Yes	No	Where Filed	Date Filed	Date Granted
<b>Bankruptcy</b>					

If applicant answered "Yes" to any of the above questions, explain here or attach explanation.

<b>Additional Questions</b>	Are there any outstanding judgments against applicant/co-applicant?			
	Has applicant had property foreclosed upon or given title or deed in lieu thereof in the past seven years?			
	Is applicant part to a lawsuit?			
	Is applicant obligated to pay alimony, child support or separate maintenance?			
	Is applicant a co-maker or endorser on a note?			
	Is applicant a co-maker or endorser on a note?			

### ADDITIONAL INFORMATION

	Make	Model	Year	Color	State	License Number
<b>Vehicle</b>						

	Name	Address	City	State	Phone	Relationship
<b>Emergency Contact</b>						

\*This application may not be processed until contingencies are agreed to or removed.)

**Contingencies\***

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### **APPLICANT'S SIGNATURE**

By signing below, I/We acknowledge that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in connection with this application and in connection with any updates, renewals or extensions, including credit reports, civil or criminal actions, rental history, employment/salary detail, police and vehicle records, and any other relevant information. If I rent the unit, I understand my/our rental history including lease violations and information I/We provide on this application may be reported to and maintained by National Tenant Network for up to seven (7) years after I vacate the premises.

**Name/Address of Interested Property** \_\_\_\_\_

<b>Applicant Signature</b>	_____	<b>Co-Applicant Signature</b>	_____
<b>Applicant Name</b>	_____	<b>Co-Applicant Name</b>	_____
<b>Contact Number</b>	_____	<b>Contact Number</b>	_____
<b>Date</b>	_____	<b>Date</b>	_____

IF ACCEPTED, THIS APPLICATION BECOMES A PART OF THE LEASE.

FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY APPLICANT(S).

THIS APPLICATION SHALL REMAIN ON FILE FOR 12 MONTHS FROM THE DATE OF RECEIPT. AFTER THIS DURATION HAS EXPIRED, THE APPLICATION WILL AUTOMATICALLY BE DISCARDED AND WILL NO LONGER BE CONSIDERED UNLESS THE APPLICATION HAS BEEN UPDATED PRIOR TO THE EXPIRATION DATE.

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The following are a series of questions that will help UHOP Properties conduct our pre-rental screening. During the screening process we are asking for your cooperation so that we may determine past and present history of lease obligations, including but not limited to financial obligations.

Please keep in mind that time is of the essence and we would appreciate a return of this information. Thank you for your prompt attention to this inquiry.

**NAME OF APPLICANT:** \_\_\_\_\_

(Please print clearly)

**QUESTIONS:**

1. Move In Date: \_\_\_\_\_
2. Lease Expiration Date: \_\_\_\_\_
3. Move Out Date: \_\_\_\_\_
4. Monthly Rent Amount: \_\_\_\_\_
5. Yes No Was rent paid on time?
6. Yes No Were eviction proceedings ever started due to nonpayment reasons?
7. Yes No Did the applicant or any guest damage the unit beyond ordinary wear & tear?
8. Yes No Did applicant ever have anyone other than those named on the lease living in the unit?
9. Yes No Did the applicant have pet(s). Were the pets authorized? Yes No
10. Yes No Did the applicant ever give false information?
11. Yes No Was proper move out notice given?
12. Yes No Would you rent to this applicant again?  
IF NO, why not: \_\_\_\_\_
13. Yes No Does the applicant currently owe for any rent or damages?  
IF YES, how much \$ \_\_\_\_\_
14. Yes No Did you keep any of the applicant's security deposit?  
IF YES, how much \$ \_\_\_\_\_  
And why: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date prepared

\_\_\_\_\_  
Manager / Landlord

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Phone number and extension

**RELEASE STATEMENT:** I AUTHORIZE YOU TO GIVE INFORMATION ABOUT MY TENANCY TO THE INQUIRING LANDLORD.

Potential Tenant's Signature: \_\_\_\_\_

Please Initial  
\_\_\_\_/\_\_\_\_