



# The Arc of Rowan Apartments

The Arc of Rowan County is the Local Operating Unit (LOU) for the management for eight apartments. The apartments are located on two sites in Salisbury, NC. The two sets of apartments are owned by The Arc of North Carolina. These apartments are available to persons with a documented Intellectual/Developmental Disability (I/DD). The rent of these apartments is income based for each tenant. For more information, please call or visit our office located at 1918 West Innes Street, Salisbury, NC 28144 or call (704)637-1521. Our office hours are Monday-Friday from 9am-5pm.

## Application Process:

1. Complete an application
2. Turn in the application to The Arc of Rowan office. You may download an application from our website: [www.thearcofrowan.org](http://www.thearcofrowan.org) Please note: this application is six pages.
3. Application will be reviewed for completion by The Arc of Rowan's Board of Directors Tenant Selection Committee
4. A committee member will notify the tenant of placement on the waiting list







# THE ARC OF ROWAN TENANT SELECTION COMMITTEE APPLICATION REVIEW REPORT



Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date received by The Arc \_\_\_\_\_

**THIS IS AN INDEPENDENT LIVING SITUATION. THERE IS NO ON-SITE STAFF.**

**Daily Living Information:**

- Medicating     Independent     With Assistance     Dependent on Others
- Bathing         Independent     With Assistance     Dependent on Others
- Dressing        Independent     With Assistance     Dependent on Others
- Eating           Independent     With Assistance     Dependent on Others     Tube Fed
- Toileting        Independent     With Assistance     Dependent on Others
- Communication     Verbal     Sign Language     Nonverbal / Other: \_\_\_\_\_

If the answer to any of the above questions is no, is there a plan in place for the applicant to receive assistance?     No     Yes

How does this plan fit into an independent living environment? \_\_\_\_\_

Is the applicant financially self-supporting?                      Annual Income \$ \_\_\_\_\_  
 No     Yes     Unknown

Can the applicant pass a criminal background check?  
 No     Yes

Can the applicant seek help in an emergency?  
 No     Yes

Does the applicant have a verifiable developmental disability?  
 No     Yes

**This Section for Office Use Only**

Comments: \_\_\_\_\_

Action Taken by Tenant Selection Committee:  
This application is    \_\_\_ Approved for waiting list    \_\_\_ Denied

Reason for Denial \_\_\_\_\_

Date of Action Taken \_\_\_\_/\_\_\_\_/\_\_\_\_

Action recorded by \_\_\_\_\_ for the Tenant Selection Committee

# THE ARC OF ROWAN RESIDENTIAL APPLICATION

## Personal Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Legal Residence \_\_\_\_\_  
Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender \_\_\_\_\_  
Home/Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Do you currently live in a Group Home or other Institution?  No  Yes

If Yes, please provide the following information:

Address \_\_\_\_\_  
Phone Number of Group Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

## Guardian Information

Do you currently have a legal guardian?  No  Yes If yes, please provide the following information:

Name of Guardian: \_\_\_\_\_ Relationship to Guardian: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Phone Numbers: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## Family/Natural Support Information

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Parental Marital Status:  Single  Married  Separated  Divorced

*(If parents are separated/divorced and have custody/guardianship for the person served, please attach copy of custody agreement to this application)*

# THE ARC OF ROWAN RESIDENTIAL APPLICATION

## Sibling/Significant Friend Information

How many siblings do you have? \_\_\_\_\_ Use additional paper if necessary.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Other significant persons (Use additional paper if necessary)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number: Home (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## Criminal History

Have you ever been convicted of illegal drug use?  No  Yes

If yes, explain your conviction: \_\_\_\_\_

Have you ever been convicted of a felony offence?  No  Yes

If yes, give date(s) of conviction(s) and offense(s) convicted for: \_\_\_\_\_

Are you a registered sex offender?  No  Yes

If yes, give date(s) of conviction(s) and offense(s) convicted for: \_\_\_\_\_

Has the applicant ever been denied or asked to leave another residential setting?  No  Yes

If yes, explain why: \_\_\_\_\_

# THE ARC OF ROWAN RESIDENTIAL APPLICATION

## Medical Information

ICD-9 Code (If known)

Axis I (primary): \_\_\_\_\_

Axis I (additional): \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

*The following information is required to prove diagnosis: an FL2 or psychological that notes diagnosis.*

IQ Score: \_\_\_\_\_ Present Height: \_\_\_\_\_ Present Weight: \_\_\_\_\_

Do you currently experience seizures?  No  Yes

If yes, list type \_\_\_\_\_ Frequency \_\_\_\_\_

List all medications being taken at this time: (Use additional paper if needed)

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Health issues, if any: \_\_\_\_\_

Adaptive equipment: \_\_\_\_\_

Special care needs: \_\_\_\_\_

Protective devices: \_\_\_\_\_

Behavior plan for device use?:  No  Yes  N/A

Behavior plan author \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a copy of any and all behavior plans to this application.*

Personal Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_

Office Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## PET POLICY

Common household pets can be cared for in the apartment if the requirements listed below are met. A “common household pet” is defined as a domesticated animal, such as a dog or cat, bird, rodent (including a rabbit), fish, or turtle that is traditionally kept in the home for pleasure rather than commercial purposes. **This does not** include reptiles (except turtles).

1. Pets must be registered with us prior to being brought on the premises. Registration is updated annually.
2. The pet must be owned either by a resident or the Local Operating Unit (as amended by the Board of Directors, January 19, 1994).
3. Pets owned by employees of the Local Operating Unit are not permitted to reside in or visit the group home (As amended by the Board of Directors, January 19, 1994).
4. Registration of the animal must include the following documentation:
  - a. Information to identify the pet as a common household pet, including physical characteristics such as coloring, markings, etc.
  - b. Certificate of inoculation in accordance with North Carolina and local laws. Additionally, the Local Operator must comply with local licensing requirements.
  - c. Certification of spaying/neutering.
  - d. Verification of declawing (cats only).
5. Only one cat or dog can be allowed in an apartment. Each resident can keep other animals in their room if the animal is caged or in an aquarium.
6. The animal cannot weigh more than 50 pounds.
7. At the time the pet is registered with us, a refundable pet deposit of \$300 will be billed to the owner of the pet.
8. Pet waste must be properly removed and disposed of.
9. Local Operators must comply with state and local health and sanitation regulations regarding pets.
10. Local Operators are responsible for controlling noise, odor, and insects in the apartment that can result from pet ownership.
11. A Pet Deposit of \$300 is required for the pet and can be paid in full at the time of registration or over a 6 month period.
12. Pets are not allowed in the Common Area.

The Local Operator has read and explained to me the **Pet Policy** as stated above. By signing this statement, I agree to abide by the stated policies should I decide to obtain a pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Arc Community Housing Corporation

**HOUSE RULES**

Contents:

- Tenant agrees not to store firearms, gasoline, propane tanks, kerosene, kerosene tanks, gunpowder, or other volatile chemical compounds on the premises.
- Tenant may not have a barbeque grill inside the unit.
- Management is not responsible for tenant's apartment content. Tenant is encouraged to purchase renter's insurance.

Conduct:

- Any tenant convicted of manufacturing, selling, distributing, or using illicit drugs or of possessing illicit drugs with intent to manufacture, sell, distribute, or use illicit drugs will be subject to eviction.
- Tenant may not enter the apartment of another tenant unless invited.
- Tenant agrees to respect the other tenants and not engage in loud music, television, voices, etc.
- Smoking in the unit is prohibited. Tenant may smoke outside the unit in designated smoking area. Cigarettes must be disposed of properly.

Absences:

- Tenant should notify management if a prolonged absence from the unit occurs. Units left vacant in excess of 45 days will be considered abandoned. All personal items will be disposed of at manager's discretion.

Maintenance:

- Tenant is expected to report all emergency situations to appropriate on call agency staff.
- Tenant is expected to report all maintenance issues to appropriate on call agency staff.
- Tenant must maintain a clean unit, free of rodents and other pests. Management will inspect the units on a monthly basis to ensure a high level of residential quality is maintained.
- If tenant or tenant's guests smoke outside of the unit, cigarettes must be disposed of properly. Items may not be left on the ground, thrown in landscaping, driveway, sidewalk, etc.



### Utilities:

- Tenant should maintain a thermostat setting for cooling or heating between 68 and 72 degrees Fahrenheit.
- Tenant should maintain water use at a rate of 125 gallons per day, per person. Water bills indicating use of amounts greater than the established criteria will result in a bill to the tenant for excess use.

### Guests:

- Tenant guests are his/her responsibility. Guests may not disrupt other tenants of the duplex.
- Tenant guests are responsible to follow the rules and regulations of the duplex.
- Overnight guests are permitted but may not stay more than three (3) consecutive nights, in a one month period.

### Damage(s):

- Tenant will be responsible for any repair of damage(s) to each to unit, which is not normal wear and tear.
- Tenant is responsible for any damage(s) to the landscaping, common areas, and driveway of the duplex, which is not considered normal wear and tear.
- Tenant is responsible for any damage(s) created by himself/herself or guests.

### Keys and Lockouts:

- Tenant may not duplicate keys.
- A fee of \$25 will be assessed if management is called to unlock the apartment.
- A fee of \$25 will be assessed if management must replace a lost key.
- Tenants are discouraged from allowing the use of keys by parties other than himself/herself.

### Security Deposit:

- Tenant is required to pay a Security Deposit equal to 50% of calculated tenant rent at move-in. For example: If the tenant's monthly rent amount is \$150, the security deposit will be \$75.
- The security deposit or first installment is due on the move-in day.

**Rent Collection: See Rent Collection Policy for further details.**

- Rent is due the fifth (5th) day of each month and is payable by personal check or money order. **NO CASH PAYMENTS ACCEPTED.**
- Rent paid after the tenth (10th) day of the month is considered late.
- Late rent payments are subject to a late fee assessment of \$15.
- Checks returned for insufficient funds will require certified funds for future rent payments, in the form of money orders or cashiers check.
- Checks returned for insufficient funds after the tenth (10th) day of the month will be treated as late rent payments.

**Pets:**

- Tenant is not permitted to have pets in his/her unit, with the exception of fish, small caged animals (hamster, gerbil, turtles, etc.) or animals of service, unless expressly permitted in writing by the Landlord.
- A non-refundable pet deposit of \$300 will be assessed for any pets permitted to reside on the premises (with the exception of service animals).
- Tenant must provide vaccine record yearly.
- Pets are not allowed in Common Areas.
- Pet waste must be properly removed and disposed of.

**Tennant Acceptance:**

I have read and understand the House Rules of Rowan Apartments and I agree to abide by the condition set forth in these rules. I understand management may change these rules from time to time. I understand management will notify me of any changes in writing.

I understand violation of these rules by me or my guests will constitute a breach of my lease agreement, which may lead to termination of my lease and eviction.

Printed Name of Tenant: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_

Date: \_\_\_\_\_

The Arc Community Housing Corporation, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# THE ARC OF ROWAN RESIDENTIAL APPLICATION

## Acknowledgements

Initialing the following indicated the undersigned applicant and/or guardian acknowledges the following:

\_\_\_\_\_ This form is 10 pages, including this page, and must be completed in its entirety.

\_\_\_\_\_ Any errors or omissions of information intentionally or unintentionally made by the applicant and/or guardian can cause the applicant to be denied an offer of housing by The Arc of Rowan.

\_\_\_\_\_ Most recent psychological/verification of disability (or a copy of FL-2 or MR-2) must be included with this application packet.

\_\_\_\_\_ The applicant and/or their guardian agrees to hold harmless The Arc of Rowan, employees of The Arc of Rowan, the Board of Directors of The Arc of Rowan, officers of the Board of Directors of The Arc of Rowan, volunteers of The Arc of Rowan who may serve on the various committees of The Arc of Rowan, The Arc of North Carolina, and HDS Management, INC. in the event of denial of an applicant's application due to an inaccurate, incomplete, or falsified information on any document used in the application process.

\_\_\_\_\_ The applicant and/or their guardian gives The Arc of Rowan, The Arc of North Carolina, and HDS Management, INC. permission to perform a criminal background check based on information the applicant and/or their guardian supplies on any application document.

\_\_\_\_\_ The applicant and/or their guardian understand the apartments offered for rent by The Arc of Rowan, The Arc of North Carolina, and HDS Management, INC. are specifically for persons with developmental disabilities. The applicant and/or their guardian further understand The Arc of Rowan, The Arc of North Carolina, and HDS Management, INC. will verify the applicant's disability based on information supplied by the applicant and/or their guardian on any application document.

\_\_\_\_\_ The applicant and/or their guardian understand that all completed application forms must be turned into The Arc of Rowan office located at 1918 West Innes Street, Salisbury, NC 28144 during normal business hours. The applicant and/or guardian further understand that their application will be placed on a waiting list at the time the **completed application documents** are turned in at The Arc of Rowan office.

## Signatures

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Printed Name of Guardian \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_