

**CARTER WOODS APARTMENTS – Senior Housing 62+  
AFFORDABLE HOUSING ELIGIBILITY REQUIREMENTS AND POLICIES**

**For Leasing Information:  
301 Dabbs House Road, Richmond, VA 23223  
Phone 804-222-4395    fax 804-222-4398  
email: cwoods@betterhousingcoalition.org**

**AFFORDABLE PROGRAM REQUIREMENTS Low Income Housing Tax Credit (LIHTC)**

**Household Size Limits**            1 Bedroom per 1-2 persons  
    2 Bedrooms per 1-4 persons

**Income Limits**

*\*Brackets are based on percentage of the Area Median Income; gross household income (before taxes) cannot exceed amounts listed based on household size*

Household Size	40 % Maximum	50% Maximum	60% Maximum
1 person	\$25,040	\$31,300	\$37,560
2 person	\$28,640	\$35,800	\$42,960
3 person	\$32,200	\$40,250	\$48,300
4 person	\$35,760	\$44,700	\$53,640

**POLICIES AND OTHER CONSIDERATIONS**

**Application Submission** All sections and all questions must be filled in completely with no blank spaces. A separate application and application fee in the amount of \$25 is required from each household member age 18 and older. (No cash, money order/certified funds only.) Submission of a rental application does not guarantee approval or acceptance, and does not bind us to sign a Lease Contract. Additional paperwork will be required based on your specific individual household circumstances. The following modifications to the APPLICATION AGREEMENT section on page 3 of the Rental Application apply:

- The following language is REMOVED from line item 4 of the Application Agreement section on page 3: *"Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval."*
- The first line of Line item 5 of the Application Agreement section on page 3 is modified as follows: *"If You Withdraw AFTER Approval"*

**Minimum Income** Household income must be greater than 2x the monthly rent in order to qualify (for voucher holders, 2x your estimated portion of rent excluding subsidy)

**Full Time Student Households** Tax credit housing is restricted to households that do not consist of all full time students. There are five allowed exceptions to this rule, but generally speaking, a household meets the student status requirement as long as there is at least one household member that is not a full time student.

**Background Screening/Resident Selection Criteria** A screening report consisting of credit, criminal and civil court history will be completed as part of the application process. The Resident Selection Plan detailing the criteria for application approval will be posted in the leasing office and made available to you. Please review this information in full prior to submitting an application. By signing and submitting this application, you acknowledge that you have reviewed the Resident Selection Plan and are aware of this community's requirements for approval.

**Deposits** Upon approval of your application, you agree to pay a deposit as quoted by us based on the results of your screening report. Deposits must be paid with certified funds (money orders/cashiers or certified check). If your application is approved, have paid a deposit and subsequently cancel your application or do not move in, we will be entitled to retain all deposits as liquidated damages and all parties will have no further obligation to each other. Our actions shall comply with Virginia Code 55-248.6:1

**Our communities are smoke-free.** Smoking/tobacco is not permitted in apartment homes or in any common area of the property, whether enclosed or outdoors. This policy applies to applicants, residents, guests, vendors and staff.

**Our community may have a Waiting List.** If there are no vacant apartment homes available at the time you submit your application, it will be added to the wait list. You will be periodically contacted by phone, mail and/or email to update your contact information, your apartment preferences, and/or your need to remain on the wait list (be sure to respond within the timeframe given so that your application remains active); and to inform you when an apartment home that meets your listed preferences becomes available. At that time, the application process will continue. Based on the length of time that has passed from the date you originally applied, it may be necessary to complete a newly dated application.

**PREFERENCES/REFERRALS**

Preferred Move In Date: \_\_\_\_\_ Preferred Apt Size:     1BR     2BR

Do you plan to use a Housing Choice Voucher to subsidize your rent?     Yes     No

Any special needs/requirements: \_\_\_\_\_

Were you referred by a current resident?     Yes     No    If Yes, please write name: \_\_\_\_\_

**ACKNOWLEDGMENT**

*By signing below, I acknowledge that I have reviewed, understand and agree to the policies and requirements listed above and throughout the rest of my application. I understand that all income and asset information requested as part of this application will be used solely to determine my eligibility to qualify for housing under the affordable program(s) applicable at this community. I affirm that all information I provide is true and accurate to the best of my knowledge. I further understand that any information found to be a misrepresentation or otherwise misleading or false will result in disapproval of my application, or if determined after move in, termination of my Lease Contract.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**RENTAL APPLICATION FOR  
RESIDENTS AND OCCUPANTS**  
(Each co-applicant and each occupant 18 years old  
and over must submit a separate application.)



Date when filled out: \_\_\_\_\_

**APPLICANT INFORMATION**

Full Name (Exactly as it appears on Driver's License or Govt. ID card)

Former Name (if applicable) Gender (Optional)

Birthdate Social Security # Driver's License # State

Government Photo ID card # Type

Home Phone Number Cell Phone Number Work Phone Number

Email Address

Marital Status:  single  married  widowed  separated Do you or any occupant smoke?  yes  no

I am applying for the apartment located at: \_\_\_\_\_

Is there another co-applicant?  yes  no

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

**OTHER OCCUPANTS**

Full Name Relationship

Date of Birth Social Security # Driver's License # State

Government Photo ID card # Type

Full Name Relationship

Date of Birth Social Security # Driver's License # State

Government Photo ID card # Type

Full Name Relationship

Date of Birth Social Security # Driver's License # State

Government Photo ID card # Type

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Government Photo ID card # Type

Full Name Relationship

Date of Birth Social Security # Driver's License # State

Government Photo ID card # Type

Full Name Relationship

Date of Birth Social Security # Driver's License # State

Government Photo ID card # Type

**RESIDENCY INFORMATION**

Current Home Address (where you live now)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Do you  rent or  own?  
Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Monthly Payment

Apartment Name \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Home Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Do you  rent or  own?  
Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Monthly Payment

Apartment Name \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_  
Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Gross Monthly Income

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_  
Dates: \_\_\_\_\_ \$ \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Gross Monthly Income

Position \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**

(Income must be verified to be considered)

Type \_\_\_\_\_ Source \_\_\_\_\_ \$ \_\_\_\_\_  
Gross Monthly Amount  
Type \_\_\_\_\_ Source \_\_\_\_\_ \$ \_\_\_\_\_  
Gross Monthly Amount

**CREDIT HISTORY (if applicable)**

If applicable, please explain any past credit problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RENTAL/CRIMINAL HISTORY**

(Check only if applicable)

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?
- been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRAL INFORMATION**

How did you find us?

- Online search. Website address: \_\_\_\_\_
- Referral from a person. Name: \_\_\_\_\_
- Social Media. Which one? \_\_\_\_\_
- Other \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency contact person over 18, who will not be living with you:

Name _____		Relationship _____	
Address _____		City _____	
State _____	Zip Code _____	Home Phone # _____	Cell Phone # _____
Work Phone # _____		Email Address _____	

**VEHICLE INFORMATION (if applicable)**

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

**PET INFORMATION (if applicable)**

You may not have any animal in your unit without management’s prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	
Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

**APPLICATION AGREEMENT**

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you’ll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Contract Information.** The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- 2. Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
- 3. Approval When Lease Contract Isn’t Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
- 4. If you Fail to Sign Lease Contract After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, to the extent permitted by applicable law, and terminate all further obligations under this Agreement. Our actions under this paragraph shall comply with Virginia Code Ann. 55-248.6:1.*
- 5. If You Withdraw Before Approval.** *To the extent permitted by applicable law, if you or any co-applicant withdraws an Application or notifies us that you’ve changed your mind about renting the dwelling unit, we’ll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other. Our actions under this paragraph shall comply with Virginia Code Ann. 55-248.6:1.*
- 6. Approval/Non-Approval.** We will notify you whether you’ve been approved within 10 days after the date we receive a completed Application. Your Application will be considered “disapproved” if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.
- 7. Refund after Non-Approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we’ll refund all application deposits in accord with Virginia Code Ann. 55-248.6:1. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

**APPLICATION AGREEMENT (CONTINUED)**

**9. Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

**10. Application Submission.** Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

**DISCLOSURES**

**1. Application Fee (Non-Refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. **Payment of the application fee does not guarantee that your application will be accepted.** The application fee partially defrays the cost of administrative paperwork. **It is non-refundable except as provided by applicable law.**

**2. Application Deposit.** In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* To the extent permitted by applicable law, the application deposit will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.

**3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:**

- 1. Application fee (may not be refundable): \$ 25.00
- 2. Application deposit (may or may not be refundable): \$ \_\_\_\_\_

**4. Completed Application.** Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:

- 1. Your completed Rental Application;
- 2. Completed Rental Applications for each co-applicant (if applicable);
- 3. Application fees for all applicants;
- 4. Application deposit for the Unit.

**5. Notice to or from Co-Applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

**AUTHORIZATION AND ACKNOWLEDGMENT**

**AUTHORIZATION**

I authorize Nine Mile Road, LLC/Nine Mile Road LLC II/BHC Management

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

**Payment Authorization**

I authorize Nine Mile Road, LLC/Nine Mile Road LLC II/BHC Management

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

**Non-Sufficient Funds and Dishonored Payments.**

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

**ACKNOWLEDGMENT**

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
**Apt. name or dwelling address (street, city)**

\_\_\_\_\_  
**Unit # or type**

\_\_\_\_\_  
**Person accepting application**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Person processing application**

\_\_\_\_\_  
**Phone**

Applicant or Co-applicant was notified by  telephone  letter  email, or  in person of  acceptance or  non-acceptance on \_\_\_\_\_.

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Name of owner's representative who notified above person(s)

**ADDITIONAL COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_  
(when this Application is filled out)

1. **SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.

2. **EMPLOYMENT UPDATE.** Present employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

3. **HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above?  Yes  No. Does anyone plan to live with you in the future who is not listed above?  Yes  No. If you answered "Yes" to any question, please explain: \_\_\_\_\_

Are any of the household members listed above: Foster children?  Yes  No Live-in attendants?  Yes  No

4. **ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$

5. **ASSETS.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.

7. **RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

**Applicant**

**Date of Signing Application**

**Co-Applicant**

**Date of Signing Application**