

Landlord Reference

A landlord check will also be completed. The following items could cause your application to be rejected: any one instance of leaving a prior residence owing a balance (rent, fees or damages) or without giving proper notice; eviction for any reason from a prior residence; any three (3) late payments of rent within a twelve (12) month period from a current or past residence; or any rental history questionnaire returned wherein the current or past landlord states that the applicant and/or his family or guests were destructive and/or disruptive to the apartment or surrounding areas.

Application Processing

Applicants are required to sign release forms as requested by management, authorizing appropriate third parties to release information regarding the items outlined above. If any applicant fails to sign the release forms, the application will be declined. Management may consider favorable changes in the family’s behavior pattern, time lapse since an offense and other mitigating circumstances in evaluating the information obtained and/or provided by the applicant in the screening process to assist in determining the acceptability of an applicant for tenancy.

Rejection Criteria

An applicant will be rejected for occupancy if it is determined by the management that there is: substantial risk that the applicant will be unable or unwilling to maintain the apartment in the condition which is required by the lease; substantial risk that the applicant will be unable or unwilling to meet the rental obligation on a consistent monthly basis; or substantial risk that the applicant will endanger the safety and/or well-being of the apartment unit, community, or other resident. Applicants rejected due to failure to meet the above listed criteria will be notified in writing of the rejection with criteria explained.

Other Information

1. No pets are allowed except as outlined in our posted Pet Policy.
 2. No recreational or commercial vehicles allowed.
 3. Waterbeds only in ground floor apartments with proof of waterbed and/or renters insurance.
 4. In order to process an application, it must be fully completed and returned to the Rental Office along with a \$25 application fee. Please, no cash.
 5. Security Deposits are non-refundable after an application has been approved. Denied applications are subject to receive security deposits back in the same manner in which payment was made.
- BHC Management is not responsible for any changes in application information or cancellations.

Waiting List

BHC Management maintains a waiting list for its properties. If there are no vacancies, management will inform you by phone or mail when we have a suitable unit for you. Please make sure your address and phone number is current so we can contact you. You must update your information periodically.

How did you hear about us?

Number of Bedroom(s) - Please Circle 2BR 3BR When do you need to move? _____

Do you plan to use a Section 8 – Housing Choice Voucher to subsidize your rent? Yes____ No ____

1. HOUSEHOLD MEMBERS

Please list every person who will be living in the apartment, beginning with you. Include all adults & children. *All members under the age of 18 will require a copy of their birth certificate and social security card to process application.*

	Full Name	Age	Date of Birth	Social Security Number
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

2. RENTAL HISTORY

Present Address:

_____ Street _____ City/State/Zip

How Long? ____ Yrs. ____ Months Amount of rent? \$ _____ per month Lease Expires?

Home Phone: () ____ - ____ Cell: () ____ - ____ Work Phone: () ____ - ____

Email address: _____ Reason for Moving? _____

Landlord: _____ Address: _____ Phone: () ____ - ____

Have you ever been evicted from an apartment or any rental housing? ____ Please Explain: _____

Previous Address: _____ Street _____ City/State/Zip _____ How long?

3. EMPLOYMENT

In order for you to be considered for tenancy, we must calculate all income received for each person in the unit. Please fill in the following information about yourself. If you are unemployed, write "NONE" in the employer space.

1st Member

Gross Monthly Income \$ _____ How long employed? _____

Employer: _____ Supervisor: _____

Employer Address: _____

Employer Phone: () ____ - ____ Employer Fax: () ____ - ____ Position? _____

Previous Employer: _____ How long employed? _____

Do you receive Child Support, AFDC, Social Security, Disability or any other type of income? Please list.

- a. _____
- b. _____
- c. _____

2nd Member

Gross Monthly Income \$ _____ How long employed? _____

Employer: _____ Supervisor: _____

Employer Address: _____

Employer Phone: () _____ - _____ *Street* Employer Fax: () _____ - _____ *City/State/Zip* Position? _____

Previous Employer: _____ How long employed? _____

Do you receive Child Support, AFDC, Social Security, Disability or any other type of income? Please list.

- a. _____
- b. _____
- c. _____

Other Members

Gross Monthly Income \$ _____ How long employed? _____

Employer: _____ Supervisor: _____

Employer Address: _____

Employer Phone: () _____ - _____ *Street* Employer Fax: () _____ - _____ *City/State/Zip* Position? _____

Previous Employer: _____ How long employed? _____

Do you receive Child Support, AFDC, Social Security, Disability or any other type of income? Please list.

- a. _____
- b. _____
- c. _____

Are you or anyone in your household a full-time student? Yes ___ No ___ Who? _____

Pets are accepted conditionally. Do you have a pet that you intend on moving into the apartment with you? If so, please describe: _____

Please keep in mind that pets are not allowed without written consent from Landlord and conditions must be met.

4. Have you or any other household member ever been convicted of a felony? Yes ___ No ___

If yes, please explain: _____

Have you or any other household member been convicted of a misdemeanor involving violence, drug related criminal activity or crime of moral turpitude? Yes ___ No ___ If yes, please explain: _____

5. VEHICLE

Make/Model of car: _____ Year: _____ Plate # and State: _____

Color: _____ Will they be parked on the property? Yes ___ No ___

Second vehicle: _____ Year: _____ Plate # and State: _____

Color: _____ Will they be parked on the property? Yes ___ No ___

Due to limited parking, a maximum of two vehicles are allowed per household, and no boats, recreational vehicles, or commercial vehicles will be permitted to park on the property.

6. CREDIT

List credit references (Bank loans, finance companies, department stores, etc.)

- a. _____
- b. _____
- c. _____

Name and address of your bank

Checking: Name and address of bank _____

Account # _____ Interest Rate _____

Estimated six -month average \$ _____

Checking: Name and address of bank _____

Account # _____ Interest Rate _____

Estimated six -month average \$ _____

Savings: Name and address of bank _____

Account # _____ Interest Rate _____

Estimated six -month average \$ _____

Savings: Name and address of bank _____

Account # _____ Interest Rate _____

Estimated six -month average \$ _____

Have you disposed of any assets (personal property, real estate, vehicles) in the last two years? Yes ___ No ___

If yes, please list:

- a. _____
- b. _____

Do you have any stocks, bonds, CD's, IRA's 401k's, money market accounts, etc? Yes____ No ____

If yes, please list:

a. _____

b. _____

Please answer each of the following questions:

	Yes	No	Amount
Do you own a home or other real estate?	_____	_____	_____
Do you rent your home to anyone?	_____	_____	_____
Are you employed full-time, part-time or seasonally?	_____	_____	_____
Do you expect to work for any period during the next 12 months?	_____	_____	_____
Do you work for someone who pays you in cash?	_____	_____	_____
Are you on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____	_____
Do you now receive or expect to receive unemployment benefits?	_____	_____	_____
Does anyone in your household now receive or expect to receive child support?	_____	_____	_____
If yes, please state the name: _____	_____	_____	_____
Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____	_____
If yes, please state the name: _____	_____	_____	_____
Do you now receive or expect to receive alimony payments?	_____	_____	_____
Are you entitled to alimony payments that you are not now receiving?	_____	_____	_____
Do you receive or expect to receive welfare assistance?	_____	_____	_____
Do you receive or expect to receive Social Security benefits?	_____	_____	_____
Do you expect to receive income from a pension or an annuity?	_____	_____	_____
Do you receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____	_____

7. EMERGENCY CONTACTS (Must complete with full address and phone number)

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

I/We understand that our deposit will become the Security Deposit when the application is approved. (The deposit is **only** refunded if the application is **denied**.)

As required by the Virginia Residential Landlord and Tenant Act, anyone who is required to provide personal information about him/her must be legally informed whether he/she is required to provide such information or whether he/she may refuse to supply the information requested.

Privacy Act Statement

The information on this form is being collected by an organization representing VHDA to determine an applicant's eligibility and the recommended unit size. It will be used to provide the basis for managing the program covered by this form, for protecting the State's financial interest, and for verifying the accuracy of the information furnished. The information may be released to appropriate Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. Failure to provide any information will result in the delay or rejection of your application and approval.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize **Winchester Greens Apartments** to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, credit screening services, or criminal screening services, and to contact previous and current landlord or other sources for credit and verification confirmation, which may be released to appropriate Federal, State, or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a (d), seeking information on our credit worthiness, credit Standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES – SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIREY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL

REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

_____ *Date* _____ *Applicant's Name (PRINT)* _____ *Applicant's Signature*

_____ *Date* _____ *Applicant's Name (PRINT)* _____ *Applicant's Signature*

_____ *Date* _____ *Applicant's Name (PRINT)* _____ *Applicant's Signature*

DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved _____ *Date* Approved by: _____ *Signature* _____ *Title*

Disapproved _____ *Date* Disapproved by: _____ *Signature* _____ *Title*

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached).

Applicant Appeal Reviewed by: _____ *Signature* _____ *Title* _____ *Date*

Appeal Decision: Date Approved _____ Date Denied _____

Applicant Notified in Writing on: _____



EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY RESIDENT

*This form must be mailed or faxed to the applicant's/resident's employer by on-site personnel.
The resident cannot "hand-carry" this form to his/her employer.*

TO: (Name & address of Employer)

1st Request _____

2nd Request _____

Fax #: _____

Attn: _____

RE: _____
Applicant/Resident Name

_____ Social Security Number

_____ Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" or "N/A".

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ No ____ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Number of regular hours per week: _____

Overtime Rate: \$_____ per hour Number of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

Does the employee participate in a 401(K) Retirement Account? YES NO Can employee access the account? YES NO

What is the total amount in the 401(K) that is accessible to the employee without terminating or retiring? \$_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Landlord Reference

To: _____ Date: _____
Re: _____

The person named above has applied for residency at (Insert property name). We would like some information from you to help us evaluate the residency application.

Please complete the information and return it in the self-addressed, stamped envelope or please fax to (insert fax #). We will keep this information confidential. As indicated by the signed statement below, the applicant has consented to the release of this information and has agreed to hold you harmless for the contents of the information disclosed and for its disclosure use.

APPLICANT'S RELEASE

I, hereby authorize Integrated Property Management Systems to obtain all information it deems necessary relating to my residency at (insert prior site's name). I also authorize the release of the following information and for you to provide all relevant information to Integrated Property Management Systems. I agree to hold harmless Integrated Property Management Systems and (insert prior community name) from any and all claims I may have for the contents of the information disclosed and the disclosure and use of this information.

Applicant signature _____ Date _____

REQUESTED INFORMATION

- Dates of applicant's residency: Move in _____ Move out _____
- How much did the applicant pay for rent and for utilities at the time he or she moved out?
_____ Rent _____ Utilities
- Did the applicant fail to pay rent or any other financial obligation at any time during the residency? ___ Yes ___ No
If yes, indicate how many times late during tenancy. _____
- Did you evict the applicant for such a violation? ___ Yes ___ No
- Did the applicant violate nonmonetary provisions of the lease or house rules? ___ Yes ___ No
- Please describe the applicant's housekeeping. Give specifics about any health or safety threat posed by resident tenancy. _____

The information provided is true and correct to the best of my knowledge after a careful review of the applicant's file.

Signature _____ Date _____

Print name _____ Print company name _____



Applicant/Resident Release and Consent Form

Updated 2014

In consideration of BHC Management’s review of my rental/renewal application and continued residency in one of their properties, I hereby voluntarily consent to and authorize BHC Management staff to obtain information with regards to my qualification as a resident of the apartment community.

This release form also authorizes BHC Management and Social Service Staff of Better Housing Coalition to share information or emergency contact information. The information released can only be given in order to assist me in financial matters, health matters, legal matters, in the event of death, emergency situations and or situations that pose harmful to me and the community in which I reside.

GROUPS OR INDIVIDUALS WHO MAY BE ASKED TO RELEASE INFORMATION:

Past & present employer
Police Department official records
Child Support & Alimony providers
Retirement systems/administrations
Banks & other financial institutions

Welfare agencies
Social Service Administration
Medical & childcare providers

Previous & present landlords
Educational institutions
Veterans Administration
Credit Bureaus
Family members

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date



Household Race/Ethnicity/Disability Reporting Form

The Virginia Housing Development Authority (VHDA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although VHDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

Property Name: _____ Unit #: _____

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian or “Negro” also apply.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include current**, illegal use of or addiction to a controlled substance.

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

DEMOGRAPHIC PROFILE						
Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures:

_____ (date) _____ (date)

_____ (date) _____ (date)

_____ (date) _____ (date)