BHC Management
North Oak Apartments
617-1 W. Laburnum Avenue
Richmond, VA 23222
Telephone: 804-321-1155 Fax 804-321-1180

Office Use Only

Leasing Agent_____

In house Out house

Time Date Stamp

APPLICATION FOR RESIDENCY

Each Adult Household Member Must Complete a Separate Application Form.

North Oak Apartments is a tax credit property; therefore, residents must meet the following qualifications:

Household Size Limits: 1 Bedroom - 1-2 Persons 2 Bedrooms - 1-4 Persons

Minimum Income : **2.5x monthly rent**

Income Qualifications:

Household Size	60% Maximum
1 Person	$32,520
2 Person	$37,200
3 Person	$41,820
4 Person	$46,440

North Oak- *This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, handicap, or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association. North Oak strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.*

After reviewing the eligibility criteria, you should complete the application form. Please be sure to answer all questions **completely** in order to ensure the most prompt attention! When you are sure that you have answered all questions, return the application form to us. When your completed application form is received at our rental office, you will enter in the Initial Processing Phase. Again, thank you for your interest in our apartments. We look forward to receiving your completed application form.

Credit Report

A credit check will be completed. The following items could cause your application to be rejected: any one judgment, other than medical, not remedied; any one credit obligation (single account) which is three (3) months or more delinquent; or any (one) repossession of material or personal property; or any one suit not remedied or pending.

Criminal Background Check

A criminal background check will be required of all household members. Any conviction which reflects acts of violence, or any other conduct or activity which establishes a pattern of violence, that poses a direct threat to the health and safety of other residents will be grounds for the rejection of your application **or** substantial risk that the applicant will endanger the safety and/or well-being of the apartment unit, community or other residents. Management reserves the right to conduct a criminal record check in the State(s) of such applicant's previous residence. However**, BHC Management** cannot guarantee the safety of any resident and is not responsible under any circumstances for conducting a search or obtaining any information regarding the criminal behavior by or arrests or convictions of any resident, occupant, or guest in any apartment community.

Current Drug Use or Alcohol Abuse

Any current use of a controlled substance without a prescription will be grounds for rejection of your application. Further, any record that the applicant and/or member of the household has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance will be the grounds for the rejection of your application. Also, any evidence of alcohol abuse, which manifests conduct that poses a direct threat to health or safety of other residents, will be grounds for the rejection of your application.

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 or without giving proper notice; any one eviction 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 their apartment in the condition which would be 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. Applicants may request in writing a meeting to discuss the rejection within fourteen (14) days of the receipt of the rejection notice.

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 $20 application fee. Please, no cash.
5. Security Deposits are non-refundable after 72 hours of making payment on approved applications. 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 1BR 2BR When do you need to move? _____

Do you plan to use a Section 8 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: _____

Street City/State/Zip

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: _____

Street City/State/Zip

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. _____

Other Members

Gross Monthly Income $ _____ How long employed? _____

Employer: _____ Supervisor: _____

Employer Address: _____

Street City/State/Zip

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. _____

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 _____

Current Balance $ _____

Savings: Name and address of bank _____

Account # _____ Interest Rate _____

Current Balance $ _____

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:			
Does any member of your household now receive or expect to receive alimony? If yes, please state the name:			
Does any member of your household ENTITLED to alimony that he/she is NOT now receiving? If yes, please state the name:			
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 persons not living with you, or from agencies?			

7. EMERGENCY CONTACTS ***(Must complete with <u>full</u> 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 **North Oak Apartments** to make any and all inquires 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 INQUIRY 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 _____ Approved by: _____

_____Date
Signature Title

Disapproved _____ Disapproved by: _____

_____Date
Signature Title

Reason(s) for Disapproval: _____

Applicant Notified in Writing on:_____

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

Applicant Appeal Reviewed by: _____ _____

_____
Date Signature Title

Appeal Decision: Date Approved _____ Date Denied _____

Applicant Notified in Writing on: _____