



RENTAL APPLICATION
Somanath Senior Housing 55+
1201-1231 N. 28th Street Richmond, VA 23223
Telephone: 804-643-1956 Fax 804-643-1905



DATE: _____

TIME: _____

Beckstoffer's Senior Apartments- *This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, elderliness, 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.*

Beckstoffer's Senior Apartments - *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.*

Beckstoffer's Senior Apartments- *are communities that are governed under the LIHTC program cited in the IRS Code Section 42. Certain units have additional requirements of program and project eligibility governed by the HOME program, which requires that all occupants meet guideline requirements based on family size and income distributed by HUD for program and project eligibility.*

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. Please do the following while completing this application:
 - Complete all sections in ink (please print)
 - Please do not leave any section blank (including sections that do not apply to you)
 - ❖ If a section asks for information you do not have currently available, you may write "N/A" for (not applicable or not available).
 - When making corrections:
 - ❖ Put one line through incorrect information
 - ❖ Write the correct information
 - ❖ Initial the change

2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older who is expected to live in the apartment must sign this Rental Application.

3. False, incomplete or misleading information will cause your household's application to be declined

4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

Application Processing

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.

2. A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.

3. In the event you fail to respond to an application update request within the specific time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivation of applications may be granted if the household meets the exceptions outlined in the Community Resident Selection Criteria.
4. When management anticipates an expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. All adult members of your household 18 years of age and older are required to attend the eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

CONTACT INFORMATION (Current):

| | | | | | |
|--------------------------------|-------------------------------|------|----------------------|----------------------|------------------------|
| First Name (Head of Household) | Last Name (Head of Household) | M.I. | Home Phone Phone No. | Cell Phone Phone No. | Work/Message Phone No. |
| | | | | | |
| Current Street Address: | | | City | State | Zip Code |
| | | | | | |
| First Name (Co-Head) | Last Name (Co-Head) | M.I. | Home Phone Phone No. | Cell Phone Phone No. | Work/Message Phone No. |
| | | | | | |
| Current Street Address | | | City | State | Zip Code |
| | | | | | |

HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who you are expected to reside in the unit. NOTE: The number to left indicates the “Family Member Number” and is the number requested in the remaining sections of this Application.

| Full Name | Relationship | Elderly/ Disabled* | Sex (M/F) | Age | Birth date | Social Security No. | Occupation | Student Status | |
|-----------|-------------------|-----------------------|--------------|-----|---------------|---------------------------|------------|-------------------|-----|
| | | | | | | | | Full/Part Time | Yes |
| 1. | Head of Household | | | | / / | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |

Enter “E” for Elderly or “D” for Disabled.

Household Composition Cont.

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants & Residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.

| Ethnic Categories (Head of Household only) | Select one |
|---|------------------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | Select all that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

HUD Handbook 4350.3, Chapter 3, Paragraph 3-12 B.2. provides that, “All applicants for assistance must be given notice of the requirements to submit evidence of citizenship or eligible immigration status at the time of application”. Paragraph 3-12. G.1. also provides that, “Owners must give each applicant, at the time of application, notification of the requirement either to submit evidence of citizenship or eligible immigration status or to choose not to claim eligible status.”

- Is any member of your household a member of the Armed Forces or Reserves? Yes; No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? Yes; No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis Yes; No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future? Yes; No

PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing? Yes; No
- If yes, is the member and/or your household receiving subsidy assistance? Yes; No

If yes, what is your current rent portion \$_____, and what is the Effective date of your most recent Annual Recertification_____.

UNIT SIZE REQUESTED:

• Unit Size Requested: _____ 2nd Choice: _____

Why are you requesting this unit size:

- Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.):

- Will any of the above household members live anywhere except in the apartment? _____

If yes, where and why? (provide address): _____

- Are there any other persons who will live in the apartment on a less than full-time basis? _____

If yes, where and why? (provide address):

WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences:
 - *No owner preference applicable at this community*

- *Is your household displaced?* [] Yes; [] No

Displaced Family A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws. [24 CFR 5.403]

Displaced Person A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. [24 CFR 5.403]

MISCELLANEOUS:

- Do you own a pet? Cat _____ Dog _____ Other _____ [] Yes; [] No

If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here?

- How did you hear about our apartment community?

[] newspaper; [] apartment guide; [] friend/family; [] billboard;

[] other – specify _____

EMERGENCY CONTACT:

| Name | Relationship | Address | Phone Number |
|------|--------------|---------|--------------|
| 1. | | | |
| 2. | | | |

IMMIGRATION STATUS:

| Family Member Status | Family Member's Name | Status |
|----------------------|----------------------|---|
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |
| | | <input type="checkbox"/> 1. A citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain): _____ |

RENTAL HISTORY:

List Landlord/Rental History for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use Family Member Numbers from Page 1. If you need more space, please use a blank sheet of paper.

| Family Member No. | Current/Previous Landlord & Landlord's Address | Families Previous Address/Addresses | Phone Number | Monthly Rental Payment | Reason for leaving (relocation/ eviction, etc.) | Dates of Residency | |
|-------------------|--|-------------------------------------|--------------|------------------------|---|--------------------|-----|
| | | | | | | From: | To: |
| | | Street, City, State, Zip | | \$ | | From: | To: |
| | | Street, City, State, Zip | | \$ | | From: | To: |
| | | Street, City, State, Zip | | \$ | | From: | To: |
| | | Street, City, State, Zip | | \$ | | From: | To: |

- If any household member has used a different name during residency of a current or prior landlord, list names Used

INCOME:

EMPLOYMENT ONLY. List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources," see next section of Rental Application.

| Family Member Number | Place of Employment | Employment Address | Employer's Telephone | Supervisor | Annual Income (Yearly Total) |
|----------------------|---------------------|--------------------|----------------------|------------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

| Family Member Number | Source of Income | Address of Source of Income/Contact Person And Telephone Number | Estimate of Annual Income (Yearly Total) |
|----------------------|------------------|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

| | 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? | _____ | _____ | _____ |

CHECKING ACCOUNTS:

| Family Member Number | Account Number | Bank Name | Bank Address | Avg. 6 Mo. Balance | Current Rate of Interest |
|-----------------------------|-----------------------|------------------|---------------------|---------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CASH ON HAND:

Current Amount of Cash on hand
\$ _____

Please indicate amount of cash your household currently has on hand:

SAVINGS ACCOUNTS:

| Family Member Number | Account Number | Bank Name | Bank Address | Current Balance | Current Rate of Interest |
|-----------------------------|-----------------------|------------------|---------------------|------------------------|---------------------------------|
| | | | | | |
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STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.

| Family Member Number | Description of Asset/Account Number (i.e., C.D. - #004561020) | Current Value of Asset | Annual Income From Asset |
|-----------------------------|--|-------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

ASSETS CONTINUED:

Do you have any life insurance policies that have a surrender value? [] Yes; [] No

If so, what is the total surrender value of the policies? \$ _____

Have you or any member of your household sold or given away any real estate property

Or other assets in the past two (2) years for less than fair market value? [] Yes; [] No

If yes, explain _____

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

| Family Member Number | Make and Model Number | Year | License Tag Number | State | Color of Vehicle |
|----------------------|-----------------------|------|--------------------|-------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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CRIMINAL SCREENING: (These questions apply to ALL HOUSHOLD MEMBERS)

A criminal background check will be completed on all adult members of the applicant family (18 years of age and older). The results of this check will be the basis for rejection if any of the following is found:

- Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision:
 - 1.The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or
 - 2.The circumstances leading to the evictions no longer exists (e.g., the household member no longer resides with the applicant household).

1. Are you or any members of your household currently using an illegal controlled substance?

2. Have you or any member of your household ever been convicted of a violent crime?

If yes, please explain

3. Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, please explain

| Yes | No |
|-----|----|
| | |
| | |
| | |

WARNING: “Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

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 **BHC Management** 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, ELDERLINESS, 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 |
| _____ | _____ | _____ |
| Date | Applicant's Name (PRINT) | Applicant's Signature |
| _____ | _____ | _____ |
| Date | Applicant's Name (PRINT) | Applicant's Signature |