



Office Use Only
Leasing Agent Initials _____
In house    Out house (circle one)
Time Date Stamp

## WINCHESTER GREENS APARTMENTS HOUSING ELIGIBILITY REQUIREMENTS AND POLICIES

**For Leasing Information:**  
**2800 Bensley Commons Blvd, Richmond VA 23237**  
**phone 804-743-7300    fax 804-743-7256**  
**email: wgreens@betterhousingcoalition.org**

### 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:

1. 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."*
2. The first line of Line item 5 of the Application Agreement section on page 3 is modified as follows: **"If You Withdraw AFTER Approval"**

**Household Size Limits**    2 Bedrooms per 1-4 persons                      3 Bedrooms per 1-6 persons

**Minimum Income** Household income must be greater than 3x the monthly rent in order to qualify (for voucher holders, 3x their 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:  2BR     3BR

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 _____
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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 Affordable Residences in Chesterfield 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 Affordable Residences in Chesterfield 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**

_____	Unit # or type
Apt. name or dwelling address (street, city)	_____
Person accepting application	Phone
_____	_____
Person processing application	Phone
_____	_____
Applicant or Co-applicant was notified by <input type="checkbox"/> telephone <input type="checkbox"/> letter <input type="checkbox"/> email, or <input type="checkbox"/> in person of <input type="checkbox"/> acceptance or <input type="checkbox"/> 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





BHC  
Management  
Company



## Applicant/Resident Release and Consent Form

Updated 2020

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              | Welfare agencies              | Previous & present landlords |
| Police Department official records   | Social Service Administration | Educational institutions     |
| Child Support & Alimony providers    | Medical & childcare providers | Veterans Administration      |
| Retirement systems/administrations   |                               | Credit Bureaus               |
| Banks & other financial institutions |                               | Family members               |

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



### Landlord Reference

To: \_\_\_\_\_  
Re: \_\_\_\_\_

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

The person named above has applied for residency at Winchester Greens Apartments. We would like some information from you to help us evaluate the residency application.

Please complete the information and email it to [wgreens@betterhousingcoalition.org](mailto:wgreens@betterhousingcoalition.org) or please fax to (804) 743-7526. 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 Better Housing Coalition to obtain all information it deems necessary relating to my residency at \_\_\_\_\_ . I also authorize the release of the following information and for you to provide all relevant information to Better Housing Coalition. I agree to hold harmless Better Housing Coalition and \_\_\_\_\_ 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

1. Dates of applicant's residency: Move in: \_\_\_\_\_ Move out: \_\_\_\_\_
2. How much did the applicant pay for rent and utilities at the time he or she moved out?  
Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_
3. 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: \_\_\_\_\_
4. Did you evict the applicant for such a violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Did the applicant violate nonmonetary provisions of the lease or house rules? Yes: \_\_\_\_\_ No: \_\_\_\_\_
6. 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: \_\_\_\_\_



EMPLOYMENT VERIFICATION

TO: (Name & Address of Employer)

FROM: (Name & Address of Owner/Management Agent)

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

Winchester Green Staff  
Bensley Commons Blvd.  
North Chesterfield, VA 23237  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name

Email: wgreens@betterhousingcoalition.org

Contact: Winchester Green Staff at (804) 743-7030 or

by email at wgreens@betterhousingcoalition.org if you have any questions.

\_\_\_\_\_  
Unit Number (Optional)

Thank you for your prompt response. All information is confidential.

PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

*Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.*

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current gross wages/salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week (not included in regular hours): \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week (not included in regular hours): \_\_\_\_\_

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

Complete only if above wage data is unavailable: Year-to-date earnings: \$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Is the employee's work seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate the average number of weeks in the layoff period(s): \_\_\_\_\_

Does this employee have a 401(k), 403(b), or other retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, can the employee withdraw the funds in this account? Yes \_\_\_\_\_ No \_\_\_\_\_ What is the appropriate agency/contact information to verify retirement account information? \_\_\_\_\_

Additional remarks: \_\_\_\_\_

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

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

Print Your Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONTENT:** 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 uses 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 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).





**Please return your application with the supporting documents listed below**

- **Photo ID / Driver license**
- **Social security card (everyone)**
- **Birth Certificate (kids only)**
  - **Proof of income**
  - **\$25 app fee per adult**

**These documents can also be  
emailed as a PDF to**

**wgreens@betterhousingcoalition.org**

