



WELCOME TO YOUR NEW APARTMENT HOME!

B/R Size:	App Fee:\$	Anticipated Move In Date:	Traffic Source:	Agent:	Date App. Received:
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APPLICATION FOR AFFORDABLE HOUSING

HOUSEHOLD MEMBER INFORMATION - Complete the following information for each household member that will occupy the unit at the time of move in & during next 12 month period - PLEASE PRINT

	NAME Last, First, MI (Jr, Sr, Etc.)	Social Security Number	Sex M/F	Is this Person a Student?		Age	Birth Date MM/DD/YY	Race	Hispanic/ Non-Hispanic (Statistical Purposes Only)	List ALL States Ever Lived In
				YES	NO					
HEAD				YES	NO					
CO-H				YES	NO					
3.				YES	NO					
4.				YES	NO					
5.				YES	NO					
6.				YES	NO					
7.				YES	NO					

Do you expect any changes to the above listed household composition (size) in the next 12 months? If yes, explain:	YES	NO
Is there someone not listed above who would normally reside in the household? If yes, explain:	YES	NO
Will this be your only residence? If no, explain:	YES	NO
Are any household members currently receiving Section 8 assistance? If yes, is the assistance: (circle one) Housing Choice Voucher or Property Based Section 8	YES	NO

RESIDENT HISTORY AND INFORMATION

HEAD OF HOUSEHOLD

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	
PREVIOUS ADDRESS (if less than 3 years)	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#		

OTHER ADULT HOUSEHOLD MEMBER (If additional space is needed, please use blank page and attach)

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	

EMERGENCY CONTACT INFORMATION

NAME:	ADDRESS:	PHONE:	RELATIONSHIP:
1.			
2.			

VEHICLE INFORMATION

MAKE/MODEL:	PLATE #:	COLOR:	YEAR:
MAKE/MODEL:	PLATE #:	COLOR:	YEAR:

ADDITIONAL INFORMATION

Is any household member listed above currently using an illegal substance or have a pattern of alcohol abuse?	YES	NO
Have you or any household member listed above ever been convicted of a felony? If yes, describe:	YES	NO
Is any household member listed above subject to a registration requirement under a state sex offender registration program? If so, please list the household member's name here:	YES	NO
Have you or any household member listed above ever been evicted or foreclosed from any housing? If yes, describe:	YES	NO
Have you or any household member listed above ever filed for bankruptcy? If yes, Date of Discharge:	YES	NO
Is any member of the household listed above a Veteran?	YES	NO
Is any member of the household listed above disabled?	YES	NO
If yes, does this household member require any accommodations?	YES	NO

STATEMENT OF ANTICIPATED INCOME: For the next 12 months

Do you or any household member receive or expect to receive income from:

Receive Yes or No		INCOME SOURCE TYPE:	Estimated GROSS Monthly Amount	Name of HH Member(s) Who Receives this Income	How is the money received? (Circle the payment source)
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit Debit Card Check Cash
		Employer Name: _____ Date of Hire: _____ Employer Name: _____ Date of Hire: _____			
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit Debit Card Check Cash
		Employer Name: _____ Date of Hire: _____ Employer Name: _____ Date of Hire: _____			
YES	NO	Social Security	\$		Direct Deposit Debit Card Check Cash
YES	NO	Social Security Supplement – SSI	\$		Direct Deposit Debit Card Check Cash
YES	NO	Social Security Disability – SSDI	\$		Direct Deposit Debit Card Check Cash
YES	NO	Pension Plan Benefits	\$		Direct Deposit Debit Card Check Cash
YES	NO	Veterans Benefits - VA	\$		Direct Deposit Debit Card Check Cash
YES	NO	Self-Employment Income	\$		Direct Deposit Debit Card Check Cash
YES	NO	Annuities, IRA or other Retirement	\$		Direct Deposit Debit Card Check Cash
YES	NO	Gifts/Contributions from Outside Source	\$		Direct Deposit Debit Card Check Cash
YES	NO	Military Pay	\$		Direct Deposit Debit Card Check Cash
YES	NO	Does anyone work for a person who pays in cash	\$		Direct Deposit Debit Card Check Cash
YES	NO	Unemployment/Workman's Comp/Disability	\$		Direct Deposit Debit Card Check Cash
YES	NO	TCA, TANF, General Assistance Benefits (not food stamps)	\$		Direct Deposit Debit Card Check Cash
YES	NO	Child Support, Alimony or Spousal Support It is Court Ordered: Yes or No	\$		Direct Deposit Debit Card Check Cash
YES	NO	Is anyone on Leave of absence from work due to Lay-Off, Medical, Family Leave Act, Military Leave or other	\$		Direct Deposit Debit Card Check Cash
YES	NO	Other income from sources not mentioned above	\$		Direct Deposit Debit Card Check Cash

STATEMENT OF ASSET INFORMATION:

Do you or any household member listed above have the following assets? Please list current value(s) below

Have (Yes or No)		Asset Type	Current Value of this Asset	Annual Interest Income from this Asset	Name of Household Member Who has the asset(s)
YES	NO	Checking Account (s) # of Accounts: _____	\$	\$	
YES	NO	Savings/Money Market Accts. # of Accounts: _____	\$	\$	
YES	NO	Certificate of Deposit (CD) # of Accounts: _____	\$	\$	
YES	NO	IRA or Annuities # of Accounts: _____	\$	\$	
YES	NO	401K, 403B, 457A, etc. # of Accounts: _____	\$	\$	
YES	NO	Any other Retirement Accts. # of Accounts: _____	\$	\$	
YES	NO	Savings Bonds/Treasury Bills/ Stocks # Owned: _____	\$	\$	
YES	NO	Trust Fund(s) # of Accounts: _____	\$	\$	

STATEMENT OF ASSET INFORMATION CONTINUED:

YES	NO	Whole/Universal Life Insurance Policies # of Policies: _____	\$	\$	
YES	NO	Does anyone own any Burial Plot(s)	\$	\$	
YES	NO	Does anyone own any property or have equity in any real estate? (Homes, Mobile Homes, Land, Condos, Time Share, Commercial Rental or Other Rental Property) If the property is owned, Is it for sale? YES NO	\$	\$	
YES	NO	Does anyone receive Rental Property Payments or Note Receivable	\$	\$	
YES	NO	Do you own collections (gems, art, coins, etc.) or any other property which is held as an investment	\$	\$	
YES	NO	Have you received or expecting to receive any <u>LUMP SUM PAYMENTS</u> from: Social Security Delayed payments, inheritances, capital gains, one-time lottery winnings, victims restitution, worker's compensation, disability or any type of insurance claims/settlements	\$	\$	
YES	NO	Do you have Cash on Hand	\$	\$	
YES	NO	Any other assets not listed above	\$	\$	

Does your total assets value \$5,000 or more?					YES	NO
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? If yes, please explain:					YES	NO
Have you sold any property within the last two years? If yes, please explain:					YES	NO
Have you disposed of (given away) any assets within the last two years? If yes, please explain: Date asset(s) was disposed of (given away): _____ The asset(s) I/We disposed of (gave away) was: _____ The Fair Market Value of the asset(s) disposed of (gave away) was: \$ _____ The amount received for the asset I/We Disposed of (if any):\$ _____					YES	NO

STUDENT INFORMATION

Definition of a student is any person part-time or full-time enrolled in an institution of higher education for the purposes of earning a degree, certificate or other program leading to a recognized educational credential.

Will any persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes _____ **No** _____

If yes, who is enrolled? _____ Name of School: _____

How is the education paid for? _____ What is the cost of Tuition per semester? \$ _____

Are ALL of the persons in this household Full-time Student(s)?	YES	NO
Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or a Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another tax return?	YES	NO

MEDICAL EXPENSES

Type of Expenses	Family Member Who Pays	Monthly Amount

PET & ASSISTANCE ANIMALS

Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an Animal? YES _____ NO _____ If Yes, Provide the following information:

Animal Type (dog, cat, bird, etc.)	Breed (if applicable)	Weight (full grown)	Is the animal a Service animal required to assist with a disability?	
			YES	NO
			YES	NO

FRAUD STATEMENT

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 willfully 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 numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8)

RESIDENT'S STATEMENT

WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION/CERTIFICATION AND MY/OUR SIGNATURE IS CONSENT TO OBTAIN SUCH VERIFICATIONS. I/WE UNDERSTAND THAT SCREENING WILL BE COMPLETED BY A CREDIT REPORTING AGENCY IN ACCORDANCE WITH TENANT SELECTION PLAN. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL INCOME AND ASSETS AND ASSETS DISPOSED. I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION/CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT ANY INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

SIGNATURE OF HEAD OF HOUSEHOLD

SIGNATURE OF CO-TENANT

SIGNATURE OF CO-TENANT

SIGNATURE OF CO-TENANT

DATE

DATE

DATE

DATE

OWNER'S SIGNATURE

SIGNATURE OF OWNER'S/MANAGEMENT AGENT AUTHORIZED REPRESENTATIVE: _____

DATE _____



Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity or marital status. Habitat America, LLC and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988, and, to the extent applicable, the Americans with Disabilities Act. Furthermore this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.



PRIVACY PROTECTION ACT LETTER (Virginia)

(Property Name)

NOTICE OF DISCLOSURE FOR APPLICATION

As provided by the Virginia Privacy Protection Act of 1976, any one who is requested to provide personal information about himself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing he/she is required to provide certain information that will enable Habitat America, LLC to complete the eligibility process for Section 42 Low Income Housing Tax Credit Program or other federal housing programs.

A Photostat or facsimile copy of your signature may be used to retrieve information required to determine gross annual income. It may be used to verify information listed on our application or re-certifications for the purpose of approval and/or retrieval of income and asset information during the compliance period of the property, deemed necessary for the Section 42 Low Income Housing Tax Credit Program or other federal housing program guidelines set forth for this property.

Your signature below indicates authorization to request verifications of necessary information concerning any income or asset sources by phone, fax or Photostat copy of this form, along with the necessary identifying verification form during the declared compliance period of this property.

The information requested will be used to determine an adjusted annual income, which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Virginia Housing Development Authority limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

This paperwork is retained in your file and is subject to audits by Virginia Housing Development Authority, 601 South Belvedere Street, Richmond, Virginia, 233220. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Virginia Freedom of Information Act, but any information so supplied is subject to the safeguards of the Virginia Privacy Protection Act.

My/Our signature(s) below indicate my/our acceptance of the application for occupancy in its entirety.

_____ Applicant #1 Signature	_____ Date
_____ Applicant #2 Signature	_____ Date
_____ Applicant #3 Signature	_____ Date
_____ Authorized Agent Habitat America, LLC	_____ Date

