



WESTON CIRCLE
APARTMENTS
WICKLOW SQUARE
APARTMENTS

WHAT YOU WILL NEED TO APPLY

Thank you for your interest in Weston Circle and Wicklow Square Apartment homes. In order to begin the processing of your application, we will need the items listed below, that apply to you or anyone who will be residing in your new apartment home.

- *Application fee is \$25 per applicant, which will need to be in certified funds, money order or cashier's check.*
- *A Fully completed application for everyone over 18 years of age (Please make sure to address EVERY LINE ITEM on the application even if it does not apply to you)*
- *Birth Certificates for all children and social security cards for all that apply:
If birth certificates are not available we must have proof through another source (Proof of birth letter, Doctors records, school records, etc.)
- *Government issued photo identification for all applicants*
- *You will need to bring your most recent paystubs with your application (3 months consecutive)*

Thank you for your cooperation in getting these very important documents to our Management office as soon as possible so that we may begin processing your application.

We look forward to making Weston Circle and Wicklow Square your new home!



Habitat America, LLC, Management Company
RESIDENT SELECTION CRITERIA
For Tax Credit Properties

Property Name: Wicklow Square Apartments
100 Weston Lane, Fredericksburg, VA 22401

Effective Date: September 17, 2021
Phone: (540)-371-5244 TTY: 711

Thank you for applying to live at our community. This document is provided to explain the process we use to select our residents. Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors at our properties fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, marital status or source of income. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 (“Fair Housing Act”) 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.

PROJECT ELIGIBILITY

This community may be designated for a special population. Applicants must be adults and must meet the restrictions as indicated below in order to proceed with the application process.

No special population restrictions apply to this community.

Valid identification with a picture will be required (photo copy may be kept on file). Applicants must disclose social security numbers (SSN) for all family members. A valid SSN card issued by the Social Security Administration is the necessary documentation required. If a SSN card is not available the community will accept a letter from the Social Security Administration stating that a new card has been applied for. Where applicable an assigned Federal Identification Number may be used.

STUDENTS

This community follows the student regulations written in Section 42 of the Internal Revenue Code. The regulation states that a household comprised of all full time students will not be eligible for this program. There are however five exceptions to this rule. For more information contact the Community Manager.

OCCUPANCY STANDARDS

Habitat America, LLC has established occupancy standards to permit the resident to select the apartment size they deem appropriate to their needs while preventing overcrowding and underutilization of the apartment. The occupancy standard is based on 2 persons per bedroom plus one: Note: no adult members can be added to the household in the first 12 months of occupancy that would compromise the tax credit section 42 restrictions.

Number of Bedrooms	Minimum & Maximum # of Occupants Allowed
1	1 - 3
2	1 - 5
3	2 - 7

INCOME REQUIREMENTS

The household's total gross annual income shall not exceed the property's applicable area median income as posted by HUD each year. All forms of household income must be disclosed. In addition, minimum income limits apply. Proof of all income and assets is required.

TAKING APPLICATIONS

The Application: Each adult must complete and sign the Rental Application. **There is a non-refundable application fee of \$25 per adult due at the time the application is submitted.** An application cannot be processed unless it is fully complete and the application fee has been paid. Applicants must list all members who will reside in the apartment unit and designate the number of bedrooms being requested. Apartments specially designed for the disabled will be marketed only to persons with disabilities. If an apartment is not available when the application is submitted, the applicant will be put on waiting list. The application will be fully screened and verified when an apartment becomes available for occupancy. Once the application is approved and the available unit accepted, the applicant will be required to sign a lease agreement in which applicant agrees to abide by all property rules and regulations. If assistance is needed in completing the application or lease documents, contact the Community Manager.

Screening: A report will be obtained through a commercial credit reporting agency which will determine the application accepted or denied. Rental history for the past 3 years will be verified and must indicate the ability to care for the property without damage and pay rent on time. Applicant must be able to establish the necessary utilities with the appropriate utility provider.

Background and criminal record checks will be conducted. An applicant will be denied if:

- Any household member has been evicted from Federally-assisted housing for drug-related criminal activity or is currently engaging in the illegal use of a drug.
- There is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol and/or an illegal drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Any household member has a history of drug-related criminal activity including but not limited to possession, usage, distribution, transport, sale, manufacture or storage of illegal drugs and/or drug paraphernalia, or conviction under any State or Federal laws relating to illegal drugs and/or paraphernalia.
- Any household member is subject to lifetime registration requirements under a State or Federal sex offender registration program.
- Any other criminal history exists that would threaten the health, safety or peaceful enjoyment of the premises by other residents or the health and safety of the owner, employees, contractors, or agents that are involved in property operations.
- Any other criminal history determined by the credit reporting agency to be grounds for denial.
- Any information provided by the applicant proves to be untrue during the verification process. These applications will be denied.

Rejection Procedures: If an applicant disputes the accuracy of any information provided to the landlord by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of screening results. The name, address and phone number of the screening company will be provided in the denial letter. The denial letter will advise the applicant that if they believe there are errors in their screening report, they have fourteen (14) days to respond in writing to request an appeal. Applicants who are denied must wait 60 days before reapplying at the community.

SECTION 504

Habitat America, LLC has developed a Section 504 Policy to address all reasonable accommodation requests for persons with disabilities. For more information on reasonable accommodation requests, contact the Community Manager.

WICKLOW SQUARE APARTMENTS

Security Deposit:	Minimum of \$250 to Maximum of 1 month's rent depending on credit history.
Lease Term:	1 year
Utilities Included:	Water, Sewer and Trash

Income Requirements/ Rental Rate:

Total household income will be reviewed and verified for occupancy in our community in accordance with the following maximum and minimum income limits based on family composition. Voucher holders do not have a minimum income requirement but must meet all the other requirements. (Limits are subject to change without notice)

Floor Plan	Apt. Sq. Ft.	Rental Rate	Minimum Income	Maximum Income per Household Size
1 BR, 1 BA 60% 9 Apts	515	\$945	\$34,020	1 person - \$54,180 2 people - \$61,920 3 people - \$69,660
1 BR, 1 BA With Den 60% 3 Apts	630	\$970	\$34,920	
2 BR, 1 BA 60% 60 Apts	776	\$995	\$35,820	1 person - \$54,180 2 people - \$61,920 3 people - \$69,660 4 people - \$77,400 5 people - \$83,640 6 people - \$89,820 7 people - \$96,000
2 BR, 2 BA With Den 60% 12 Apts	886	\$1,045	\$37,620	
3 BR, 2 BA 60% 12 Apts	1,144	\$1,135	\$40,860	

Pet Policy: Dogs, cats, turtles and fish in small aquariums are welcome, birds and hamsters are also permitted but must be caged at all times. A maximum of two dogs, cats or birds in any combination are permitted in each apartment with a maximum weight of 80lbs. full grown. A non-refundable pet fee of \$300 per must be paid in full before the pet (cat and dog) may reside in the community. There is an additional fee of \$15.00 per month per pet. Permission must be secured in writing from Management and the rules and regulations of the community regarding pets must be strictly adhered to. Pet owners are required to clean up after their pets at all time. Management must see all pets prior to their move in and has the right to deny any pet that may violate the community rules and regulations or be a danger to the Community. Dog and Cat owners are required to present a copy of a current license and proof of current rabies inoculation at move in and annually. Dog owners must purchase and maintain renter's insurance coverage with a minimum of \$300,000 in liability coverage. A copy of the policy renewal must be given to management once a year. The policy must name the following as Certificate Holders: The name of the Community and Habitat America, LLC. This requirement is to protect the dog owner against liability claims in the event their dog causes injury to others. Dogs, specifically, Doberman Pinchers, Chows, Presa Canarius (Canary Mastiff), Boxers Rottweilers, "Pit bulls" or other perceived vicious breeds (including but not limited to Pit bull cross-breeds, Pit bull mix, American Staffordshire terrier,

Staffordshire bull terrier) are not permitted on the property at any time. "Visiting Pets", puppies / kittens under the age of six (6) months, and other reptiles are not permitted. Management has the right to revoke the privilege of having a pet if the pet policies are violated. Animals which are designated as assistance animals to the disabled are accepted with the appropriate documentation.

Additional Credit Requirements:

- Unpaid Gas & Electric Bills and Returned Checks are grounds for denial
- Medical Bills are excluded from consideration
- Discharged bankruptcies will be considered for a period of one year from date of application.
- Unfavorable landlord history will be grounds for denial unless verifiable extenuating circumstances exist.

Additional Background Requirements:

- Management will review 7 years of drug related criminal activity, felony convictions and history or pattern of misdemeanor convictions. These will be grounds for denial.

Violence against Women Act

The VAWA Act protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim.

If you need additional information concerning the Selection Criteria, please see the Community Manager. Please note this Resident Selection Criteria in its entirety is subject to change without notice.

Acknowledgment/Receipt:

By signing below I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for Wicklow Square Apartments. I/We also understand that the property owner may disclose the application status to any agency with program regulations applicable to the community.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management Signature

Date





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
Are any household members on a waitlist for public housing or any other type of rental assistance? If yes, what agency has the member's name on its waiting list:	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:

ADDITIONAL INFORMATION

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? If yes, does this household member require any specific accommodations? If yes, select one: _____ Hearing Accessible _____ Mobility Accessible _____ Visually Accessible	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 one payment source)
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit Check
		Employer Name: _____ Date of Hire: _____ Employer Name: _____ Date of Hire: _____			Pre-paid Card Cash
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit Check
		Employer Name: _____ Date of Hire: _____ Employer Name: _____ Date of Hire: _____			Pre-paid Card Cash
YES	NO	Social Security	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Social Security Supplement – SSI	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Social Security Disability – SSDI	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Pension Plan Benefits	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Veterans Benefits - VA	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Self-Employment Income	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Annuities, IRA or other Retirement	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Gifts/Contributions from Outside Source	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Military Pay	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Does anyone work for a person who pays in cash	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Unemployment/Workman's Comp/Disability	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	TCA, TANF, General Assistance Benefits (not food stamps)	\$		Direct Deposit Check Pre-paid Card Cash
YES	NO	Child Support, Alimony or Spousal Support It is Court Ordered: Yes or No	\$		Direct Deposit Check Pre-paid Card 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 Check Pre-paid Card Cash
YES	NO	Other income from sources not mentioned above	\$		Direct Deposit Check Pre-paid Card 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 – Higher Education

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

Is any household member <u>currently</u> a student of higher education?	YES	NO
Was any household member a student of higher education for any 5 calendar months of this year?	YES	NO
Does any household member plan to become a full-time student of higher education in the next calendar year?	YES	NO
Are ALL of the persons in this household Full-time Student(s)?	YES	NO

If yes to any of above, who is (or was) enrolled? _____ Name of School: _____

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

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

DATE

SIGNATURE OF CO-TENANT

DATE

SIGNATURE OF CO-TENANT

DATE

SIGNATURE OF CO-TENANT

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.



Rev: 07/08/2021

APPLICANT or CO-SIGNER CONSENT

“I hereby authorize Wicklow Square Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment salary details, and/or any other necessary information.”

“I hereby expressly release Wicklow Square Apartments, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.”

“I understand that should I lease an apartment, Wicklow Square Apartments and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes and for improving application methods.”

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Community Manager/Agent's Signature



STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

Check A, B, or C as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (**Do not answer questions 1-5**). Sign and date below.

C. _____ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) YES NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) YES NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) YES NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.
Complete only one form per household; include assets of children.

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	% _____	\$ _____	Checking Account(s)***	\$ _____	% _____	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	% _____	\$ _____
Certificates of Deposit	\$ _____	% _____	\$ _____	Money Market Funds	\$ _____	% _____	\$ _____
Stocks	\$ _____	% _____	\$ _____	Bonds	\$ _____	% _____	\$ _____
IRA Account(s)	\$ _____	% _____	\$ _____	401(k)/403(b) Account(s)	\$ _____	% _____	\$ _____
Keogh Account(s)	\$ _____	% _____	\$ _____	Trust Funds	\$ _____	% _____	\$ _____
Equity in Real Estate	\$ _____	% _____	\$ _____	Land Contracts	\$ _____	% _____	\$ _____
Lump Sum Receipts	\$ _____	% _____	\$ _____	Capital Investments	\$ _____	% _____	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	% _____	\$ _____	GoFundMe/Crowdsourcing	\$ _____	% _____	\$ _____
Life Insurance (Excluding Term)	\$ _____	% _____	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	% _____	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	% _____	\$ _____	Explanation _____			
Other (list):	\$ _____	% _____	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

- *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- **Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.
- ***Checking Account cash value should be the average in the checking account over the last six (6) months
- ****Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

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).

GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT LETTER

MARKET RATE DEVELOPMENTS

Dear (Mr/Mrs/Ms) _____

As provided by the Government Data Collection and Dissemination Practices Act, anyone 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 financed by the Virginia Housing Development Authority, you are requested to provide certain information that will enable _____ to complete a "Tenant Income Certification".

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.

The completed "Tenant Income Certification" is electronically transmitted by this management agent/owner to the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220. 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 Government Data Collection and Dissemination Practices Act.

Sincerely,

Management

Received (Date) _____

By: _____

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. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

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](http://www.ecfr.gov/titles/24/titles/100/100.201).
- “Disability” **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the [HUD website](http://www.hud.gov) or Virginia Code in Sections [36-96.1:1](#); [36-96.3:1](#) and [36-96.3:2](#).

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

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)