



# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property  
E-mail: [KingWilliamPlace@MarkDanaVA.com](mailto:KingWilliamPlace@MarkDanaVA.com)

Please Print Clearly

This is an application for housing at:	<b>Project: KING WILLIAM PLACE</b>
	<b>Address: 129 PINE CREST LANE</b>
	<b>AYLETT, VA23009</b>
	<b>804-769-2150 OR T.D.D.# 1-800-828-1120</b>
Please complete this application and return to:	<b>Name: KING WILLIAM PLACE</b>
	<b>Address: 129 PINE CREST LANE</b>
	<b>AYLETT, VA23009</b>
	<b>804-769-2150 OR T.D.D.# 1-800-828-1120</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application and a \$20.00 application fee and \$20.00 application fee for each additional adult applying and it must be paid by money order when submitting this application.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Current address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Do you ( ) RENT or ( ) OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? ( ) Yes ( ) No (check one)

Check utilities paid by you: ( ) Heat ( ) Electricity ( ) Gas ( ) Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested: ( ) One BR ( ) Two BR ( ) Three BR ( ) Handicap BR

### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain

Will all of the persons in the household be or have been full-time 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, ANSWER THE FOLLOWING QUESTIONS:

Are the students married and entitled to file a joint tax return?(attach marriage certificate or tax return)	( ) Yes	( ) No
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (attach verification of participation)	( ) Yes	( ) No
Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	( ) Yes	( ) No
Are all adults single parents and neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	( ) Yes	( ) No
Does the household consist of at least one student who was previously under foster care?(provide verification of participation)	( ) Yes	( ) No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI Benefits	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI Benefits	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI Benefits	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI Benefits	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension (list source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension (list source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension (list source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Benefits (list claim #)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Benefits (list claim #)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV/TANF	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV/TANF	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Title IV/TANF	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student Income (18 & Over Only)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student Income (18 & Over Only)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Income (source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Income (source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Income (source)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Income (source)	\$

Household Member Name	Source of Income	Monthly Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cash Contributions (Regular)</b>	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other (Regular contributions for child)</b>	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, explain:</b>		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, write NO.

Checking Accounts ( ) Yes ( ) No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts ( ) Yes ( ) No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account ( ) Yes ( ) No	#	Bank	Balance \$	
Certificates  ( ) Yes ( ) No	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union ( ) Yes ( ) No	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds ( ) Yes ( ) No	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
IRA ( ) Yes ( ) No	#	Name	Value \$	
401K ( ) Yes ( ) No	#	Name	Value \$	
Life Insurance Policy ( ) Yes ( ) No	#		Cash Value \$	
Mutual Funds ( ) Yes ( ) No	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks  ( ) Yes ( ) No	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds ( ) Yes ( ) No	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property	( ) Yes ( ) No		Appraised Value \$	

Real Estate Property: <i>Do you own any property?</i> / Burial Plots	( ) Yes ( ) No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	( ) Yes ( ) No
<i>If yes</i> , Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	( ) Yes ( ) No
<i>If yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	( ) Yes ( ) No
<i>If yes, please list:</i>	
Amount of Cash on hand?	\$ _____
Do you have a cash demand card?	( ) Yes ( ) No
Do you have a Safety Deposit Box?	( ) Yes ( ) No
Value of Contents	\$ _____

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any member of your family currently using marijuana or medical marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Elderly or Handicapped Status:** Are you applying for status of an Household where the tenant, Co-tenant or family member is elderly, handicapped, or disabled? \_\_\_ Yes \_\_\_ No

We have apartments designed to assist handicapped persons. Please let us know if you wish to take Advantage of one. \_\_\_ Yes \_\_\_ No

Would you like to have the Federal Governments definition of elderly, handicapped or disabled? \_\_\_ Yes \_\_\_ No

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

**Notice:** The information regarding race, national origin, and sex designation solicited below is requested in order to assure the Federal Government acting through the Virginia Housing Development Authority, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

<u>Member Name</u>	<u>Age</u>	<u>Race</u>

**In case of emergency notify:**

**Address:**

<b>Relationship:</b>	<b>Phone#:</b>
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**G. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**Warning:** WARNING STATEMENT: Section 1001 of Title 13, United States Code provides, "Whoever on any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000 or imprisoned no more than five years, or both."

**Statement Required By The Privacy Act:** Title V of the Housing Act of 1949 authorizes VHDA to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay processing of your eligibility or rejection. It is unlawful for VHDA to deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

"Whenever Virginia Housing Development Authority" "VHDA" may appear, the term "United States of America" is substituted.

**SIGNATURE (S):**

Time:

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Co-Tenant)

\_\_\_\_\_  
Date



**AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_  
 Property Name: King William Place  
 Address: 129 Pine Crest Lane  
 Aylett, VA 23009

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
 Authorized Signature Title  
 \_\_\_\_\_  
 Print Name Date

***Release by Applicant/Tenant***

I hereby authorize you to furnish all requested information.

\_\_\_\_\_  
 Signature Date

*Verification form is attached.*





# AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: King William Place \_\_\_\_\_

Address: 129 Pine Crest Lane \_\_\_\_\_  
Aylett, VA 23009 \_\_\_\_\_

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_____	_____
Authorized Signature	Title
_____	_____
Print Name	Date

## *Release by Applicant/Tenant*

I hereby authorize you to furnish all requested information.

_____	_____
Signature	Date

*Verification form is attached.*



**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 to 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.

Copies of the completed "Tenant Income Certification" are sent 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

<b>NAME INFORMATION TO BE SEARCHED:</b>			
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of Notary Public

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia. I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Signature of Notary Public

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

<b>NAME INFORMATION TO BE SEARCHED:</b>			
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
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State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Signature of Notary Public

# ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 \_\_\_\_\_ Building Address: \_\_\_\_\_

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, 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. Sign and date below.
  
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
  
- C. \_\_\_\_\_ Household contains all FULL TIME students 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.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Are all adults single parents <i>and</i> neither they nor any of their children is a dependent of a third party except that the child(ren) may be claimed by the absent parent? (attach student's 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 Job Training Partnership Act, Workforce Investment 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 was previously under foster care? (provide verification of participation)	YES	NO

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

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)





## \$5000 and UNDER ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,001.

Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

### Complete all that apply for 1 through 4:

1. My assets include: (if any assets are applicable, all other assets listed below, must indicate a dollar amount or "0").

Source	(A) Cash Value*	(B) Interest Rate	(A*B) Annual Amount
Savings			
Checking			
Cash on Hand or Balance on Bank Card for SSA/SSI/TANF			
Certificates of Deposit			
Stocks			
IRA Accounts			
Keogh Accounts			
Equity in Real Estate			
Lump Sum Receipts			
Safety Deposit box			
Money Market Funds			
Bonds			
401K Accounts			
Trust Funds			
Land Contracts			
Capital Investments			
Life Insurance Policies (Excluding Term)			
Other Retirement/Pension Funds not named above			
Personal Property held as an investment**			
Other			
Total Annual Amount			

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 their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ (\*the difference between FMV and the amount received, for each asset on which this occurred).
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.

**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 the disabled.

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 \$\_\_\_\_\_. 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.

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

LOW – INCOME HOUSING TAX CREDIT WORKSHEET

To Be In Each Tenant File

Project Name : \_\_\_\_\_ Unit : \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit Size : \_\_\_\_\_

Family Size: \_\_\_\_\_

Initial Move-In Date (I.M.I.D.) : \_\_\_\_\_

Household Income on IMID: \_\_\_\_\_

Maximum LIHC Eligible Income on IMID: \_\_\_\_\_

Income Changes

<u>DATE</u>	<u>MAX LIHC INCOME</u>	<u>RECERTIFIED INCOME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rent Certification Test

A. Maximum LIHC Gross Rent on IMID (Including Utilities): \_\_\_\_\_

B. Net Tenant Rent Contribution on IMID: \_\_\_\_\_

C. Unit Utility Allowance on IMID: \_\_\_\_\_

D. Total Gross Tenant Contribution on IMID (B + C): \_\_\_\_\_

D Must Be No More Than A

<u>DATE</u>	<u>Rent changes MAX LIHC GROSS RENT</u>	<u>GROSS TENANT RENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## KING WILLIAM PLACE RENTAL QUALIFICATIONS

### Income and Occupancy Requirements:

Mark-Dana Management and King Williams Place support the Fair Housing Act and prohibit discrimination for housing based on race, color, religion, sex, national origin, handicap or familial status

Mark-Dana Management requires all applicants to meet the following criteria in order to qualify for housing

Maximum rent and maximum income guidelines are adhered to as required by the Virginia Housing Development Authority (VHDA). Section 8 Applicants welcome. The household income must be within the maximum allowed income ranges to qualify. The following are the minimum and maximum allowable incomes per household by number of occupants.

### 1 Bedroom:

Unit Size	# of People	Median Income % Limit	Landlord Minimum Limit	Maximum Annual Limit	Occupancy Limit
1 x 1	1	50	\$12,250	\$30,250	2 people
1 x 1	2	50	\$12,250	\$34,600	2 people
1 x 1	1	60	\$15,000	\$36,300	2 people
1 x 1	2	60	\$15,000	\$41,520	2 people.

### 2 Bedroom:

Unit Size	# of People	Median Income % Limit	Landlord Minimum Limit	Maximum Annual Limit	Occupancy Limit
2 x 2	1	50	\$18,000	\$30,250	4 people
2 x 2	2	50	\$18,000	\$34,600	4 people
2 x 2	3	50	\$18,000	\$38,900	4 people
2 x 2	4	50	\$18,000	\$43,200	4 people
2 x 2	1	60	\$18,000	\$36,300	4 people
2 x 2	2	60	\$18,000	\$41,520	4 people
2 x 2	3	60	\$18,000	\$46,680	4 people
2 x 2	4	60	\$18,000	\$51,840	4 people .

### 3 Bedroom:

Unit Size	# of People	Median Income % Limit	Landlord Minimum Limit	Maximum Annual Limit	Occupancy Limit
3 x 2	1	50	\$24,000	\$30,250	6 people
3 x 2	2	50	\$24,000	\$34,600	6 people
3 x 2	3	50	\$24,000	\$38,900	6 people
3 x 2	4	50	\$24,000	\$43,200	6 people
3 x 2	5	50	\$24,000	\$46,700	6 people
3 x 2	6	50	\$24,000	\$50,150	6 people
3 x 2	1	60	\$24,000	\$36,300	6 people
3 x 2	2	60	\$24,000	\$41,520	6 people
3 x 2	3	60	\$24,000	\$46,680	6 people
3 x 2	4	60	\$24,000	\$51,840	6 people
3 x 2	5	60	\$24,000	\$56,040	6 people
3 x 2	6	60	\$24,000	\$60,180	6 people .

### Income Verification:

In order to ensure that each household meets the above income requirements, Mark-Dana Management requires verification of all sources of income, and may require verification of all assets, including, but not limited to the following: full or part-time employment, Social Security/pension /annuity benefits, all bank accounts including CD's, money market accounts, and brokerage company statements. If you own a home, a current mortgage balance and property tax statement must be provided. If property is rented, additional information will be required.



