



# PIEDMONT HOUSING ALLIANCE RENTAL APPLICATION

PLEASE NOTE: A \$20 PER ADULT APPLICATION PROCESSING FEE IS REQUIRED.

PAYABLE BY CHECK OR MONEY ORDER ONLY

(This fee is waived for Crozet Meadows and the Meadowlands applicants.)



(IF YOU ARE APPLYING TO BE PLACED ON THE WAITING LIST, COMPLETE AND SUBMIT THE APPLICATION BUT DO NOT SEND YOUR PROCESSING FEE UNTIL IT IS REQUESTED.)

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Name of Co-Applicant: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Size Apartment Desired: \_\_\_\_\_

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

How Many Years at Current Housing? \_\_\_\_\_

Do You Own? \_\_\_\_\_ Do You Rent? \_\_\_\_\_ Other? \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Current Landlord's Phone Number: \_\_\_\_\_

Who Will Be Living In The Apartment? **(Please include yourself)**. (Use another sheet if needed)

Name	Social Security #	Age	Sex	Relationship	Date of Birth

Do you expect any change in the occupants in the next 12 months? Yes \_\_\_ No \_\_\_

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are All The Occupants Full-Time Students? Yes \_\_\_ No \_\_\_

Do You Own Any Automobiles? Yes \_\_\_\_ No \_\_\_\_

If Yes, Answer With The Following Information:

Make	Model	Year	License #

**In case of emergency, please notify the following:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Hospital: \_\_\_\_\_

**HOUSEHOLD INCOME:** (Indicate the amount of *anticipated* income for ***the employed household members*** who will occupy the apartment during the 12 month period beginning this date): \_\_\_\_\_

**Occupant 1 (head of household):**

Income From: (include wages, salaries, tips, etc.) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**Occupant 2:**

Income From: (include wages, salaries, tips, etc.) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

List net income from the operation of a business or profession: \_\_\_\_\_

*(please use another sheet if more than two household members are employed)*

Give full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts including lump-sum payment for the delayed start of periodic payments:

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List payment in lieu of earnings, such as unemployment and disability compensation, workers compensation and severance pay:

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List Welfare Assistance:

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List periodic and determinable allowance, such as alimony and child support payments, regular contributions of gifts received from persons not residing in the unit, and periodic lottery winnings:

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List all regular pay, special pay, and allowances of a member of the Armed Forces (whether living in the unit or not) who are Head of Household, Spouse of the other person whose dependents are residing in the unit.

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List amount by which educational grants, scholarships or veterans administration benefits are intended as a subsistence allowance to cover rent, utilities, and board of a student living away from home (do not include any part of student loan). \_\_\_\_\_

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List any earned income tax credit to the extent it exceeds income or liability: \_\_\_\_\_

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List the total individual **INCOMES**, both earned (e.g., salary) and unearned (e.g., social security, TANF, etc) of all persons who will be living in the apartment during the 12 month period beginning this date:

Occupants:	Income:	Source:

Current Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Names of any other landlords over the past three years. Include phone numbers.

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**GENERAL INFORMATION:**

Have you ever been evicted: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Have you ever been convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Have you ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Have you ever received rental assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to certify:

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

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Will this be your only place of residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CURRENT COMBINED ASSETS OF HOUSEHOLD:**

List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e., broker and legal fees:

YES	NO		
_____	_____	Do you have a Savings Account?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have a Checking Account?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have a Safety Deposit Box?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have Certificates of Deposit?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have any Treasury Bonds?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have any Money Markets?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have a Retirement Fund?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you have a Pension Fund?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you receive an Inheritance?	Account No. _____
		Cash Value _____	Bank: _____
_____	_____	Do you own Real Estate?	Location: _____
		Market Value _____	
_____	_____	Have you received Lottery Winnings?	When: _____
		Where are the funds held: _____	
_____	_____	Have you received an Insurance Settlement?	Amount? _____
_____	_____	Do you have any Personal Property held as an investment: If yes, explain:	

List any other assets not identified above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants/tenants must disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification.

Did you have any assets in the last two years not listed above?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, did you dispose of any assets for less than fair market value? (This means that the assets were either given away or sold at less than the allotted market value).

*Any assets listed disposed of for less than fair market value in the two years preceding the effective date of the certification will be counted as assets if the difference between the value and the amount received exceeds \$1,000.*

I understand that the above information is being collected to determine my eligibility for residency. I certify that I have revealed all income received and assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this Application are true and complete to the best of my knowledge and belief and am aware that false statements may be cause for termination of my lease and may be punishable under Federal law. Signatures of all persons 18 or over.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

We further understand that as part of the application process, my credit references may be checked without further authorization and that I will be required to authorize an employment verification, if applicable, I also understand and authorize a police background check.

I hereby authorize the manager to verify any of the information contained in this Application.

\_\_\_\_\_  
Tenant/Applicant Signature Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Tenant/Applicant Signature Date

\_\_\_\_\_  
Social Security Number

**Return this application with your \$20 non-refundable application fee\* FOR EACH ADULT to:**

**Piedmont Housing Alliance  
682 Berkmar Circle  
Charlottesville, VA 22901**

**Phone: (434) 817-2436**

**Fax: (434) 817-0664**

**\*Reminder: No fee is required if you are submitting this application for the purpose of being placed on the waiting list.**