



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:

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

List Welfare Assistance:

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:

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.

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). _____

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

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.

GENERAL INFORMATION:

Have you ever been evicted: _____ Yes _____ No

If yes, please explain: _____

Have you ever been convicted of a Felony? _____ Yes _____ No

If yes, please explain: _____

Have you ever filed for bankruptcy? _____ Yes _____ No

If yes, please explain: _____

Have you ever received rental assistance? _____ Yes _____ No

If yes, please explain: _____

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

_____ Yes _____ No If yes, please explain: _____

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.**