

Park Properties Management Company



434-979-2900
The Vistas at Dreaming Creek



APPLICATION FOR HOUSING
PLEASE PRINT

All questions must be answered before Application is accepted. Once complete return with \$32.00 per applicant TO:	<i>The Vistas at Dreaming Creek</i>
	7612 Timberlake Road Lynchburg, VA 24502
	434-582-4748
FOR OFFICE USE ONLY	Received By:
	Date: _____ Time: _____
	Approved: _____ Declined: _____ Date Notified: _____
Apt. # _____	
Sec. Dep. PD \$ _____	

This is an application for housing in *The Vistas at Dreaming Creek* located in *Lynchburg, VA*. Please complete this application and return to Park Properties, Inc. (agent for management) at the address listed at the top of this page along with a non-refundable processing fee of \$32.00 for each name that is to appear on the lease. Applications are placed in order of date and time received. An applicant may be interviewed only after Park Properties Management Company receives the tenant application.

A. GENERAL INFORMATION

Applicant #1 Name & phone #: _____
FIRST M.I. LAST PHONE

Applicant #1 SSN: _____ Birthdate: _____ D.L.# _____

Present Address: _____
(No P.O.'s Please) Street Apt. # City State Zip code

Applicant #2 Name & phone #: _____
FIRST M.I. LAST PHONE

Applicant #2 SSN: _____ Birthdate: _____ D.L.# _____

Present Address: _____
Street Apt# City Zip code Since Rent

No. of bedrooms in current unit _____ Do you own _____ Rent _____ How Long? _____

Amount of current monthly rental or mortgage payment \$ _____

Check utilities paid by you: _____ Approximate monthly cost of utilities paid by you: \$ _____
Heat _____ (Excluding phone & cable T.V.)
 Electricity _____
 Gas _____
 Other _____ specify _____

Are you applying for the: _____ 1 BR _____ 2 BR _____ 3 BR
 Have you applied to be a resident at this complex before _____, if so, when? _____

B. HOUSEHOLD COMPOSITION

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

	FULL NAME	Relationship to Head	Marital Status	Birthdate	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any changes or additions to the household in the next twelve months? ____ YES ____ NO

If yes, explain _____

C. INCOME:

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

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security* <small>Form PPI-160A SS & SSI Verification</small>	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits* <small>Form PPI-160A SS & SSI Verification</small>	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)* <small>Form PPI-135A Pension Verification</small>	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)* <small>Form PPI-196A Veteran's Pension Verification</small>	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation* <small>Form PPI-190A Unemployment Verification, PPI-195A Verification of Terminated Employment, PPI 185A Unemployment or Zero Income</small>	\$
	Unemployment Compensation	\$
	AFDC/TANF* <small>Form PPI-100A AFDC</small>	\$
	AFDC/TANF	\$
	Full Time Student Income (18 & over only)* <small>Form PPI-</small>	\$

	165A Student Status Verification	
	Interest Income (list source) Provide documentation from financial institution.	\$
	Interest Income	\$

Household Member Name	Source of Income* Form PPI-120A Employment Income Verification	Monthly Amount
	Employer:	\$
	Address:	
	Supervisor: PH#	
	Position Held: How Long?	
Household Member Name	Employer:	\$
	Address:	
	Supervisor: PH#	
	Position Held: How Long?	
Household Member Name	Employer:	\$
	Address:	
	Supervisor: PH#	
	Position Held: How Long?	
Household Member Name	Employer:	\$
	Address:	
	Position Held: How Long?	
	Supervisor: PH#	
Household Member Name	Alimony	
	Are you <i>entitled</i> to receive alimony?* Form PPI-115A Child Support or Alimony Verification, PPI-105A Affidavit of Estrangement	___ Yes ___ No
	If yes, list amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	___ Yes ___ No
	If yes, list amount you <i>actually</i> receive.	\$
Household Member Name	Child Support	
	Are you <i>entitled</i> to receive child support?* Form PPI-115A Child Support or Alimony Verification	___ Yes ___ No
	If yes, list amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	___ Yes ___ No
	If yes, list amount you <i>actually</i> receive.	\$

	Other Income (list source)* Form PPI-150A Recurring Gifts Verification	\$
	Other Income (list source)	\$

TOTAL GROSS ANNUAL INCOME (Based on monthly amounts listed above x 12) \$ _____
Do you anticipate any changes in this income in the next 12 months? ___ YES ___ NO
If YES, explain _____

D. ASSETS* Form PPI-110A Asset Income Verification

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Certificates # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Credit Union # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 Trust Accounts* # _____ Bank _____ Balance \$ _____
Form PPI-180A Trust Account Verification
 Savings Bonds # _____ Maturity Date _____ Value \$ _____
 # _____ Maturity Date _____ Value \$ _____
 Life Insurance Policy*# _____ Cash Value \$ _____
Form PPI-130A Life Insurance Verification

Real Estate*: Do you own any property? YES _____ NO _____
Form PPI-140A Real Estate Verification
 If YES, type of property _____
Form PPI-145A Real Estate Worksheet
 Location _____
 Appraised Market Value \$ _____
 Mortgage or Outstanding Loans Balance Due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of most recent tax bill \$ _____

Are you currently receiving a housing allowance from the military: YES _____ NO _____
 Have you sold/dispensed of any Property in the last two years? YES _____ NO _____
 If YES 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 two years? YES _____ NO _____
 (ie. Given away money to relatives, set up irrevocable Trust Accounts)
 If YES, describe asset _____
 Date of Disposition _____ Amount Disposed \$ _____

Do you have any other assets not listed above (Excluding Personal Property)? YES _____ NO _____
 If YES, List _____

Do you now own or have you dispensed of any real estate or personal property with value in excess of \$1,000.00 within the past two years: YES _____ NO _____

F. ADDITIONAL INFORMATION

Are you self-employed?* Form PPI-155A Self Employment Affidavit YES _____ NO _____
 Are you displaced? YES _____ NO _____
 If YES displacement agency _____
 Is your current unit condemned/substandard? YES _____ NO _____
 If YES describe _____
 Are you paying more than 50% of your gross income for rent and utilities? YES _____ NO _____
 Are you or any member of your household currently participating in the illegal use of a controlled substance or have been previously convicted of the same? YES _____ NO _____
 Have you or any member of your household been convicted of the illegal

manufacture or distribution of a controlled substance? YES _____ NO _____
 If answers to the two questions directly above are affirmative, have all persons successfully completed a controlled substance abuse program or are they presently enrolled in such a program? YES _____ NO _____
 Have you or any member of this household ever been convicted of a felony? YES _____ NO _____
 Are you a veteran? YES _____ NO _____
 If YES, dates of service _____
 Are you currently living in subsidized housing? YES _____ NO _____
 Have you ever resided in a project financed and/or subsidized by the government? YES _____ NO _____
 If YES, name and address _____
 Have you or any member of your household ever been evicted from any housing? YES _____ NO _____
 If YES, where _____ when _____
 Describe reasons: _____
 Do you require a Live-In Aide? * Form PPI-131A Live-In Aide Request YES _____ NO _____
 How did you hear about this housing? _____
 Will you take an apartment when one is available? YES _____ NO _____
 Were you referred to this community? YES _____ NO _____ If YES, by whom? _____
 Briefly describe your reasons for applying _____

G. REFERENCE INFORMATION* Form PPI-125A Landlord Reference			
Current Landlord	Name:		
	Address:		
	Phone #		
	Rent Amount	\$	Move in Date Move out Date
Prior Landlord	Name:		
	Address:		
	Phone #		
	Rent Amount	\$	Move in Date Move out Date

DO YOU HAVE CHILD CARE EXPENSES? _____ YES _____ NO	
Name & Number of child care provider:	
Child cared for:	Child care expense \$ _____ per _____
Credit Reference #2:	
Address:	
Account#	Phone#
Personal Reference:	
Address:	
Relationship:	Phone#
In case of an emergency notify:	
Address:	
Relationship:	Phone#

H. VEHICLE AND PET INFORMATION (if applicable)* Form PPI-280L Vehicle Registration and/or Form PPI-225L Pet Agreement
 PPMC 199A Tenant Application Form

List any cars, trucks, motorcycles or other vehicles owned.	
Type of Vehicle:	License Plate #:
Year/Make	Color:
Type of Vehicle:	License Plate #:
Year/Make	Color:
Do you own any pets? _____ HOW MANY?	
_____ YES _____ NO If yes, please describe: TYPE: _____ WEIGHT: _____	
ABSOLUTELY NO PETS ARE ALLOWED WITHOUT PRIOR APPROVAL FROM MANAGEMENT	

If telephone verification of any information is necessary, attach PPI Form-170A Telephone Verification*.

I. CERTIFICATION / AUTHORIZATION

The information solicited on this application is requested by the apartment owner 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 marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This will not discriminate against you in any way. However, if you chose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Head of Household - Race/Ethnic Group _____ Sex _____
 Co-Tenant - Race/Ethnic Group _____ Sex _____

CERTIFICATION

I/we hereby certify that I/we do not maintain a separate subsidized rental unit in another location. I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that my/our eligibility for housing will be based on Virginia Housing Development Authority income/occupancy limits and by Park Properties, Inc. selection criteria. I/we certify that all information on 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.

Signature: _____
 Head of Household _____ Date _____

 Co-Tenant _____ Date _____

AUTHORIZATION* Form PPI-175A Tenant Consent

I/we do hereby authorize Park Properties, Inc. and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Park Properties, Inc.

Signature: _____
 Head of Household _____ Date _____

 Co-Tenant _____ Date _____