

Park Properties Management Company



APPLICATION FOR HOUSING PLEASE PRINT

All questions must be answered before Application is accepted. Once complete, return with \$_____ per applicant TO:	
FOR OFFICE USE ONLY	Received By: _____
Apt. # _____	Date: _____ Time: _____
Sec. Dep. PD \$ _____	Approved: _____ Declined: _____ Date Notified: _____

This is an application for housing in the _____ located in _____, VA. Please complete this application and return to Park Properties Management Company (agent for management) at the address listed at the top of this page along with a non-refundable processing fee of \$_____ 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.#** _____

E-Mail Address: _____

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.#** _____

E-Mail Address: _____

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: \$** _____
(Excluding phone & cable T.V.)

Heat _____
 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? _____ YES _____ NO
If so, when? _____



B. HOUSEHOLD COMPOSITION

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

	FULL NAME	Age	Relationship to Head	Marital Status	Birthdate	SS#	FULL TIME Student Y/N	Date of Last Enrollment
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 _____

No one else can join the household without prior management approval. Do you understand this clearly? _____ YES _____ NO

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 PPMC-160A SS & SSI Verification</small>	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits* <small>Form PPMC-160A SS & SSI Verification</small>	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Disability (list source)	\$
	Pension (list source)* <small>Form PPMC-135A Pension Verification</small>	\$
	Pension (list source)	\$
	Annuity (list source)	\$
	Veteran's Benefits (list claim #)* <small>Form PPMC-196A Veteran's Pension Verification</small>	\$
	Veteran's Benefits (list claim #)	\$
	Workman's Comp	\$
	Unemployment Compensation* <small>Form PPMC-190A Unemployment Verification, PPMC-195A Verification of Terminated Employment</small>	\$
	Unemployment Compensation	\$
	Net Income from Business	\$
	AFDC/TANF* <small>Form PPMC-100A AFDC</small>	\$
	SNAP	\$
	Grants or Scholarships <small>Not included in calculating income. Student Status</small>	\$
	Full Time Student Income (18 & over only)* <small>Form PPMC-165A Student Status Verification</small>	\$
	Interest Income (list source) <small>Provide documentation from financial institution.</small>	\$



Household Member Name	Source of Income* <small>Form PPMC-120A Employment Income Verification</small>	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	
	Do you have a court order for alimony? * <small>Form PPMC-115A Child Support or Alimony Verification, PPMC-105A Affidavit of Estrangement</small>	___ 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	
	Do you have a court order for child support? * <small>Form PPMC-115A Child Support or Alimony Verification</small>	___ 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)* <small>Form PPMC-150A Recurring Gifts Verification</small>	\$
	Other Income (list source)	\$
	Military Pay (Reserve Pay)	\$
	Military Clothing Allowance	\$
	Military Housing Allowance	\$

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 PPMC-110A Asset Income Verification

Cash on Hand \$ _____

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

Certificates # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

Trust Accounts* # _____ Bank _____ Balance \$ _____
Form PPMC-180A Trust Account Verification

Safe Deposit Box # _____ Bank _____ Value \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____
 # _____ Maturity Date _____ Value \$ _____

Life Insurance Policy*# _____ Company _____ Cash Value \$ _____
Form PPMC-130A Life Insurance Verification (Whole Life Only)

IRA # _____ Company _____ Cash Value \$ _____

401K # _____ Company _____ Cash Value \$ _____

Stocks # _____ Company _____ Cash Value \$ _____

Mutual Funds # _____ Company _____ Cash Value \$ _____

Real Estate*: Do you own any Real Estate? _____ YES _____ NO
Form PPMC-140A Real Estate Verification

If YES, type of property _____
Form PPMC-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 \$ _____

Is Real Estate for sale? _____ YES _____ NO
 Is Real Estate Rented? _____ YES _____ NO
 Has Real Estate Been Sold? _____ YES _____ NO

Have you sold/disposed of any Real Estate 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 sold or 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 own any other assets not listed above (Excluding Personal Property)? _____ YES _____ NO
 If YES, List _____

Does anyone hold any personal property as an investment? _____ YES _____ NO
 (Antique cars, jewelry, coins, etc.) _____



F. ADDITIONAL INFORMATION

Are you a veteran? _____ YES _____ NO
If YES, dates of service _____

Are you self-employed? * Form PPMC-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 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: _____

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? _____ N/A _____ YES _____ NO

Have you or any member of this household ever been convicted of a felony? _____ YES _____ NO

Do you require a Live-In Aide? * Form PPMC-131A Live-In Aide Request _____ YES _____ NO

Are you applying for only a handicapped accessible unit? _____ YES _____ NO

If not, do you wish to make any modifications to a non-handicapped unit? _____ YES _____ NO

Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? If so, describe. _____ YES _____ NO

Do all persons to be listed as a tenant or co-tenant possess the legal capacity to enter into a lease agreement? _____ YES _____ NO

Will you take an apartment when one is available? _____ YES _____ NO

How did you hear about this housing? _____

Were you referred to this community? _____ YES _____ NO If YES, by whom? _____

Briefly describe your reasons for applying _____



G. REFERENCE INFORMATION* Form PPMC-125A Landlord Reference

Current Landlord/ Mortgage Lender	Name:		
	Address:		
	Phone #		
	Rent Amount	\$	Move in Date
Prior Landlord	Name:		
	Address:		
	Phone #		
	Rent Amount	\$	Move in Date

DO YOU HAVE CHILD CARE EXPENSES? <input type="checkbox"/> YES <input type="checkbox"/> 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 PPMC-280L Vehicle Registration and/or Form PPMC-255L Pet Agreement

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? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY? _____	
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 Form PPMC 170A Telephone Verification*.



Thank you for answering all of the above questions. You must now sign all required verification release forms. Once we have completed processing all paperwork, you will receive notice in writing of selection, rejection, or waiting list status.

I. CERTIFICATION / AUTHORIZATION

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 Management Company 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 _____

_____ Date _____
Co-Tenant _____

AUTHORIZATION* Form PPMC-175A Tenant Consent

I/we do hereby authorize Park Properties Management Company 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 Management Company.

Signature: _____
Head of Household _____ Date _____

_____ Date _____
Co-Tenant _____

