



Welcome Home!

Thank you for choosing to apply for housing at Central Virginia Housing's Colonial Heights Apartments Location in Fredericksburg, VA.

The enclosed documents need to be signed/filled out and returned to our office with the following information:

- Last 4-6 paystubs
- Name, contact number and email for your supervisor at work or someone who can fill out a verification of employment.
- Verification letters for any other type of income you receive in the household (i.e., Child Support, Alimony, Social Security, SSI, Disability, VA benefits, etc....) that are dated no further than 60 days from the date of application.
- Most current bank statements for all checking/savings accounts (this includes CashApp, Venmo, and any other internet-based accounts).
- Any other asset documentation (401K, IRA, Pensions, life insurance policies)
- Copy of a photo ID for all household members that are 18 years of age or older that is current and active.
- Copy of social security cards for all household members
- Copy of birth certificates for all household members under the age of 18 years old.

These items can be dropped off in our drop box located at 2300 Charles Street OR, an appointment can be made to sit down and go over the application with the property manager by calling 540-604-9943 or emailing at cvhpm@centralvahousing.org.

No application will be run without a fully completed application and the above requested information.

Once your application has been screened and it is confirmed that you qualify for the unit, you will be asked to sign a Holding Fee Agreement and provide a Holding Fee of \$200 in the form of a Cashier's check or money order, made payable to Colonial Heights Apartments. This holding fee will be put towards your Security Deposit at move in.

Please see reverse for Waiting List Application Information

Fredericksburg Office

2300 Charles Street
Fredericksburg, VA 22401
Phone: 540-604-9943
Fax: 540-604-9949



www.centralvahousing.org

Remington Office

203 James Madison Street
Remington, VA 22734
Phone: 540-604-9943 X227
Fax: 540-439-8690

WAITING LIST APPLICATION PROCESS

If this is a waiting list application, please note that once a unit becomes available for you and you accept it, you will have to provide updated information on all income sources to prove you are still income qualified. In the meantime, we may email or call you every 20-60 days to update your file with any changes and to be sure you still would like to be kept on the waiting list.

If you have any questions, please feel free to contact our office at 540-604-9943, or via email at cvhpm@centralvahousing.org.

Respectfully,

The Property Management Department
Central Virginia Housing



Colonial Heights Apartments in Fredericksburg, VA is comprised of 1, 2, and 3-bedroom apartments. All apartments are subject to Federal Low Income Housing Tax Credit (LIHTC) eligibility requirements.

ELIGIBILITY REQUIREMENTS

Households applying for residency must meet the following criteria:

- The household must meet the Low-Income Housing Tax Credit (LIHTC) financial criteria for housing (50% or 40% of area median income or less, depending on the apartment). Please see the Income Chart in the INCOME LIMITS Section.
- The household must have a verified monthly income of at least twice the amount of monthly rent for the apartment for which they are applying unless the household is applying with a Housing Choice Voucher, then the income must be at or below 50% of HUD Area Median Income Guidelines.
- The apartment must be the household's only residence
- The household must disclose and provide verification of the Social Security Numbers of all household members. Refer to the SOCIAL SECURITY NUMBER REQUIREMENTS section for additional information.
- Household members must provide consent to verify all information reported by the household.
- The household must be of an appropriate size for the available apartment. Refer to the OCCUPANCY STANDARDS section for additional information.

OCCUPANCY STANDARDS

Management reserves the right to limit the number of individuals residing within a single apartment. Consideration is given to overcrowding factors as well as compliance with federal, state, and local laws. Generally, the acceptable number of people per apartment, depending on household composition, will be:

# of Bedrooms	Maximum Occupancy
1	2 People
2	4 People
3	6 People

Due to restrictions in the Low-Income Housing Tax Credit program, households may not add a new member during the first year of residency. Any household wishing to add a member after the first year of residency must have the proposed new member of the household complete all application materials and must receive management approval prior to adding the member to the household or moving said household addition into the apartment.



INCOME LIMITS

# of Persons in Households	% AMI	Maximum Income
1 Person	50.00%	\$ 43,400.00
	40.00%	\$ 34,720.00
2 People	50.00%	\$ 49,600.00
	40.00%	\$ 39,680.00
3 People	50.00%	\$ 55,800.00
	40.00%	\$ 44,640.00
4 People	50.00%	\$ 62,000.00
	40.00%	\$ 49,600.00
5 People	50.00%	\$ 67,000.00
	40.00%	\$ 53,600.00
6 People	50.00%	\$ 71,950.00
	40.00%	\$ 57,560.00

SOCIAL SECURITY NUMBER REQUIREMENTS

Each member of the applicant’s household must disclose and provide verification of their Social Security Number (SSN) before the household may be housed.

The documentation required to verify the SSN is a valid Social Security Number card issued by the Social Security Administration, an original document issued by a federal or state government agency that contains the name and SSN of the individual along with identifying information of the individual, or any of the following: Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer ID Number, or Employment Authorization Card.

ELIGIBILITY OF STUDENTS

Households comprised of all full-time students, as defined by LIHTC rules, are not eligible for housing at **Colonial Heights Apartments**, with the following exceptions:

1. At least one individual is receiving assistance under Title IV of the Social Security Act (i.e. TANF).
2. At least one individual is enrolled in a job training program receiving assistance under the Workforce Investment Act or under other similar federal, state, or local laws.
3. The household consists of a single parent and his/her dependents, where neither the single parent nor their children are dependents of another individual (other than the parent of such children);
4. The household consists of persons who are married and eligible to file a joint tax return.
5. At least one individual was previously under the care of a state foster care program.

Documentation will be required to verify exceptions to an all-student household.

PROCEDURES FOR ACCEPTING APPLICATIONS

The application process has two phases. The first phase requires completion of the *Initial Rental Application for Housing* and all required attachments. The second phase requires completion of the *LIHTC Move-In Questionnaire* and all required attachments and forms. The second phase is initiated when the applicant is nearing move-in, or after the *Initial Rental Application for Housing* has been approved.

Phase One

The *Initial Rental Application for Housing* package includes the following forms which must be completed and submitted to the management office to be considered for move-in. Incomplete, inaccurate, or illegible forms will be returned to the applicant.

1. *Initial Rental Application for Housing* – this form must be completed and signed by all adult household members.
2. *Household Demographics* – Completion of the race and ethnic data on the form is optional, but each household member must sign this form, even if they choose to leave the data blank.
3. *Student Certification* – All applicants must complete this form regardless of student status
4. *Tenant Selection Plan* – Applicants should review this Tenant Selection Plan and retain it for their records. It does not need to be signed or returned to the office.

Photo ID and verification of Social Security Number must be provided and will be used to conduct a background check including criminal, eviction, and credit history.

Applicants indicating on the application form that they require an apartment which is accessible to persons with a mobility, hearing, or visual disability, or requesting any other reasonable accommodation for a disability, will be contacted for additional information, and will be asked to sign verification documents. This information will be added to the application to offer the applicant an apartment that meets their needs.

Phase Two

When the applicant is nearing move-in, a certification interview will be scheduled with the household. During the interview, the household will complete the *LIHTC Move-In / Re-certification Questionnaire* and all required attachments, including forms to verify income, assets, landlord reference forms, personal or professional references, and release of information forms.

UNIT OFFER

Applicants will be contacted by mail or email when a unit is available and must respond within 7 days to either accept or reject the unit. Refer to the RIGHT OF REFUSAL section for further information.

It is important that applicants inform the office of any changes to mailing address or phone number so management can reach the applicant when their application nears move-in. Failure to respond to the unit offer may result in the application being cancelled.

TENANT SCREENING CRITERIA

Application Criteria

- Applicants must meet all criteria listed in the ELIGIBILITY REQUIREMENTS section of this document.
- Applicants must provide all required documentation and information, sign all required documents, and update management with any changes to contact information within requested timelines.
- Applicants must not submit false or incomplete information in the application process.

Rental and Credit History Criteria

- Applicants must demonstrate a history of paying rent in full and on time. If the applicant(s) has no rental history, a credit check must show no excessive unpaid amounts for utilities and/or other bills.
- References from landlords from the past three years must be clear of any disinclination to rent to applicants again due to failure to pay rent or other charges, damage to the premises, or disturbances to the peaceful enjoyment of the premises.
- Applicants must have no history of unlawful detainers or eviction proceedings for non-payment or other lease violations against any household member within the three years prior to being offered an apartment. In the event eviction proceedings were due to lease violations caused by a previous household member who will not be part of the applicant household, the applicant household must provide an explanation of the circumstances along with supporting documentation for review by management.

Public Records Screening

Public records screening criteria are designed to help ensure the safety and protection of people and property.

- Applicants and any household members with pending criminal charges for drug violations or violent crimes will not be considered for housing until charges have been formally dismissed
- An application may be denied if applicant or any household member demonstrates abusive or violent behavior that may pose a direct threat to the health, safety, or welfare of residents, the public, or staff
- Any household containing a member(s) who was evicted in the last three years for drug- related criminal activity. Two exceptions may be considered: 1) The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or 2) The circumstances leading to the eviction no longer exist (i.e. the household member no longer resides with the applicant household)
- A household in which any member is currently engaged in illegal use of drugs or federally controlled substances or for which there is reasonable cause to believe that a household member's illegal use or pattern of use of illegal drugs or federally controlled substances may interfere with the health, safety, and right to peaceful enjoyment of the property by residents, staff, or guests.
- Any applicant or household member who is subject to lifetime registration requirements under any State sex offender registration program; or
- Any household member if there is reasonable cause to believe that a member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents

Further screening criteria include:

- Applicants with any drug-related misdemeanor convictions for manufacture, distribution, or possession with intent to distribute within the past three years must complete the individual assessment process before being considered for housing; excluding those with manufacturing and/or distribution of methamphetamine convictions.
- The following requires three years free of criminal convictions immediately following the most recent conviction:
 - A single misdemeanor or gross misdemeanor conviction for assault (without a weapon), disturbing the peace, property crimes, or other convictions, except traffic violations.
- The following requires five years free of criminal convictions immediately following the most recent conviction:
 - A single drug-related felony conviction,
 - A history of multiple misdemeanor or gross misdemeanor convictions for assault (without a weapon), disturbing the peace, property crimes, or other convictions, except traffic violations.
 - A single incident of felony assault
 - Conviction of sexual assault, domestic violence or abuse, elder abuse, or child abuse
- The following requires seven years free of criminal convictions immediately following the most recent conviction and requires an Individual Assessment by management.
 - Any violent felony not previously addressed

- A history of multiple felony assaults and/or violent crimes
- Any conviction for violence involving a weapon of any kind
- Conviction of a hate crime
- Applicants and all household members with a criminal record of any offense(s) not listed above may request an individual assessment process. Please request information about this process from the management office.

VICTIMS OF DOMESTIC VIOLENCE

An applicant's or a tenant's status as a victim of domestic violence, dating violence, or stalking is not a basis for denial of admission if the applicant otherwise qualifies for admission.

REJECTION OF INELIGIBLE APPLICANTS

Applicants who do not meet the screening criteria will be notified in writing. They will be given an opportunity to meet with the Property Manager to discuss any questions they have regarding the screening criteria or to appeal the decision by presenting additional information relevant to the screening process.

If a unit was offered to the applicant prior to the denial of application, the unit will be offered to the next applicant. However, if the applicant presents additional information that mitigates the reason for rejection, the household may be re-instated and held for up to 90 days.

RIGHT OF REFUSAL

An applicant may turn down the offer of a unit for which they are eligible one time and retain their position. If an applicant turns down a unit for which they are eligible a second time, the application will be cancelled. The applicant may reapply.

There is one exception to this policy. An applicant who requires a unit designed for mobility access, or a unit with auditory/visual accessibility features may be offered apartments without those features and may turn down those apartments without the application being cancelled. When offered an accessible unit that meets the applicant's stated requirements, the applicant may turn down the offer of the first accessible unit and retain their position, but if they turn down a second accessible unit, the application will be cancelled. The applicant may reapply.

UNIT TRANSFER POLICY

Transfers between apartments with the same number of bedrooms are facilitated only as a Reasonable Accommodation and only based upon the verified need for specific features in the unit. Transfers based on a Reasonable Accommodation take priority over new applications.

For accessible apartments, when there is neither a qualified applicant nor a current tenant with disabilities requiring the accessibility features of the apartment, management may offer the apartment to another household, providing that the household enter into an agreement that they will transfer to a non-accessible apartment within the same project if another household requires the features of the accessible apartment.

Requests to transfer, for non-accessible units, will be considered after the first full year of residency, and only if household composition changes (increases). The household must be in good standing with no late/past-due rent notices or lease violation notices within the past 12 months. The household must meet eligibility and qualification requirements for the new apartment, including requirements of the LIHTC program.

LIVE-IN AIDES/ATTENDANTS

Live-In Aides/Attendants must complete a *Live-In Aide Application* and all required forms and attachments and be approved by management prior to occupancy. Live-In Aides/Attendants must pass all screening criteria except the criterion to pay rent on time, as they are not responsible for rental payments. Live-In Aides/Attendants will be required to provide identification and proof of SSN to conduct the screening.

MARKETING

The property is marketed via Central Virginia Housing’s website, social media, rental marketing websites, and flyers placed in the surrounding community and sent to community organizations in accordance with the approved HUD Affirmative Fair Housing Marketing Plan.

FAIR HOUSING AND EQUAL OPPORTUNITY

The owners and management of **Angelwood I Apartments** comply with all federal, state, and local housing and civil rights laws. Federal law prohibits discrimination based on race, color, creed, religion, sex, national origin, age, or handicap. Administrative procedures further prohibit discrimination based on certain class memberships.

Management promotes and provides equal housing choice for all prospective and current tenants regardless of race, color, religion, creed, national origin, gender, gender identity, sexual orientation, handicap, familial or marital status, or membership in any class of persons.

All the above requirements apply to the acceptance and processing of applications, selection of tenants from among eligible applicants, assignment of units, and the certification and recertification of eligibility for housing assistance.

CURRENT RENTS PER UNIT SIZE & UNIT MIX

<u>Rent Chart</u>		
Bedroom Size	% AMI	Rental Amount
1 bedroom	40.00%	\$1,050.00
1 bedroom	50.00%	\$1,300.00
2 bedrooms	40.00%	\$1,275.00
2 bedrooms	50.00%	\$1,550.00
3 bedrooms	40.00%	\$1,450.00
3 bedrooms	50.00%	\$1,800.00

<i>1 unit of each bedroom size is designated as ADA Compliant</i>	
<u>Unit Mix</u>	
# of Bedrooms	# of Units Represented
1 bedroom	3 Units
2 bedrooms	8 Units
3 bedrooms	3 Units

Central Virginia Housing Initial Rental Application

Date of Application: _____

Applying for: 1 bedroom 2 bedroom 3 bedroom When: _____

Full Legal Name (Exactly as it appears on Driver's License or Govt. ID Card)

Date of Birth Social Security Number Driver's License/ID # State

Phone Number Email Address
Gender: Male / Female Marital Status: Single Married Widowed Separated

Residence

Current Address: _____
 Street # and name Apt # City, State, Zip

Landlord Name: _____ Landlord phone #: _____
Dates Lived at current address: _____ to _____ Current Rent Amount: \$ _____

Previous Address: _____
 Street # and name Apt # City, State, zip

Landlord Name: _____ Landlord phone #: _____
Dates Lived at Previous address: _____ to _____ Previous Rent Amount: \$ _____

Other Occupants

Full Legal Name Relationship

Date of Birth Social Security Number Govt. Issued ID Number State
Address: _____
 Street # and name Apt # City, State, Zip

Full Legal Name Relationship

Date of Birth Social Security Number Govt. Issued ID Number State
Address: _____
 Street # and name Apt # City, State, Zip

Full Legal Name Relationship

Date of Birth Social Security Number Govt. Issued ID Number State
Address: _____
 Street # and name Apt # City, State, Zip

Employment

Employer: _____ Employer Address: _____
Date of Employment: _____ to _____
Employer Phone Number: _____ Employer Email: _____
Name of Supervisor: _____ Annual Income: \$ _____

Other Income Source: _____
Annual Amount of other income: \$ _____

Other Information

Emergency Contact Name: _____ Phone Number: _____
Relationship: _____

Vehicle Information:

Make/Model of vehicle: _____ License Plate #: _____
Color: _____
Make/Model of vehicle: _____ License Plate #: _____
Color: _____
Make/Model of vehicle: _____ License Plate #: _____
Color: _____

Rental/Criminal History:

(Check only if applicable)

Have you or any occupant listed in this Application ever:

- ___ Been evicted or asked to move out?
- ___ Moved out of a dwelling before the end of the lease term without the owner's consent?
- ___ Declared bankruptcy?
- ___ Been sued for rent?
- ___ Been sued for property damage?
- ___ Been convicted (or received an alternative for of adjudication equivalent to conviction) of a felony or misdemeanor involving a controlled substance, violence to another person, or destruction of property, or a sex crime?

Please indicate the year, location, and type of each felony or misdemeanor conviction involving controlled substance, violence to another person, destruction of property, or a sex crime. We may need to discuss more facts before making a decision.

Referral Information:

How did you find us:

- ___ Online Search (Website: _____)
- ___ Referral from a person: _____
- ___ Social Media (Which one: _____)
- ___ Community Partner (Name of Organization: _____)
- ___ Other (Please list: _____)

Acknowledgement:

You declare that all your statements in the Application are true, accurate and complete. You authorize us to verify the same. If you fail to answer any question(s) or if you provide us with false information, we may reject the application, and/or terminate your tenancy and your right to occupy, and we may pursue all other rights and remedies available to us under applicable Virginia law. Giving false information is a serious offense, In any lawsuit relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the non-prevailing party. In accordance with applicable Virginia and Federal law, we may furnish information to consumer reporting agencies and to any other rental housing owners regarding your tenancy.

Applicant Signature

Date

For Office Use Only:

Application received: _____ **By:** _____

Property Manager Signature: _____

Credit/Criminal background checked: _____

Verifications Obtained: _____

Rental Verification Obtained: _____

ID & Social Security Card Obtained: _____

Application Fees Received: _____

Unit Address: _____

Approved: _____

Denied: _____

Approval/Denial Letter sent: _____

File Completed: _____

Address: _____
Unit #: _____

TENANT RELEASE AND CONSENT

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community/Organization listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical, or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|--------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

SIGNATURES

_____ Signature of Applicant / Resident	_____ Printed Applicant / Resident Name	_____ Date
_____ Signature of Co-Applicant / Resident	_____ Printed Co-Applicant / Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Apartment Community Name	_____ Contact	_____ Phone Number

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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 by 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.

The completed "Tenant Income Certification" is electronically transmitted 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: _____

ANNUAL STUDENT CERTIFICATION

Effective Date: _____ Move-in Date: _____ <div style="text-align: center; font-size: small;">(MM/DD/YYYY)</div>

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)

