

PROPERTY OR GEOGRAPHICAL AREA OF INTEREST: _____

Applicant Information					
Applicant's Name (Last)	(First)	(Middle)			
Social Security Number (xxx-xx-xxxx)			Date of Birth (MM/DD/YEAR)		
Co-Applicant's Name (Last)	(First)	(Middle)			
Social Security Number (xxx-xx-xxxx)			Date of Birth (MM/DD/YEAR)		
Email Address:			Phone Number:		
Occupant Information					
Number of occupants who will occupy premises:			Has any household member been convicted of a felony? No Yes		
Do you expect any change in the above-listed household composition in the next 12 months? No Yes					
If yes, please describe the change.					
List the persons to occupy the unit (Last Name, First Name, Middle Initial)	Relationship to Applicant	Marital Status	Social Security Number (xxx-xx-xxxx)	Date of Birth (MM/DD/YEAR)	Full-time Student? No Yes
1.					No Yes
2.					No Yes
3.					No Yes
4.					No Yes
5.					No Yes
6.					No Yes
Handicap/Disability Status					
Depending on the property for which you are applying and under certain programs, persons who meet the definition of elderly (62 years of age or older) or disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions (see the attached addendum defining disabled or handicapped). Do you feel that you qualify and would like to request this adjustment to your income?					
DISABLED No Yes HANDICAPPED No Yes SIGNATURE:					
Do you request a special handicapped accessible unit? No Yes					
If you have indicated your desire to request this adjustment, sufficient information (documentation) will be collected to confirm your qualifications for this status.					
Previous Residence Information					
What is your current residence situation? Own Rent Other					
Please list your two most recent addresses and include all applicable information.					
1.	Street Address	Apt. No.	City	State	Zip Code
	Name of apartment owner or management	Phone number (xxx) xxx-xxxx	May we call? No Yes	Monthly Payment \$	
	Why are you moving?				
2.	Street Address	Apt. No.	City	State	Zip Code
	Name of apartment owner or management	Phone number (xxx) xxx-xxxx	May we call? No Yes	Monthly Payment \$	
	Why are you moving?				

Student Information			
Are all the occupants noted above full-time students? (Definition of student: anyone who has been or will be a full-time student at an educational institution with regular facilities and students during 6 months of this certification year, other than correspondence school.)			No Yes
If yes, are the students married and filing a joint tax return?			No Yes
If yes, is the household comprised of a single parent and child(ren), none of whom are dependents of a third party?			No Yes
If yes, are the students enrolled in a job-training program under the Job Training Partnership Act or similar program?			No Yes
Income Information			
<i>Please answer each of the following questions. For each "yes" answer, provide details in the chart below.</i>			Annual Amount
Will any member of your household be employed full-time, part-time, or seasonally in the next 12 months?		No Yes	\$
Does any member of your household work for someone who pays them in cash?		No Yes	\$
Does any member of your household now receive or expect to receive:			
Social Security (or SSI) benefits?		No Yes	\$
Income from pension or annuity?		No Yes	\$
Unemployment or Worker's Comp benefits?		No Yes	\$
Public assistance (AFDC/Welfare, etc.)?		No Yes	\$
Regular cash contributions from individuals not living in the unit?		No Yes	\$
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?			No Yes
Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from a rental property?			No Yes
Family Member	Source of Income/Employer Name	Anticipated Annual Income	Do you have more than 1 job?
1.		\$	No Yes
2.		\$	No Yes
3.		\$	No Yes
4.		\$	No Yes
5.		\$	No Yes
6.		\$	No Yes
Assets			
List all checking and savings accounts (including IRAs, 401(k)s, Keogh accounts and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.			
Financial Institution	Account Number	Balance	Amount of Interest Received
		\$	\$
		\$	\$
		\$	\$
		\$	\$
1.	List the value of all stocks, bonds, trusts, pension contributions, whole life insurance policies or other assets:		\$
2.	Do you own a home or other real estate?		No Yes

Applicant's Statement:

We certify that if selected to receive assistance, the unit that I/we occupy will be my/our residence. I/we authorize People Incorporated to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information that may be released to appropriate Federal, State, or local agencies. I/we understand that the above information is being collected to determine eligibility for residency. I/we certify that I/we have revealed all income received and assets currently held or previously disposed of and that I/we have no assets other than those listed on this form (other than personal property). I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and am/are aware that false statements may be cause for termination of my/our lease and may be punishable under Federal law.

Signatures of all persons 18 or over

1. Signature of Head of Household: _____ Date: _____ Time: _____
2. Signature of Other Adult: _____ Date: _____ Time: _____
3. Signature of Other Adult: _____ Date: _____ Time: _____
4. Signature of Other Adult: _____ Date: _____ Time: _____

PROPERTY MANAGER'S NOTES

Date & Time Application Received: ____/____/20____ ____:____AM / PM

If you have any questions about the rental housing application process, please call 276-619-2220.

Completed applications can be submitted:

In person

By email: affordablerentals@peopleinc.net

Or by mail: People Incorporated of Virginia
Affordable Housing Management
1173 W. Main Street
Abingdon, Virginia 24210

ADDENDUM TO APPLICATION DISABLED STATUS

Individuals with Disabilities: The term “disability” is considered equivalent to the term “handicap.” A person is considered to have a disability if either of the following two situations occurs:

1. As defined in section 501(b) of the Housing Act of 1949. The person is the head of household (or his or her spouse) and is determined to have an impairment which:
 - a. Is expected to be of long-continued and indefinite duration;
 - b. Substantially impedes his or her ability to live independently; and
 - c. Is of such a nature that such ability could be improved by more suitable housing conditions, or if such person has a developmental disability as defined in section 102(7) of the Developmental Disability and Bill of Rights Act (42 U.S.C. 60001(7)).

2. As defined in the Fair Housing Act; the Americans with Disabilities Act; and section 504 of the Rehabilitation Act of 1973. The person has a physical or mental impairment which substantially limits one or more of such person’s major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:
 - a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; hemic and lymphatic; skin; and endocrine.
 - b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addition (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.
 - c. “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
 - d. “Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities;

e. "Is regarded as having an impairment" means:

- (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by the borrower or management agent as constituting such a limitation;
- (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment;
or
- (3) Has none of the impairments described in this definition but is treated by another person as having such an impairment.

TENANT LEASING CRITERIA

I. CREDIT HISTORY

We will obtain a credit check on every applicant and every adult household member.

II. PAST AND PRESENT RENTAL HISTORY

We will obtain landlord references on every applicant and every adult household member. Any application may be rejected for any one (1) of the following:

1. Any one (1) history of having “skipped” from previous housing.
2. Any one (1) eviction from previous housing.
3. Any repeated late payments of rent within twelve (12) month period from current or past housing.
4. Any landlord reference returned wherein the previous management has signed that the applicant was destructive to the apartment or surrounding public areas. This includes destruction by co-tenants or members of the household.
5. Any landlord reference not completed in full.
6. Any landlord reference indicating a history of the disturbance of the peaceful and quiet enjoyment of other tenants.

Three Personal references must be furnished if there are no references for I and II above.

III. CRIMINAL SCREENING

We will obtain a criminal background check on every applicant and every adult household member.

A. Screening of Applicants

An Applicant will be prohibited admission if the Applicant’s household includes the following:

1. A member who is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member’s illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents;
2. A member who is subject to a state sex offender lifetime registration requirement;
3. 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; the screening standards must be based on behavior, not the condition of alcoholism or alcohol;
4. If, within the past five (5) years, the Applicant has been arrested more than once for misdemeanor or felony crimes which resulted in, or might reasonable have resulted in, injury to people or property;
5. If, within the past five (5) years, the Applicant has been released from a State or Federal prison; has been convicted of a misdemeanor crime which resulted in, or might reasonably have resulted in, injury to people (such as, a simple assault, prostitution, drunk and disorderly, driving while intoxicated, etc.); was convicted of a crime which resulted in or might reasonably have resulted in, injury to property (such as, vandalism, malicious mischief, fraud, theft, two (2) or more convictions for writing bad checks, etc.); was convicted for possession of a controlled substance of any quantity;
6. If, within the past five (5) years, the Applicant has been convicted of a felony crime which resulted in or might reasonably have resulted in, injury to people (such as, murder, aggravated assault, rape, sexual assault, the sale, distribution or transportation of a controlled substance, etc.); and
7. Prior termination of assistance for fraud.
8. If information is revealed in the criminal history record that would cause a denial of housing to the household, contact information where a copy of the record may be obtained shall be provided.

9. If the person disputes the information, he/she shall be given an opportunity for an informal hearing according to the property's grievance procedure.
10. Evidence of drug-related and/or other criminal activity which would pose a threat to the health, safety or right to quiet enjoyment of the premises by other tenants or employees shall be considered grounds for denial of housing. Drug-related activity is defined as the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use a controlled substance.
11. Reasonable cause (e.g., information from criminal history report, information from former landlords or neighbors) to believe that a person's pattern of alcohol abuse would pose a threat to the health, safety or right to quiet enjoyment of the premises by other tenants or employees shall also be considered grounds for denial of housing.
12. In both 1 and 3 above, Landlord may waive its policy of prohibiting admission if the person demonstrates to their satisfaction that he/she is no longer engaging in illegal use of a controlled substance or abuse of alcohol and:
 - a. has successfully completed a supervised rehabilitation program;
 - b. has otherwise been rehabilitated successfully; or
 - c. is currently participating in a supervised rehabilitation program.
13. Evidence that a person is subject to a lifetime registration requirement under a State Sex Offender Registration program shall be grounds for denial of housing.
14. In evaluating evidence of negative past behavior, the Property Manager will give fair consideration to the seriousness of the activity with respect to how it would affect other tenants, and/or the likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.

IV. MAXIMUM NUMBER OF RESIDENTS PER UNIT

One Bedroom 2 Adults
 Two Bedroom 4 Adults
 Three Bedroom 6 Adults

V. PRIORITIES

Priority on the Waiting List is given for the following:

1. Handicapped Units - Handicapped or Disabled that need accessible unit.
2. Holders of housing vouchers or those on the housing voucher waiting list for local housing authority.
3. Holders of Letters of Priority Entitlement (LOPE)
4. Extremely Low Income/Very Low Income/Low Income/Moderate Income in that order.

Applicants rejected for ineligibility of RD standards as defined in RD Regulation Handbook 3560 or leasing criteria as is outlined above will receive a written notice explaining the reasons for rejection. Applicants who are rejected will also have the RD 3560-1607CFN Grievance Procedure explained to them and given to them as is called for so that these applicants will be aware of their rights as defined by RD.

All applicants who qualify for housing will be so informed in writing as well and will be offered a unit or will be notified of being placed on the chronological first come, first serve waiting list. The waiting list will be updated at regular intervals and the Property Manager will inform each person on the application list as to their status as a unit becomes available for them to select.

The Tenant Leasing Criteria is an attachment to the Management Plan and shall be revised should the RD regulations or management policies change or the laws of the State or of this Country change. The intent of the Apartment Community is to remain in compliance with all proper practices and procedures as defined by any of the current Local, State, or Federal Policies or Laws.

ALSO PLEASE NOTE: False information given on any application or supplied after move-in for any reason will be grounds for rejection or eviction.

Applicant Signature

Date

