

PARK'S EDGE APPLICATION

Please print.

PRIMARY APPLICANT - PERSONAL DATA

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____
LAST FIRST MIDDLE INITIAL

BIRTHDATE: ____/____/____ HOME TELEPHONE: (____) ____ - _____ WORK TELEPHONE: (____) ____ - _____

CURRENT ADDRESS:

STREET NAME CITY STATE ZIP CODE

LANDLORD NAME: _____ PHONE: (____) ____ - _____ HOW LONG: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PRIOR ADDRESS IF LOCATED AT ABOVE ADDRESS LESS THAN TWO YEARS:

STREET NAME CITY STATE ZIP CODE

LANDLORD'S NAME: _____ PHONE: (____) ____ - _____ HOW LONG: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CO-APPLICANT PERSONAL DATA

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____
LAST FIRST MIDDLE INITIAL

BIRTHDATE: ____/____/____ HOME TELEPHONE: (____) ____ - _____ WORK TELEPHONE: (____) ____ - _____

CURRENT ADDRESS:

STREET NAME CITY STATE ZIP CODE

LANDLORD NAME: _____ PHONE: (____) ____ - _____ HOW LONG: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PRIOR ADDRESS IF LOCATED AT ABOVE ADDRESS LESS THAN TWO YEARS:

STREET NAME CITY STATE ZIP CODE

LANDLORD'S NAME: _____ PHONE: (____) ____ - _____ HOW LONG: _____

LANDLORD'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

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Please circle YES or NO for Each Applicant

	Applicant		Co-Applicant	
Are there any outstanding judgements or collections against you?	YES	NO	YES	NO
Have you declared bankruptcy within the past 14 years? If YES, date of discharge ___/___/___	YES	NO	YES	NO
Have you ever been evicted for non-payment of rent or lease violations?	YES	NO	YES	NO
Are you a party to a lawsuit?	YES	NO	YES	NO
Are you obligated to pay alimony, child support or separation maintenance? If YES, amount paid per month \$ _____	YES	NO	YES	NO
Are you a co-maker or endorser on a note?	YES	NO	YES	NO
Are you an U.S. citizen? If not, do you have a Permanent Resident Alien Registration?(Green Card)	YES	NO	YES	NO
	YES	NO	YES	NO

PRIMARY APPLICANT – EMPLOYMENT

EMPLOYER: _____ CONTACT PERSON: _____

ADDRESS: _____
STREET NAME CITY STATE ZIP

POSITION: _____ HOW LONG? _____

ANNUAL GROSS INCOME: \$ _____ OTHER INCOME (PLEASE EXPLAIN): _____

PREVIOUS EMPLOYER (IF WITH CURRENT EMPLOYER LESS THAN 2 YEARS): _____

ADDRESS: _____
STREET NAME CITY STATE ZIP

ANNUAL GROSS INCOME AT PREVIOUS EMPLOYMENT: \$ _____ Contact Person: _____

CO-APPLICANT – EMPLOYMENT

EMPLOYER: _____ CONTACT PERSON: _____

ADDRESS: _____
STREET NAME CITY STATE ZIP

POSITION: _____ HOW LONG? _____

ANNUAL GROSS INCOME: \$ _____ OTHER INCOME (PLEASE EXPLAIN): _____

PREVIOUS EMPLOYER (IF WITH CURRENT EMPLOYER LESS THAN 2 YEARS): _____

ADDRESS: _____
STREET NAME CITY STATE ZIP

ANNUAL GROSS INCOME AT PREVIOUS EMPLOYMENT: \$ _____ Contact Person: _____

OTHER SOURCES OF INCOME

LIST ALL OTHER SOURCES OF INCOME AND THE AMOUNT (ALIMONY, CHILD SUPPORT, SELF-EMPLOYMENT, SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT COMPENSATION, ETC.)

	APPLICANT	CO-APPLICANT
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ASSETS

Name of Bank / Credit Union	Address / City / State Zip Code	Balance	Account Number	Circle One
		\$		Checking or Savings
		\$		Checking or Savings
		\$		Checking or Savings
		\$		Checking or Savings

DEBTS (INCLUDE STUDENT LOANS, EVEN IF PAYMENTS ARE DEFERRED, AND PAYROLL DEDUCTION LOANS)

Name of Creditor	Address / City / State Zip Code	Balance	Account Number	Monthly Payment
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

MISCELLANEOUS

How many people will occupy this house/apartment? _____ # of Adults: _____ # of Children: _____
 Have you ever filed an application with Park's Edge Apartments before? Yes ____ No ____ If yes when: _____
 Have you every lived at Park's Edge or Whitewood Village before? Yes ____ No ____ If yes when: _____
MM/DD/YY
 Were you evicted and or terminated from Park's Edge or Whitewood Village? Yes ____ No ____ If yes when: _____
MM/DD/YY

CHILDREN - Name	Age	Circle One	
		Male	Female
		Male	Female
		Male	Female
		Male	Female

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Do you have any pets? Yes _____ No _____	If Yes, What Type: _____	Weight: _____
Have you been evicted in the last three years? Yes _____ No _____		

CAR MAKE/MODEL: _____	YEAR: _____	LICENSE: _____
CAR MAKE/MODEL: _____	YEAR: _____	LICENSE: _____
CAR MAKE/MODEL: _____	YEAR: _____	LICENSE: _____

IN CASE OF EMERGENCY, NOTIFY

NAME: _____	RELATIONSHIP: _____
ADDRESS: _____	TELEPHONE: _____

I represent to you that I have read this entire application and that all of the above information hereon is true and correct. I further represent that my rental and credit records are in good standing with no judgements or liens against me. If any of the above information is false, I hereby agree that my entire deposit may be forfeited to you. I also agree that if I am accepted and fail to complete this transaction by signing your lease, my entire deposit will be forfeited to you. I understand that this application is subject to your approval, and if my application is not accepted, my deposit will be returned in full. I understand that my **\$20.00** application fee per adult is **non-refundable**. I also understand that this is not a lease and should my application be accepted, I agree to sign your lease form currently in use. If, for any reason whatsoever, you are unable to make the unit which is the subject of this application available at the beginning of the lease term, I hereby waive any and all rights to seek to recover any damages whatsoever against you, including, without limitation, actual, punitive or consequential damages.

Signature: _____ Date: _____
Primary Applicant

Signature: _____ Date: _____
Co- Applicant

IT IS THE POLICY OF THE ALBEMARLE HOUSING IMPROVEMENT PROGRAM NOT TO DISCRIMINATE RENTALS ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, AGE, OR GENDER

FOR AHIP OFFICE USE ONLY:		
Date application received: _____	Application Fee Received: _____	Cash / Check / Money Order

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 to the Virginia Housing Development Authority, you are requested to provide certain information that will enable Albemarle Housing Improvement Program to complete Virginia Housing Form No. MD:320, "Confirmation of Resident Eligibility."

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.

Copies of the completed "Confirmation of Resident Eligibility" are sent 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,

Claudette Greene, SCS, PHM, PHES
Property Manager

Received (Date) _____

By: _____

