

# 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:	
<b>FOR OFFICE USE ONLY</b>	<b>Received By:</b> _____
<b>Apt. #</b> _____	<b>Date:</b> _____ <b>Time:</b> _____
<b>Sec. Dep. PD \$</b> _____	<b>Approved:</b> _____ <b>Declined:</b> _____ <b>Date Notified:</b> _____

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 &amp; SSI Verification</small>	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits* <small>Form PPMC-160A SS &amp; 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
	<b>Employer:</b>	\$
	Address:	
	Supervisor:	PH#
	Position Held:	How Long?
<b>Household Member Name</b>	<b>Employer:</b>	\$
	Address:	
	Supervisor:	PH#
	Position Held:	How Long?
<b>Household Member Name</b>	<b>Employer:</b>	\$
	Address:	
	Supervisor:	PH#
	Position Held:	How Long?
<b>Household Member Name</b>	<b>Employer:</b>	\$
	Address:	
	Position Held:	How Long?
	Supervisor:	PH#
<b>Household Member Name</b>	<b>Alimony</b>	
	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.	\$
<b>Household Member Name</b>	<b>Child Support</b>	
	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.	\$

	<b>Other Income</b> (list source) * <small>Form PPMC-150A Recurring Gifts Verification</small>	\$
	<b>Other Income</b> (list source)	\$
	<b>Military Pay</b> (Reserve Pay)	\$
	<b>Military Clothing Allowance</b>	\$
	<b>Military Housing Allowance</b>	\$

**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

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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 \$ \_\_\_\_\_

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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?  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 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?  YES  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 \_\_\_\_\_

