



Jefferson House Apartments
1818 Langhorne Square
Lynchburg, VA 24501

(Phone) 434-846-1800
(Fax) 434-846-2455
(Email) jeffersonhouse@wcsites.net

Thank you for your interest in our apartment community. Below please find additional information that is useful in understanding the application process.

NOTE: Effective April 1, 2020, this property is a non-smoking facility in accordance with notice H2010-21 issued by the US Department of Housing and Urban Development (HUD) on September 15, 2010. Smoking is not permitted within the premises or in any apartment dwelling at any time. The rules and regulations are amended to reflect this policy.

1. Complete the attached Application, Income and Expense Questionnaire, Contact Information Supplement to Application (HUD-92006), Student Questionnaire and the Special Unit Requirement Questionnaire and Working Preference Rule in full. (NOTE: Proof of any preferences selected must be received prior to assigning preference.) Please complete in ink, not pencil, and do not use correction tape or fluid. If an error is made, please strike through and initial the correction. A complete mailing address and working phone number are required for correspondence. All applicants 18 or older must sign the application and complete the Student Questionnaire. The waiting period varies, however applicants will be contacted periodically to determine if they want to stay on the list. Make sure to report any changes in address, phone number, income or family size to the rental office, if they occur before contact is made for processing the application. **Please make sure that you have completed all sections of the application or write "N/A" in any box that does not pertain to you.**
2. Applicants will be contacted once their name gets to the top of the list. The contact is usually by mail. The contact letter will give a deadline date to respond. **If you do not respond, your application will be removed from the waiting list.** The letter will ask you to call the rental office for an interview date at which time management will process all background checks including credit, criminal, sex offender and landlord. Income, family size, and expenses will also be verified at this time. Prior to move in, all family members must provide documentation of Social Security Number. Documentation can include an original Social Security Card, a valid Driver's License with SSN OR ITIN, an ID card issued by a federal, state, or local agency, a medical insurance provider, or an employer or trade union, earnings statements or payroll stubs, bank statements, Form 1099, Benefit Award letters, Retirement Benefit letters, Life Insurance Policies, or Court Records. **You will need to furnish birth certificates and social security cards for each family member at the interview.**
3. If your application is approved, you will be informed as to the amount of security deposit and rent required. The security deposit and first month's rent are due on move-in day. Utilities must be connected in the applicant's name on or before move-in day. The utility companies will most likely require deposits and the applicant should contact them directly for amounts. **Keys for the apartment will not be issued without proof of utilities in your name.**

Utilities Included

Jefferson House Apartments appreciates your interest in our community and looks forward to receiving your application. This institution is an equal opportunity provider and employer.

Important – Please visit our website at www.westminstercompany.com and navigate to apartment search. This will show complete list of properties. The website will provide general information about the property, contact information for site staff and how to apply on line. If you complete handwritten documents, they must be returned directly to the property (or properties) that you are interested in or you may email, fax or mail.



Site Name: Jefferson House
Site Address: 1818 Langhorne Square
City, State, Zip: Lynchburg, VA 24501

Phone Number: 434-846-1800

RENTAL APPLICATION

Head of Household FIRST NAME		Head of Household MIDDLE NAME		Head of Household LAST NAME	
Head of Household SS#					
Present Address		City, State, Zip Code		Date of Birth	
Driver's License Number/State ID Number		State of Issue		Email Address	
Home Phone #		Business Phone #		Mailing Address (if different from Present Address listed above)	
Name of Current Residence (for example-name of apts., family member you now live with...)		Current Landlord's Name			
Current Landlord's Address		City		State	Zip Code
Current Landlord's Phone #		Rent		Lived There Since	Reason for Moving
Name of Previous Residence (for example-name of apts., family member you lived with...)		Previous Landlord's Name			
Applicant's Previous Address		City		State	Zip Code
Previous Landlord's Address		City		State	Zip Code
Previous Landlord's Phone #		Rent		Lived There Since	Reason for Moving

List ALL Adults INCLUDING HEAD OF HOUSEHOLD (age 18 and over) who will live in the apartment. If more than 4 adults will live in the apartment, give details on a separate signed sheet. Please provide ALL requested information for each adult, including FULL first name, middle name and last name.

1. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
2. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
3. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()
4. First Name, Middle Name and Last Name	Relationship	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	Occupation	US Citizen? Yes () No ()

List ALL Children (under age 18) who will live in the apartment. If more than 4 Children will live in the apartment, give details on a separate signed sheet. Please provide ALL requested information for each child, including FULL first name, middle name and last name.

1. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
2. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
3. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()
4. First Name, Middle Name and Last Name	Foster Child? Yes () No ()	Sex Male () Female () Wish Not to Disclose ()	Birth date	Social Security #	US Citizen? Yes () No ()



How did you hear about this property? _____

Primary Language Spoken in Home: _____

1. YES [] NO [] Will the unit you are applying for be your permanent residence and do you agree not to maintain a separate subsidized rental unit?
2. YES [] NO [] Have you been displaced by government action or a presidentially declared disaster?
3. YES [] NO [] Are you a student at an institute of higher education?
4. YES [] NO [] Are you (or any member of your household) a current or former member of the United States Military?
If yes, which branch? _____
5. YES [] NO [] Are you (or any member of your household) subject to a lifetime state sex offender registration program in ANY state?
6. Please list all states applicant and household members have lived in: _____

7. YES [] NO [] I (or any member of my household) am related to or have a personal relationship with an employee of Westminster Company and/or the site at which I am applying for residence. If yes, please disclose relationship below:

Employee Name: _____

Relationship: _____

- ❖ Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.
- ❖ Specially designed smoke alarm systems are available upon requests.
- ❖ Specially designed units are available upon request.
- ❖ An allowance for disabled households is available upon request.

In consideration for being permitted to apply for this apartment, I Applicant do represent all this information in this application to be true and accurate and that the owner/manager/agent may rely on this information when investigating accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remise and forever discharges from any action whatsoever, in law any equity all owners, managers and employees or agents, both of landlord and their credit checking agencies in connections of processing, investigating, or credit checking this application, and will hold them harmless of any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be done through bureau contracted with the apartment community.

Applicant's Signature	Receiving Site Staff Signature:
Co-Applicant's Signature	Date Signed
Date Signed	Date Received Time Received

IF YOU WOULD LIKE A COPY OF OUR APPLICANT SCREENING GUIDELINES, REQUEST A COPY OF THE RESIDENT SELECTION PLAN AT THE TIME OF SUBMISSION OF YOUR APPLICATION.



Annual Student Certification

Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Annual Student Certification to confirm the student status of the resident(s) residing in the following unit:

Site Name:		Unit Number:	
Head of Household Name:		Move In Date:	

Check ONE box, as applicable to the resident(s) in the unit. *Note: Students include those attending kindergarten through a PhD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.*

☐ Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). **If checked, no further information is necessary.**

☐ Household contains all students but is qualified because the following occupant(s) is/are part time student(s). Verification of part time student status is required for at least one resident.

Part Time Student(s): _____

☐ Household contains all FULL TIME students for five or more months out of upcoming calendar year (months need not be consecutive). **If this box is checked, answer questions 1-5 below:**

- Are the students married and entitled to file a joint tax return?
(Marriage Certificate or Tax Return must be provided for verification.) ☐ YES ☐ NO
- Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and at least one child is not a dependent of someone else other than a parent? ☐ YES ☐ NO
(Divorce or Child Custody Agreement or parent's most recent Tax Return must be provided for verification.)
- Is at least one student receiving Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO
(Verification of assistance is required.)
- Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program? (Verification of participation is required.) ☐ YES ☐ NO
- Does the household consist of at least on student who was previously under foster care? (Verification of participation is required.) ☐ YES ☐ NO

Full-time student households that are income eligible and satisfy one of the 5 above conditions or exceptions are tax credit eligible. If any of the questions 1 -5 are marked NO, or verification is missing or does not support the exception, the household is considered an ineligible student household.

Under penalties of perjury, I/we certify that the information presented in the Annual Student Certification is true and correct and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the student status of any household member. The undersigned further understands that providing false information or making false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members 18 years of age or older must execute and date.

Signature

Date

Signature

Date

Income, Assets, and Expense Questionnaire

*Please **print** clearly in **blue or black** ink only.*

Property Name:			Resident/Applicant Name:	
Apartment #:			Date:	
Home Phone #:			Work Phone #:	
Cell Phone #:			Can receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Language Spoken in Home:			Email Address:	

PLEASE NOTE: When you provide us with a wireless telephone number or land line number, you are giving Westminster Company or our representatives your prior express consent to call that number.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who live in the unit.

	Family Member Name – List all persons who will be living in the apt.	Birth Date	Occupation	Driver's License or State ID #	Student (Full or Part Time)?
1	(Head of Household):				<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO
5					<input type="checkbox"/> YES <input type="checkbox"/> NO
6					<input type="checkbox"/> YES <input type="checkbox"/> NO
7					<input type="checkbox"/> YES <input type="checkbox"/> NO
8					<input type="checkbox"/> YES <input type="checkbox"/> NO
9					<input type="checkbox"/> YES <input type="checkbox"/> NO
10					<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you expect any changes in your family size during the next year? ☐ YES ☐ NO
 If yes, please explain. _____

Are there any Live In Care Attendants who are part of the household? ☐ YES ☐ NO
 If yes, whom? Please explain. _____

Will all the above family members live in the apartment full time? ☐ YES ☐ NO
 If no, please explain. _____

Are you or any other household members subject to a lifetime registration requirement under a State Sex Offender Registration program? ☐ YES ☐ NO If yes, list state(s): _____

INCOME INFORMATION

Please list the **TOTAL** amount of income received for all members of your household below. Where no income is received, put zero in the block. In accordance with HUD regulations governing the gross income for all sources, I certify that:

EMPLOYMENT INCOME	HEAD OF HOUSEHOLD	CO-HEAD	OTHER ADULT HOUSEHOLD MEMBERS	INCOME OF MINOR CHILDREN
Wages from Employment	\$	\$	\$	\$
Overtime from employment	\$	\$	\$	\$
Commissions or Fees	\$	\$	\$	\$
Tips or Bonuses	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Workmen's Compensation	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Military Pay	\$	\$	\$	\$

Employer's Name					
Street Address				City	State Zip Code
Date Hired	Gross Salary \$ _____			Hourly Weekly Bi-Weekly twice a month Monthly Yearly Other	Hours worked per week
Termination Date (If Applicable)	Supervisor's Name			Work Telephone #	Work Fax #

Employer's Name					
Street Address				City	State Zip Code
Date Hired	Gross Salary \$ _____			Hourly Weekly Bi-Weekly twice a month Monthly Yearly Other	Hours worked per week
Termination Date (If Applicable)	Supervisor's Name			Work Telephone #	Work Fax #



BENEFIT INCOME	HEAD OF HOUSEHOLD	CO-HEAD	OTHER ADULT HOUSEHOLD MEMBERS	INCOME OF MINOR CHILDREN
Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
Disability	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Work First Program	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Retirement	\$	\$	\$	\$
Pension	\$	\$	\$	\$

OTHER INCOME	HEAD OF HOUSEHOLD	CO-HEAD	OTHER ADULT HOUSEHOLD MEMBERS	INCOME OF MINOR CHILDREN
Recurring Gift/Cash Contributions	\$	\$	\$	\$
Educational Grants	\$	\$	\$	\$
Scholarships	\$	\$	\$	\$
Work Study Programs	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Lump Sum Amounts	\$	\$	\$	\$
Other (List Source)	\$	\$	\$	\$



ASSET INFORMATION

Do you or any other member of your household own or have money in any of the following types of assets? If yes, please supply the value.

TYPE OF ASSET	HEAD OF HOUSEHOLD	CO-HEAD	OTHER ADULT HOUSEHOLD MEMBERS	ASSETS OF MINOR CHILDREN
Checking	\$	\$	\$	\$
Savings	\$	\$	\$	\$
Direct Express Card	\$	\$	\$	\$
e-Wallet (PayPal, Venmo, Apple Pay)	\$	\$	\$	\$
Whole Life Insurance	\$	\$	\$	\$
Stocks/Bonds	\$	\$	\$	\$
IRAs/Retirement Accts	\$	\$	\$	\$
Savings Certificate (CD)	\$	\$	\$	\$
Money Market Funds	\$	\$	\$	\$
Safety Deposit Box	\$	\$	\$	\$
Rental Property/Other Real Estate	\$	\$	\$	\$
Mortgages/Deed of Trust	\$	\$	\$	\$
Revocable Trust Account	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Personal Property Held for Investment	\$	\$	\$	\$
Other	\$	\$	\$	\$

Assets Disposed of for Less Than Fair Market Value

Have you sold or given away cash, real property or other assets, valued at more than \$1000 in the past two years? This includes charitable contributions? _____

If yes, please describe: _____



EXPENSE INFORMATION

Are you currently paying either of the following so that you or another adult member of your household can work, look for work, or attend school?

	TYPE of EXPENSE	AMOUNT (\$)	Per Week, Per Month
<input type="checkbox"/> YES <input type="checkbox"/> NO	Child Care		<input type="checkbox"/> WK <input type="checkbox"/> MO
<input type="checkbox"/> YES <input type="checkbox"/> NO	Care of Disabled Persons		<input type="checkbox"/> WK <input type="checkbox"/> MO

Child Care Providers Name	
Child(ren) Name(s)	
Provider Address	
City, State, Zip	
Phone	

THIS SECTION APPLIES TO ELDERLY/DISABLED/HANDICAPPED HOUSEHOLDS ONLY:

If your out-of-pocket medical expenses exceed 3% of your income, you may be eligible for medical expense deductions.

- ☐ I do not wish to count out-of-pocket medical expenses. (Proceed to next page)
- ☐ I anticipate having medical/dental expenses in the next 12 months that exceed 3% of my income from the sources listed below.

Please provide copies of receipts, prescription print outs, mileage information, etc.

MEDICAL EXPENSES (DO NOT INCLUDE AMOUNTS COVERED BY INSURANCE)	AMOUNT (\$)	Per Month/Annually
Doctor Bills		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Dental Bills		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Hospital Bills		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Pharmacy Expense		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Prescribed Equipment		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Eyeglasses		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Non-prescription medication with Dr.'s order		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Insurance/Supplemental Insurance		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Do you participate in the Medicare Pres. Drug Discount Card Program? If yes, do you pay a premium? List amount?		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Are you currently making monthly payments to a doctor, hospital, etc. for any outstanding medical expenses?		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL
Have you incurred any one-time medical bills, but not claimed them, in the 12-month period preceding your anniversary date? (This question only applies for recertification – not move in)		<input type="checkbox"/> MO <input type="checkbox"/> ANNUAL



ALL HOUSEHOLDS must answer **all** questions below. If you answer "YES" to any of the questions, the additional information must also be completed.

1.	Do you own or operate a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO <table border="1" data-bbox="100 352 1068 527"> <thead> <tr> <th>Automobile Make</th> <th>Year</th> <th>Model</th> <th>Color</th> <th>License Tag and State</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Automobile Make	Year	Model	Color	License Tag and State											Monthly Car Payment \$ _____ Monthly Auto Insurance \$ _____ Monthly Gas Expense \$ _____ Source of income used for expense: _____
Automobile Make	Year	Model	Color	License Tag and State													
2.	Do you have internet at home? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you subscribe to cable television? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have telephone service in your apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Internet Cost \$ _____ Monthly Cable Cost \$ _____ Monthly Phone Cost \$ _____ Monthly Cell Phone Cost \$ _____ Source of income used for expense: _____															
3.	Do you or other household members receive cash contributions for sources or persons outside the household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly cash contribution? \$ _____ Source of income for cash contribution: _____															
4.	What was the total food cost for your family for the past 30 days?	\$ _____ Source of income for food cost: _____															
5.	How much did you spend during the past 30 days for toiletries & other non-food items?	\$ _____ Source of income for cost of items: _____															
6.	What were your utility costs for the past 30 days?	\$ _____ Source of income for utility costs: _____															

I certify that the information given on this form is correct and complete. I understand that failure to report all income for rent purposes is fraud and may result in termination of my lease, federal prosecution, or both.

WARNING: 1010 of Title 18 of the United States code makes it a criminal offense to make willfully false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

EMERGENCY CONTACT AUTHORIZATION

Resident Name: _____

Resident Phone #: _____

Resident Email Address: _____

Please note: When you provide us with a wireless telephone number or land line number, you are giving Westminster Company or our representative prior express consent to call that number.

Unforeseen circumstances can sometimes require giving access to my apartment because I am unable to handle matters myself. In case of emergency the person(s) below may have access to my apartment under the conditions indicated:

EMERGENCY CONTACT:

Circumstances

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

IN CASE OF DEATH OR THE NEED FOR IMMEDIATE CARE:

Name: _____ To remove my personal property from

Address: _____ my apartment.

Telephone (Home): _____

Telephone (Work): _____

NEXT OF KIN:

Circumstances

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

POWER OF ATTORNEY:

Circumstances

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

EXECUTOR/EXECUTRIX

Circumstances

Name: _____

Address: _____

Telephone (Home): _____

Telephone (Work): _____

I authorize the person(s) above to act on my behalf as specified above.

Resident _____ Apartment Number _____ Date _____

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Applicant/Resident Name: _____

☐ I choose not to complete this form.

1. Please check all that apply. Do you, or does any member of your family have a condition that requires:

- | | |
|--|--|
| <input type="checkbox"/> Physical modifications to a typical apartment | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> BR/Bath on 1st floor |
| <input type="checkbox"/> One-level unit | |

2. Can you and all your family members go up and down stairs unassisted?

☐ Yes ☐ No

If No, please indicate how we should accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you?

☐ Yes ☐ No

If Yes, please explain. _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. _____

5. What is the name of the family member who needs the features identified above?

6. What health professional should be contacted to verify your need for the features you have identified above?

Name : _____

Address: _____

Phone #: _____

Signature _____

Date _____

WORKING PREFERENCE RULEEffective 08/01/2017**Applicant Name:** _____**Address:** _____**Phone Number:** _____

The Quality Housing and Work Responsibility Act of 1998 (QHWRA), gives admission preferences in certain circumstances. Please check **all** of the following that apply to your household:

- ☐ One or more of the following household members (Head of Household, Co-Head or Spouse) are employed at least 25 hours per week, and have been for at least 6 consecutive months. There can be no more than a 30-day lapse between employers. In the event of a lapse, employment will be verified by both the current and former employers. Proof in the form of check stubs, letter from employer on Company Letterhead, income verification, or other requested as needed must be received prior to assigning the "Working Family" preference. Your preference will be updated effective the date verified proof is received;
- ☐ The Head of Household, Co-Head or Spouse is 62 years of age or older;
- ☐ The Head of Household, Co-Head or Spouse get State or Federal benefit payments due to being unable to work (including Social Security Disability Benefits and Supplemental Security Income Disability Benefits). Proof in the form of a current income letter from the Social Security Administration must be received prior to assigning preference;
- ☐ I do not qualify for any of the above preferences.

In order to be eligible for priority admission, I understand that I must qualify for one of the above preferences at the time of application, interview and move-In. I further understand that if any information provided above is found to be false at time of Interview or Move In, my position on the waiting list may change.

Applicant's Signature_____
Date_____
Westminster Company Agent Signature_____
Date

If your circumstances change and you find you are not qualified for any of the above or you find out that you are qualified for the above, please let us know immediately, as this will affect your status on the waiting list.

OFFICE USE ONLY

Date Preference Verification(s) Received

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 JEFFERSON HOUSE APARTMENTS 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: _____

SITE PROPERTY MANAGER

JEFFERSON HOUSE APARTMENTS