



HARRISON & LEAR, INC., REALTORS®

Property Management

Multifamily | Single Family | Commercial | Association | Investment | Development

THANK YOU FOR CONSIDERING US IN YOUR SEARCH FOR A NEW HOME.

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

NAME OF SPOUSE: _____

APARTMENT DESIRED: _____

DATE DESIRED: _____

LEASE TERM DESIRED: _____

APPLICATION FEE PAID: _____

(non-refundable)

HOW DID YOU HEAR ABOUT US? _____

Quarterpath Place Apartments is a Tax Exempt AMT Bond property. Applications must meet the following eligibility requirements:

Household Limits:	2 Bedroom	1-4 Persons
Income Qualifications :	<u>Household Size</u>	<u>50% Maximum</u> <u>150% Maximum</u>
Maximum:	1 Person	\$24,850.00 \$106,350.00
	2 Person	\$28,400.00
	3 Person	\$31,950.00
	4 Person	\$35,450.00
Minimum:	2 & ½ times the monthly rental amount	

A non refundable application fee is given to the landlord by the applicant(s) to depreciate the expense incurred by the landlord to process the application.

A holding fee will be delivered to the Business Office within 48 hours once the application is approved and will be applied in part / whole towards the Security Deposit referred by the rental agreement. If this application is approved, and its applicant(s) does not move in, the amount(s) paid toward the security deposit will be retained by the agent as liquidated damages in accordance with the Virginia Residential Landlord Tenant Act.

I / We understand that the holding fee accompanying this application is non-refundable after three (3) business days. If the applicant(s) are not approved, any monies paid toward the holding fee / Security deposit will be refunded to the applicant(s). It is understood by the applicant(s) that this application is preliminary only and involves no obligation to the landlord or the agents of the landlord to approve this application or deliver occupancy of said unit.

Our master community insurance policy does not cover damage by fire, water, or any other cause to a Resident's personal property (*ex: clothes, furniture, electronics, etc.*) located in the apartment or anywhere on the community property. Each Resident is responsible for obtaining insurance coverage for their personal property. All Harrison & Lear Inc. properties require Residents to maintain Renters Insurance as a requisite of the Rental Agreement.

With this in mind, the following information is necessary, and again thank you for choosing us!



Harrison & Lear Inc. does business in accordance with the Fair Housing Act. We provide equal housing and service for all people regardless of race, color, religion, sex, national origin, handicap or familial status.

Applicant Information - Each adult applicant must submit a separate application unless married

Applicant	Last	First	Middle	/ / Date of Birth	- - Social Security Number
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Spouse	Last	First	Middle	/ / Date of Birth	- - Social Security Number
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Other Occupants

	Last	First	Middle	/ / Date of Birth	Relationship
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	Last	First	Middle	/ / Date of Birth	Relationship
--	------	-------	--------	----------------------	--------------

Residency

Current Home Address	City, State, Zip	() Home Phone
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Date Moved In	\$	Rent / Mortgage	Apartment Community / Owner	()	Mgr / Owner Phone
---------------	----	-----------------	-----------------------------	-----	-------------------

Previous Home Address	City, State, Zip	Date Moved In
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Date Moved Out	\$	Rent / Mortgage	Apartment Community / Owner	()	Mgr / Owner Phone
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Employment

Applicants Employer's Name	() Employer Phone Number	Occupation
----------------------------	------------------------------	------------

Employers Address	\$ Gross Monthly Income	Supervisor
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Length of Employment

Spouses Employer's Name	() Employer Phone Number	Occupation
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Employers Address	\$ Gross Monthly Income	Supervisor
-------------------	----------------------------	------------

Length of Employment

Vehicles

Auto Make	Year	Color	License Number	State
-----------	------	-------	----------------	-------

Auto Make	Year	Color	License Number	State
-----------	------	-------	----------------	-------

Emergency Contact (Not residing with you, a person over the age of 18)

Name	Address	City, State, Zip	Relationship
------	---------	------------------	--------------

() Work Phone	() Home Phone Number	() Cell Phone Number
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Pet Information

Type/ Breed	Weight	Age
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No animal is allowed on the premises without prior written consent from management, payment of fees, and execution of a pet agreement. Pets are limited to two (2) per apartment. Service animals are not considered pets.

Do you have renter's insurance? _____ Company _____
Yes or No

I / We agree to provide proof of a valid renter's insurance policy prior to the signing of a lease agreement, listing **HARRISON & LEAR INC., REALTORS** as additional insured.

Do you have a need in your apartment for a visual smoke detector? Yes _____ No _____
(Visual smoke detectors are for the hearing impaired.)

MEGAN'S LAW DISCLOSURE: Tenant(s) should exercise whatever due diligence they deem necessary with respect to information on any sexual offenders registered under Chapter 23 (e19.2-397 et sq.) of Title 19.2 whether the owner precedes under subdivision 1 or 2 of subsection A of e55-519. Such information may be obtained by contacting your local police department or the Department of State Police, Central Criminal Records Exchange at (757) 874-2000 or <http://sex-offender.vsp.virginia.gov/sor/html/search.htm>

LEAD-BASED PAINT: The United States Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) have determined that properties built prior to 1978 may contain lead-based paint which can cause serious health problems. The Property _____ was _____ was not built prior to 1978. If the property was built prior to 1978, the (1) attached Disclosure Information or Lead-Based Paint and Lead -Based hazards shall be completed and executed by the Landlord and Tenant and is incorporated in the Rental Application and Agreement to Lease.

SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE

I / We the applicant(s) represent that the statements made about are true and correct and hereby authorizes verification of references to administer and enforce the Tax Credit Program housing rules and polices pertaining directly to **Quarterpath Place Apartments, 411 York Street, Apt 642, Williamsburg, Virginia 23185 (757) 603-6300 Office Phone** and its Tax Credit program rules, policies and procedures. Any false statements herein are grounds for the rejection of this application. I (we) hereby authorize the holder of this application to investigate my (our) history of the past years for the purpose of determining approval or disapproval of my (our) applications. I / We also agree and understand that "Management" and its designated agents and employees may obtain additional information on each of us in the future to update or review our account to eligibility for or continued participation in the housing program as stated in Section 42 of the Internal Revenue Tax Code. I / We authorize the holder of this application to review a "Consumer Report" for qualification purposes, account updates and for purposes of collection. A consumer report can include credit, public records, searches, and employment, background, residence verifications internal revenue service, US Postal Service, US Social Security, US Office of Personnel Management, pensions/ annuities, providers of alimony, child care, child support, loans, credit, grants, schools and colleges, utility companies and welfare agencies.

I AGREE THAT PHOTOCOPIES OF THE SIGNED AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE. IF I DO NOT SIGN THIS AUTHORIZATION, I UNDERSTAND THAT MY CERTIFICATION AND OR RECERTIFICATION MAY BE DENIED OR TERMINATED.

FALSIFICATION OF INFORMATION WILL RESULT IN DENIAL OF THE APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

Applicant Signature	Date	() Cell Phone	Email Address
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Spouse Signature	Date	() Cell Phone	Email Address
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Occupancy Guidelines:

No more than two individuals per bedroom may occupy a unit. One infant up to the age of 18 months may reside in the unit without being counted in the occupancy count. Residents whose newborn has reached 18 months of age during the lease term will be required upon the expiration of their current lease term to either move into another available dwelling of the owner which has more bedrooms or move out. A bedroom is defined as a space that is used primarily for sleeping, designed to be closed with a door and a closet space for clothing.

Qualification Guidelines:

All leaseholders or occupants 18 years and older must fill out an application. (Married couples may complete one application). Resident history, credit history, and income / employment are verified for all applicants. Harrison & Lear Inc., Realtors shall ask to make a photocopy of each applicant's driver's license or state issued photo identification card and social security card. Military identification may be presented but shall not be counted towards this requirement. All information provided must be true and correct, as well as verifiable. All verified information is entered into a scoring system which determines rental eligibility. Each applicant's resident, credit, and employment information will be individually scored; leaseholders' income will be individually scored. All occupants of legal age must be a leaseholder unless dependency status can be verified. Cosigners may be accepted to assist with income requirements. Cosigners shall not be accepted for declined applicants due to credit or background checks.

Employment:

Leaseholders must be with their current job for a minimum of 6 months, providing two consecutive paychecks or a W-2 form from current employer. Persons relocating must provide proof of a local job offer accepted in writing, and pay stubs from current and/or previous job. Employment verification will include length of employment with current employer as well as anticipated annual income. If self employed or primarily commission-based one of the following will be required: a copy of the previous two years' tax return, a financial statement from a CPA verifying employment and income, photocopies of three most current bank statements illustrating the ability to pay rent through the entire lease term or notarized statement from your attorney.

Income:

Leaseholders must have verifiable gross income 2.5 times the amount of monthly rent. Gross Annual income will be verified for all lease holders. Additional sources of income may be considered. Other verifiable income may mean, but not limited to, alimony /child support, trust accounts, retirement accounts, and social security). Applicants who do not meet income requirements shall pay the entire leasing agreement in full by certified check or money order provided credit is acceptable.

Credit:

Credit reports will be secured for all leaseholders through Corelogic Safe Rent, which applies a score to each report. Applicants must meet the preset score to be accepted for residency. Applicants may be approved with additional deposit provided they are within the acceptable range of score. Applicants with no credit history that meet the income criteria and rental history criteria may be approved. Unfavorable accounts include, but are not limited to: collection, charge off, repossession and current delinquency. If acceptable check writing history does not meet criteria, the applicant will be required to pay by cashier's check or money order only. Previous judgments for rent will result in denial of the application. Bankruptcies are accepted provided that a discharge has been complete and proof is provided at the time of the application. Bankruptcies must be discharged at least 6 months prior to an application being accepted in our office. In keeping with the policy of confidentiality and privacy, we do not discuss the contents of the individual credit reports with an applicant. If you would like to discuss or dispute anything on your credit report, you will need to contact the credit bureau that made the report. Applicants who are declined will be provided necessary documents to speak with the credit bureau.

References:

A minimum of two years resident history is required for all leaseholders. Rental verification will include length of occupancy, payment record, status, and compliance with rules and regulations. Renting from a relative is not considered resident history as contract performance cannot be determined. Home mortgages may substitute for resident history. An applicant who have been evicted within the past seven years or owes landlord monies, the application will be declined.

Non-US Citizens:

Applicants who are citizens of another country must provide a passport and the INS document that entitles the applicant to be in the United States and proof of employment in this country or an I-20 verifying student status. Harrison & Lear Inc., Realtors shall ask to make a photocopy of any of the applicant's INS documents, passport and visa. In addition for applicants who do not have credit history in this country, Harrison & Lear Inc., Realtors will accept in lieu of the credit requirements an additional deposit of two months' rent.

Non Approval:

Reasons for not approving an application include, but are not limited to: Bankruptcy within the past 6 months, insufficient income, unpaid judgments, evictions, outstanding rent debit, household size exceeding occupancy limits, and falsification of the application information.

Agency Disclosure:

We are the managing agent for the owner. However, it is a **REALTORS** responsibility under the Code of Ethics to bring about a fair and equitable transaction involving all parties. The owner being our client is owed our loyalty and faithfulness. While the managing agent is not the tenant's agent, he or she is able to provide you with a variety of valuable market information and assistance in your decision making process.

Verification of Residency

Applicant(s) Name(s): _____
Last First Middle

Spouses Name(s): _____
Last First Middle

Current / Previous Address: _____ Unit # _____

Name of Community / Rental Company: _____

City, State, & Zip Code: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Rental Dates: _____

Please provide dates in which you occupied rented unit. (Ex. January 1, 2006 to December 31, 2006)

Thank you for your cooperation in obtaining this information.

I authorize the above to release to Harrison & Lear Inc., Realtors the above information regarding my residency.

Applicant Signature _____ Date _____ Spouses Signature _____ Date _____

DO NOT FILL OUT BELOW THIS LINE

Property / Unit Name: _____

Length of Occupancy: _____ to _____ Current Rental Rate \$ _____

Did resident break their lease agreement? _____ Reason? _____

Was rent paid late? _____ How many times? _____ Number of NSF _____

In the last (12) months

Balance Due _____ Was a notice to vacate served by management? _____

Was Resident ever under eviction? _____ Reason : _____

Were any notices served for non-compliance issues? _____

Did the resident give proper notice to vacate? _____ Notice terms? _____ Did the resident have pet(s)? _____

Are 30 or 60 days required?

Would you rent to them again? _____

Additional comments: _____

Thank you for taking the time to fill out and return this form to the Business Office.

Completed By: _____ Title: _____ Date: _____

Criminal Background Search Applicant Consent

The undersigned applicant(s) here by consent to allow Harrison & Lear Inc., ("Management"), itself or through its designated agents or employees, to obtain criminal record information for the purpose of determining whether to lease a unit to me / us. I / We also agree and understand that "Management" and its designated agents and employees may obtain additional criminal record reports on each of us in the future to update or review our account. Upon my / our request, "Management" will tell me / us whether criminal records were requested and the names and addresses of any agency that provided such reports

ANY UNANSWERED "YES" OR "NO" QUESTIONS SHALL RESULT IN THE DENIAL OF YOUR APPLICATION

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony?

_____Yes _____No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sexual offense?

_____Yes _____No

Have you or any member of your household ever been listed on a registry of sexual offenders?

_____Yes _____No

Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any drug related criminal offense?

_____Yes _____No

If yes to any of the above questions, please explain, providing the location, date and nature of the offense:

Applicants Name (*Please Print*)

Applicants Signature

Date

Spouses Name (*Please Print*)

Spouses Signature

Date

Military Contact Information

Military Applicant Information *(Fill out ONLY if you are active duty military)*

_____	_____	_____	_____	_____
Last	First	Middle	Rank	Pay Grade
_____	_____	()	()	_____
Apartment Address	Home Phone	Cell Phone	Email	

Military Base Information

_____	_____	()	()
Base/Ship Name	Command Name	Command Phone	Alt Phone
_____	_____	_____	_____
Command Address	Immediate Supervisor Name	Immediate Supervisor	
_____	()	_____	_____
Commanding Officer Name	Commanding Officer Phone		

Emergency Contact Information

_____	_____	()
Emergency Contact Name	Emergency Contact Address	Home Phone
()	()	_____
Cell Phone	Work Phone	

Disclosure of brokerage relationships.

A. Purchase transactions.

1. Unless disclosure has been previously made by a licensee, a licensee shall disclose to an actual or prospective buyer or seller who is not the client of the licensee and who is not represented by another licensee and with whom the licensee has substantive discussions about a specific property or properties, the person whom the licensee represents in a brokerage relationship, as that term is defined in §54.1-2130 of the Code of Virginia.
2. Except as otherwise provided in subdivision 3 of this subsection, such disclosure shall be made in writing at the earliest practical time, but in no event later than the time specific real estate assistance is first provided. Any disclosure complying with the provisions of §54.1-2138 A of the Code of Virginia shall be deemed in compliance with this disclosure requirement.
3. A licensee acting as a dual or designated representative shall obtain the written consent of all clients to the transaction at the earliest practical time. Such consent shall be presumed to have been given by a client who signs a disclosure complying with the provisions of §54.1-2139 of the Code of Virginia. Such disclosure shall be given to, and consent obtained from, (i) the buyer not later than the time an offer to purchase is presented to the licensee who will present the offer to the listing agent or seller, and (ii) the seller not later than the time the offer to purchase is presented to the seller.
4. Any disclosure required by this subsection may be given in combination with other disclosures or information, but, if so, the disclosure must be conspicuous, printed in bold lettering, all capitals, underlined, or within a separate box or as otherwise provided by §54.1-2138 of the Code of Virginia.

B. Lease transactions.

1. Unless disclosure has been previously made by a licensee, a licensee shall disclose to an actual or prospective landlord or tenant who is not the client of the licensee and who is not represented by another licensee, that the licensee has a brokerage relationship with another party or parties to the transaction. Such disclosure shall be in writing and included in the application for lease or the lease itself, whichever occurs first. If the terms of the lease do not provide for such disclosure, the disclosure shall be made in writing not later than the signing of the lease.
2. This disclosure requirement shall not apply to lessors or lessees in single or multi-family residential units for lease terms of less than two months.

DISCLOSURE OF BROKERAGE RELATIONSHIP

In compliance with §54.1-2138 of the Code of Virginia, you are hereby advised that **HARRISON & LEAR INC., REALTORS** is employed by **QUARTERPATH PLACE, LLC** as MANAGING AGENT for **QUARTERPATH PLACE APARTMENTS** with Rental Office located at **411 YORK STREET APT 642, WILLIAMSBURG, VIRGINIA 23185 (757-603-6300)** consisting of **54 UNITS**

Applicant Signature

Date

Spouse Signature

Date

FOR OFFICE USE ONLY

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: _____

Race & Ethnicity Data Reporting Form

Virginia Housing Development Authority (VHDA) requests this information in order to comply with Title I of the United States Housing act of 1937 which requires annual reporting of certain information to the United States Department of Housing and Urban Development. Although VHDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

Resident/Applicant: I do not wish to furnish information regarding ethnicity and race.
(Initials) _____

See next page for Ethnicity and Race codes that characterize household composition. **Enter both Ethnicity and Race codes for each household member.**

Name of Property _____ Property Address _____

Name of Owner/Managing Agent _____ Unit # _____

Name of Head of Household _____ Name of Household Member _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All That Apply
America Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Signature

Date (mm/dd/yyyy)

Definitions:

Ethnic Categories

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or Latino."
2. **Not Hispanic or Latino.** A Person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial Categories

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

SELF-EMPLOYMENT AFFIDAVIT

This Affidavit is to be signed by any individual who is 18 years of age and over who claims on an Application to be self-employed.

I am self-employed in the business of _____.

I have been self-employed in this manner since ____/____/____

To the best of my knowledge, I expect to earn \$_____ in the upcoming 12 months.

This estimated earnings is supported by:

- _____ previous year's tax return
- _____ accountant's/bookkeeper's statement
- _____ business receipts/check stubs
- _____ other (identify: _____)

If none of the above is available, please state the reason why: _____

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

(Applicant /Resident Signature)

(Date)

(Witness)

(Date)

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY RESIDENT

*This form must be mailed or faxed to the applicant's/resident's employer by on-site personnel.
The resident cannot "hand-carry" this form to his/her employer.*

TO: (Name & address of Employer)

1st Request _____

2nd Request _____

Fax #: _____

Attn: _____

RE: _____
Applicant/Resident Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Resident

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use **GROSS** amounts and do not leave any sections blank; enter zero "0" if hours or amounts are not applicable.

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ No ____ Date First Employed _____ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other

Number of regular hours per week: _____

Overtime Rate: \$ _____ per hour Number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

Does the employee participate in a 401(K) Retirement Account? YES NO Can employee access the account? YES NO

What is the total amount in the 401(K) that is accessible to the employee without terminating or retiring? \$ _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)

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.	Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a 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)

ADDENDUM TO LEASE

Apartment Number _____

Landlord _____

Tenant(s) _____

Date _____

The following provisions shall be incorporated into and made a part of the Lease of even date herewith between Landlord and Tenant and shall control over any inconsistent provisions therein.

1. Eligibility. Tenant hereby acknowledges that Tenant's family income and composition and other matters relating to Tenant's eligibility for occupancy of the Apartment are material to this Lease. Prior to execution of this Lease, Tenant provided Landlord with certain information, documents and certifications with respect to Tenant's eligibility for occupancy of the Apartment. Tenant hereby warrants and confirms that such information, documents and certifications are in all respects true, accurate and complete as of the date hereof. Tenant agrees to comply with all requests hereafter made by the Landlord or the Virginia Housing Development Authority ("the Authority") for information, documents, and certifications concerning Tenant's eligibility for occupancy of the Apartment. Such requests may be made annually (and shall be made no less frequently than every three years) and at such other times as Landlord or the Authority may require. Tenant shall furnish all such information, documents and certifications requested by Landlord or the Authority on or before the date specified in such request, which date shall not be earlier than ten (10) days from the date of receipt by Tenant of such request. Such information, documents and certifications shall in all respects be true, accurate and complete.

Any failure by Tenant to comply with any such request in accordance with the terms of this Paragraph or any falsification, misstatement or misrepresentation by Tenant of any information relating to Tenant's eligibility for occupancy of the Apartment shall be deemed a substantial and material violation of this Lease. Furthermore, in the case of any such violation of this Lease, Landlord may (subject to the prior approval of the Authority and in lieu of exercising its rights or remedies arising under this Lease as a result of such violation) determine that Tenant shall no longer be eligible for occupancy of the Apartment and shall be subject to the provisions set forth below relating to ineligibility.

2. Ineligibility. In the event that (a) at the time of any determination by Landlord as to Tenant's eligibility for occupancy of the Apartment, Tenant's adjusted family income shall exceed the maximum limit then established by the Authority for initial occupancy of the Apartment or (b) Tenant is otherwise determined not to be eligible for occupancy of the Apartment in accordance with criteria then established by the Authority or in accordance with the provisions hereof, this Lease shall remain in full force and effect unless otherwise terminated pursuant to any of the provisions of this Lease; provided, however, that commencing on the first day of the month after Tenant becomes ineligible, Tenant shall pay a surcharge on the rent in the amount set forth in such schedule as shall be prescribed by the Authority; provided, further, that the amount of such surcharge imposed by the Authority shall not cause the rent (including such surcharge) to exceed the limitation imposed by Section 42 of the Internal Revenue Code, if applicable. In the event that such a surcharge is imposed, Tenant shall have the right to terminate this Lease either (a) on the first day of the month in which such surcharge is to commence or (b), upon at least thirty (30) days prior written notice to the Landlord, on the first day of the next succeeding month. For the purposes of this Lease, any such surcharge shall be deemed to be rent and shall be subject to all of the provisions hereof relating to rent. Tenant shall be obligated to pay such surcharge on the first day of each month for such period of time as Tenant shall remain ineligible for occupancy.

3. Assign or Sublease. Tenant may not, without the prior written consent of the Landlord, assign this Lease or sublet the Apartment or any part thereof or give accommodation to any roomer, lodger or other person not herein set forth, nor permit the use of the Apartment for any purposes other than as a private dwelling solely for the use of Tenant and Tenant's family consisting of the following named persons:

_____.

4. Rights of the Authority. It is understood and agreed by Landlord and Tenant that the Authority shall have the right (but shall not be obligated) to exercise any and all of the rights of Landlord under this Lease in the event of a breach or violation by Tenant of any of the provisions hereof.

In Witness Whereof, the parties hereto have executed these presents the day and year first above written:

TENANT(s)
_____(SEAL)
_____(SEAL)

LANDLORD
By _____(SEAL)
By _____(SEAL)

