



WELCOME TO YOUR NEW APARTMENT!

Date _____

APPLICATION FOR RESIDENCY

APT# _____ ADDRESS _____ RENT _____
 TENTATIVE MI DATE _____ LEASE TERM _____

PERSONAL INFORMATION

PLEASE PRINT

FULL NAME _____ HOME PH: (____) _____
LAST FIRST MIDDLE INIT

DO YOU HAVE A PET? YES _____ NO _____ WHAT KIND/ TYPE? _____ U.S. CITIZEN? _____

LIST ALL PERSONS TO RESIDE IN APARTMENT:

FULL LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #
	(SELF)		

RESIDENCE HISTORY

PRESENT ADDRESS _____
STREET APT# CITY STATE ZIP

COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE () PHONE

MONTHLY PAYMENT \$ _____ LENGTH OF OCCUPANCY _____ / _____ LEASE EXPIRES _____
YRS MOS

REASON FOR MOVING _____

PREVIOUS ADDRESS _____
STREET APT# CITY STATE ZIP

COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE () PHONE

LENGTH OF OCCUPANCY _____ / _____ REASON FOR MOVING? _____
YRS MOS

HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT? _____ WHERE? _____

Do you now have or have you had an infestation of bed bugs in the past 12 months? YES _____ NO _____

EMPLOYMENT INFORMATION

APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____
YRS MOS

EMPLOYERS ADDRESS _____
STREET CITY STATE ZIP

YOUR LOCAL BUS. ADD. _____ PHONE (____) _____

POSITION HELD _____

GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____
YRS MOS

ADDRESS _____ PHONE (____) _____

POSITION HELD _____ SUPERVISOR _____

CO-APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____
YRS MOS

EMPLOYERS ADDRESS _____
STREET CITY STATE ZIP

YOUR LOCAL BUS. ADD. _____ PHONE (____) _____

POSITION HELD _____

GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____
YRS MOS

ADDRESS _____ PHONE (____) _____

POSITION HELD _____ SUPERVISOR _____

BANKING AND CREDIT

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

TRUSTS, CD'S, MISC. _____

AUTO LOAN WITH _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____
ADDRESS CITY & STATE ACCOUNT NO.

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____
ADDRESS CITY & STATE ACCOUNT NO.

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____
ADDRESS CITY & STATE ACCOUNT NO.

OTHER INFORMATION

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

APP.DR LIC. # _____ STATE _____ CO-APP DR LIC.# _____ STATE _____

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

CANCELLATION POLICY

TO RESERVE AN APARTMENT, THE APPLICANT MUST PAY A RESERVATION DEPOSIT AND AN APPLICATION FEE. SHOULD THE APPLICANT CANCEL HIS/HER APARTMENT RESERVATION WITHIN 48 HOURS OF THE DATE OF APPLICATION, THE APARTMENT DEPOSIT WILL BE FULLY REFUNDED. CANCELLATIONS RECEIVED AFTER THE 48 HOUR WAITING PERIOD ARE NOT ELIGIBLE FOR DEPOSIT REFUND. CANCELLATIONS SHOULD BE SUBMITTED IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE.

APPLICANT'S CONSENT

I HEREBY AUTHORIZE MANAGEMENT OR ITS AGENT TO INVESTIGATE MY PAST HISTORY FOR THE PURPOSE OF DETERMINING APPROVAL OF THIS APPLICATION FOR RESIDENCY. THIS CONSENT INCLUDES ANY HISTORY OF RESIDENCY, EMPLOYMENT, CREDIT AND ANY OTHER REFERENCES THE MANAGEMENT DEEMS NECESSARY.

APPLICANT'S SIGNATURE _____ DATE _____ RECEIVED BY _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

OFFICE VERIFICATION SECTION

REFERENCE VERIFICATION

COMMENTS

<input type="checkbox"/> PRESENT RESIDENCE	
<input type="checkbox"/> PREVIOUS RESIDENCE	
<input type="checkbox"/> PRESENT EMPLOYER (APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (APP.)	
<input type="checkbox"/> PRESENT EMPLOYER (CO-APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (CO-APP.)	
<input type="checkbox"/> CREDIT REPORT COMPLETE	
<input type="checkbox"/> OTHER	

Revised 05/01/2011



“Habitat America, LLC, is pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.”

THANK YOU FOR RESIDING WITH US!

APPLICANT or CO-SIGNER CONSENT

“I hereby authorize River Woods Apartments of Fredericksburg to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment salary details, and/or any other necessary information.”

“I hereby expressly release River Woods Apartments of Fredericksburg, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.”

“I understand that should I lease an apartment River Woods Apartments of Fredericksburg and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes and for improving application methods.”

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Community Manager/Agent's Signature

Habitat America, LLC, Management Company
TENANT SELECTION PLAN
Market Property

Property Name: River Woods Apartment Homes of Fredericksburg
2000 Woodlyn Drive, Fredericksburg, VA 22401

Effective Date: June 13, 2018
PH: 540-371-6770 TTY: 711

Thank you for applying to live at our community. This document is provided to explain the process we use to select our residents. Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors at our properties fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity or marital status. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 ("Fair Housing Act") and, to the extent applicable, the Americans with Disabilities Act. Furthermore, this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.

PROJECT ELIGIBILITY

This community may be designated for a special population. Applicants must be adults and must meet the restrictions as indicated below in order to proceed with the application process.

No special population restrictions apply to this community.

Valid identification with a picture will be required (photo copy may be kept on file). Applicants must disclose social security numbers (SSN) for all family members. A valid SSN card issued by the Social Security Administration is the necessary documentation required. If a SSN card is not available the community will accept a letter from the Social Security Administration stating that a new card has been applied for. Where applicable an assigned Federal Identification Number may be used. United States Code Title 8, subsection 1324 (a) (1) (A) prohibits the harboring of illegal aliens. The provision of housing to illegal aliens is a fundamental component of harboring. All applicants will be required to provide proof of citizenship or legal immigration status.

OCCUPANCY STANDARDS

Habitat America, LLC has established occupancy standards to permit the resident to select the apartment size they deem appropriate to their needs while preventing overcrowding and underutilization of the apartment. The occupancy standard is based on 2 persons per bedroom plus one: * Children under the age of 2 are not counted when considering number of household members. No adult members can be added to the household in the first 12 months of occupancy.

Number of Bedrooms	Maximum # of Occupants Allowed
1	3
2	5

INCOME REQUIREMENTS

All forms of household income must be disclosed. In addition, minimum income limits apply. Contact the Community Manager for the current minimum income limit. Proof of all income and assets is required.

TAKING APPLICATIONS

The Application: Each adult (18 years of age or older, or emancipated) must complete and sign the Rental Application. **There is a non-refundable application fee of \$25 per adult or \$50.00 per married couple.** An application cannot be processed unless it is fully complete. Applicants must list all members who will reside in the apartment unit and designate the number of bedrooms being requested. Apartments specially designed for the disabled will be marketed only to persons with disabilities. If an apartment is not available when the application is submitted, the applicant will be put on waiting list. The application will be fully screened and verified when an apartment becomes available for occupancy. Once the application is approved and the available unit accepted, the applicant will be required to sign a lease agreement in which applicant agrees to abide by all property rules and regulations. **Cancellations received 72 hours after approval, will forfeit the Reservation fee paid.** If assistance is needed in completing the application or lease documents, contact the Community Manager.

Screening: A report will be obtained through a commercial credit reporting agency which will determine the application accepted or denied. Rental history for the past 3 years will be verified and must indicate the ability to care for the property without damage and pay rent on time. Applicant must be able to establish the necessary utilities with the appropriate utility provider.

Background and criminal record checks will be conducted. An applicant will be denied if:

- Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, or is currently engaging in the illegal use of a drug.
- There is a reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol and/or an illegal drug may interfere with the health, safety, or right to peaceful enjoyment of the premises for other residents.
- Any household member has a history of drug-related criminal activity including but not limited to possession, usage, distribution, transport, sale, manufacture or storage of illegal drugs and/or drug paraphernalia, or conviction of any State or Federal laws relating to illegal drugs and/or paraphernalia.
- Any household member is subject to lifetime registration requirements under a state or federal sex offender registration program.
- Any other criminal history exists that would threaten the health, safety or peaceful enjoyment of the premises by other residents or the health and safety of the owner, employee, contractor, or agent who is involved in the housing operations.

If any information provided by the applicant proves to be untrue during the verification process, these applications will be denied on the basis of attempted fraud.

Rejection Procedures: If an applicant disputes the accuracy of any information provided to the landlord by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of screening results. The name, address and phone number of the screening company will be provided in the denial letter. The denial letter will advise the applicant that if they believe there are errors in their screening report, they have fourteen (14) days to respond in writing to request an appeal. Applicants who are denied must wait 60 days before reapplying at the community.

RIVER WOODS APARTMENTS HOMES of FREDERICKSBURG

Security Deposit:	Minimum of \$100 to Maximum of 1 month's rent
Lease Term:	1 year
Utilities Included:	Water, Sewer and Trash Resident pays Gas & Electric

Income Requirements:

Total household income will be reviewed and verified for occupancy in our community in accordance with the following minimum income limits based on family composition:

UNIT SIZE	FLOOR PLAN	SQ. FEET	RENTS	MINIMUM INCOME
1 BR 1 BA	<i>Birch</i>	674	\$995	\$35,820
1 BR 1 BA	<i>Hickory</i>	700		
1 BR 1 BA	<i>Maple</i>	779	\$1,055 - \$1,090	\$37,980 - \$39,240
1 BR 1 BA w/Den	<i>Willow</i>	897	\$1,090 – \$1,125	\$39,240 - \$40,500
2 BR 1 BA	<i>Elm</i>	907	\$1,110 - \$1,145	\$39,960 - \$41,220
2 BR 1 BA w/Den	<i>Oak</i>	1,044	\$1,145 - \$1,180	\$41,220 - \$42,480

(Resident Selection Criteria subject to change without notice)

Pet Policy: Dogs, cats, birds, turtles and fish in small aquariums are welcome. A maximum of two dogs, cats or birds in any combination are permitted in each apartment with a maximum weight of 75lbs. full grown. A non-refundable pet fee of \$300 will be required at move in and a monthly fee of \$20.00. Management must see all pets prior to their move in and has the right to deny any pet that may violate the community rules and regulations or be a danger to the Community. Dog and Cat owners are required to present a copy of a current license and proof of current rabies inoculation at move in and annually. Dog owners must purchase and maintain renter’s insurance coverage with a minimum of \$500,000 in liability coverage. A copy of the policy renewal must be given to management once a year. The policy must name the following as Certificate Holders: The name of the Community and Habitat America, LLC. This requirement is to protect the dog owner against liability claims in the event their dog causes injury to others. Dogs, specifically, “Pit bulls” or other perceived vicious breeds (including but not limited to Pit bull cross-breeds, Pit bull mix, American Staffordshire terrier, Staffordshire bull terrier) are not permitted on the property at any time. Visiting Pets, puppies under the age of six (6) months, and other reptiles are not permitted. Management has the right to revoke the privilege of having a pet if the pet policies are violated. Animals which are designated as assistance animals to the disabled are accepted with the appropriate documentation.

Additional Credit Requirements:

- Inability to establish utilities in the lease holder name with an appropriate utility provider are grounds for denial.
- Medical Bills are excluded from credit worthiness consideration
- Discharged bankruptcies will be considered for a period of one year prior to date of application.
- Unfavorable landlord history will be grounds for denial unless verifiable extenuating circumstances exist.

Additional Background Requirements:

- Management will review drug related criminal activity, felony convictions and history or pattern of convictions. These will be grounds for denial.

Smoking/Fire Risk Reduction Policy: Smoking will not be permitted in the units or anywhere on property grounds with the exception to the designated area. Smoking is defined as carrying or inhaling or exhaling smoke from any lighted cigar, cigarette, electronic-cigarette, vaporizer, pipe or consumer product modified for smoking or any other lighted tobacco or plant product. Additionally, burning of incense and candles is prohibited to reduce risk of fire. There is a designated smoking area located outside for residents and their guests to use. Please see the Community Manager for information on the designated area. This will be the only place where smoking will be permitted. Also in light of recent hazards related to Hoverboards, Habitat America is prohibiting these devices at all communities, including all common areas and grounds. Beginning August 1, 2016, Hoverboards may not be used, charged or stored anywhere at the communities, including all common areas and grounds. All leaseholders will be required to sign a Non-smoking Lease Addendum agreeing to these rules prior to occupancy.

Renter’s insurance is required at River Woods Apartment Homes of Fredericksburg. A minimum of \$100,000 in liability coverage is required. A Certificate of Insurance is required on an annual basis and must come directly from your insurance broker to the rental office or by email to manager530@habitatamerica.com. The policy must list River Woods Apartment Homes of Fredericksburg and Habitat America, LLC as an “interested party”.

If you need additional information concerning the Selection Criteria, please see the Community Manager. Please note this Resident Selection Criteria in its entirety is subject to change without notice. Please note this Resident Selection Criteria in its entirety is subject to change without notice.

Acknowledgment/Receipt:

By signing below I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for River Woods Apartment Homes of Fredericksburg. I/We also understand that the property owner may disclose the application status to any agency with program regulations applicable to the community.

Applicant Signature

Date

Applicant Signature

Date

Management

Date

