

THE WILLIAM BYRD

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APPLICATION FOR OCCUPANCY

APP DATE: _____
HOLDING DEP: _____
UNIT #: _____
M/I DATE _____

Household Information:

Referred by: _____

Complete the following information for each household member that will occupy the unit at the time of move in:

Name First, M/I, Last	Relationship to Head of Household	Sex M/F	Social Security #	Full-Time Student	Birth Date Month/Day/Year
	Head of Household			YES NO	
				YES NO	
				YES NO	
				YES NO	

Residential History:

List Current Address First and then Prior address if less than 3 years at current address.

YOUR CURRENT ADDRESS & PHONE	LANDLORD'S NAME & ADDRESS	OWN OR RENT	DATES
1st		OWN or RENT	
CITY ST ZIP	CITY ST ZIP		

Your Phone #: _____ Phone #: _____

YOUR FORMER ADDRESS & PHONE	LANDLORD'S NAME & ADDRESS	OWN OR RENT	DATES
2nd		OWN or RENT	
CITY ST ZIP	CITY ST ZIP		

Will you or anyone in this household, require a live-in care attendant? _____ (Doctor Statement will be required)

Name of Live-in Care Attendant _____ Relation: _____

Emergency/Personal Contacts:

NAME	ADDRESS	PHONE
1		
2		

Vehicle Information:

LICENSE PLATE #	MAKE/MODEL/COLOR	YEAR

Do you, or anyone in the household own a pet(s)? YES or NO

If Yes, Indicate Breed/Type:

Are you or any household member a full time student? YES or NO

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agent of the US as to any matter within its jurisdiction.

APPLICANT STATEMENT: I/We understand that the information in this application will be collected to determine my/our eligibility for residency and I/We hereby authorize Credit Reports to be obtained and 3rd party verification of all information and references provided.

I/We certify that all income received and assets currently held or previously disposed have been revealed on the Statement of Income and Assets and that I/We have no other income or assets than those stated in these application documents (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my knowledge and belief and I/We am/are aware that any willful, false information or misrepresentation by act of negligence or not, is just cause for the application to not be approved. If such is discovered after approval and a lease agreement entered, it will be terminated and eviction procedures initiated.

I/we also understand that our security deposit is refundable only at time of move out or if the application is denied by management. Deposits are refunded within 45 days of denial or move out. All other application and processing fees are non-refundable.

Signature (applicant 1) / date

Signature (applicant 2) / date

HOUSEHOLD NAME:

UNIT #

STATEMENT OF INCOME AND ASSETS

(All questions are required to be answered, any changes must be crossed through and initialed)

Include all anticipated income for the next 12 months. Include the gross dollar (\$) amount received in the space provided.

PLEASE CHECK YES or NO TO EACH QUESTION & LIST AMOUNT RECEIVED.

Do you or anyone in your household RECEIVE or expect to receive INCOME from:

YES	NO	INCOME TYPE: (ALL YES ANSWERS ARE 3RD PARTY VERIFIED)	GROSS AMOUNT RECEIVED EACH MONTH
1		Social Security Benefits?	\$
2		Supplemental Security Income (SSI) or SS Disability (SSDI) Income?	\$
3		VA or Military pay benefits?	\$
4		Pension Plan, Retirement or Annuities?	\$
5		Gifts/Contributions from non-household members?	\$
6		Alimony, Spousal or Child Support?	\$
7		Employment income? (full-time, part-time or seasonal)	\$
8		Self-employment income? Tax record will be required.	\$
9		Do you work for anyone that pays you in cash?	\$
10		Unemployment, Workman's Comp or Disability Benefits?	\$
11		Payment from Rental Properties or Notes Recievable?	\$
12		Are you on leave of absense from a paid position; due to layoff, medical, family medical leave, Military or any other reason?	
13		Public Assistance or General Assistance?	\$
14		Any Income from sources not mentioned above?	\$

(Please list any items not mentioned above on an additional sheet)

STATEMENT OF ASSET INFORMATION

Do YOU or anyone in the household Own or Co-Own of any ASSET shown below or not listed? You may be required to provide up to 6 current statements for certain items listed in order to complete verification. Check Yes or No for each item.

YES	NO	ASSET TYPE (ALL YES ANSWERS ARE 3RD PARTY VERIFIED)	CURRENT VALUE
1		Actual Cash on Hand is an asset, STATE CURRENT AMOUNT ON HAND	\$
2		Checking Account(s)? 6 month average required	\$
3		Savings or Money Market Account(s)? Current balance required	\$
4		Do you have a Safety Deposit Box? A separate list is required of items stored in it	
5		Prepaid Debit Card ie Direct Express for any funds received, Current Balance	
6		Certificate(s) of Deposit? Copy of certificate required	\$
7		IRA or 401K , Keogh, Roth IRA or other Retirement Acct.(s)?	\$
8		Period Withdrawals or Distributions from Investment Accounts	
9		Savings Bonds or Treasury bonds? Provide Copies	\$
10		Trust Fund(s)?	\$
11		Stocks or Bonds, Mutual Funds, Annuity Accounts, or Capital Investments?	\$
12		Do you own a home or other real estate or time shares, land, mobile home, condos, commercial space, rental or other land contracts?	\$
13		Life Insurance Policies? (current cash or surrender value required) COPY OF POLICY MUST BE SHOWN TO DETERMINE TYPE OF POLICY	\$
14		Have you received or are you expecting to receive any LUMP SUM PAYMENTS from: Social Security delayed payments, inheritances, capital gains, one-time lottery winnings, victims restitution, workman's compensation, or any type of insurance claims	\$
15		Other Assets? USE ADDITIONAL SHEET IF NEEDED	\$
16		Donations & tithes are considered disposed assets for less than fair market value, please indicate annual donations & tithing amounts in the space provided. (24 month history will be required)	\$
17		Have you been a Full or Part-time Student at any time in the past 12 months?	
18		Are you currently a full or part time student or do you plan to be either, in the next 12 months?	

Please INITIAL the correct answer for each question below:

Applicant listed above certifies that HE or SHE:

1	HAS	DOES NOT HAVE	Total Household Assets valued at \$5,000.00 or more? All assets are 3rd party verified.
2	HAS	HAS NOT	Disposed of any household assets for less than fair market value within the last two years. Examples of disposed assets may include: Donations & tithes, sale of property below market value, Monetary gifts to anyone, Giving away a piece of property in lieu of inheritance etc. This list is not all inclusive and applicant is required to disclose and list all tangible items that were disposed of in the last 2 year period. Seperate sheet maybe used.

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I hereby certify that the above statements are true and correct and I understand I am required to report any changes to management as soon as they occur. I understand changes prior to my scheduled move-in could affect eligibility for the LIHTC program guidelines.

Applicant Signature

Date