

Winters Point

Sponsored by Bay Aging

Phone: (804) 843-4134
Fax: (804) 843-4157

310 Winters Point Lane
West Point, Virginia 23181

Dear Prospective Applicant:

Thank you for your interest in **Winters Point**, an affordable, independent living community for older adults, located on **310 Winters Point Lane, West Point, Virginia**. Attached is a flyer that further describes our community, as well as a Pre-Application should you decide to apply. Please note the following:

- ♦ Resident eligibility is restricted to those who are at least 62 years of age and who have incomes that do not exceed \$25,350 per year for a person living alone or \$29,000 per year for a two-person household.
- ♦ Rent includes water, sewer and an allowance for electricity. The amount of monthly rent paid will be 30% of adjusted gross income, including a small percentage of assets, less deductions for qualified medical expenses.

If you are interested in residing at **Winters Point**, please complete the attached Pre-Application and return it to the address shown on this letterhead.

Please note:

At present, we do not have any apartments available, however, if you would like to be on our waiting list, please complete the attached Pre-Application and return it to the above address. Those applicants found potentially eligible will be contacted to schedule an appointment once we have an apartment available.

Please feel free to call us if we may be of further assistance. Our office is open on Monday and every 1st & 3rd Wednesday from 8:30 a.m. to 4:30 p.m. We look forward to hearing from you.

Sincerely,



Carolyn Lockley
Property Site Coordinator



Affordable Living For Older Adults



WINTERS POINT

"Independent Living for Older Adults"

Winters Point, an independent living, senior community has been specially designed to meet the needs of those 62 years of age or older, including handicapped or disabled.

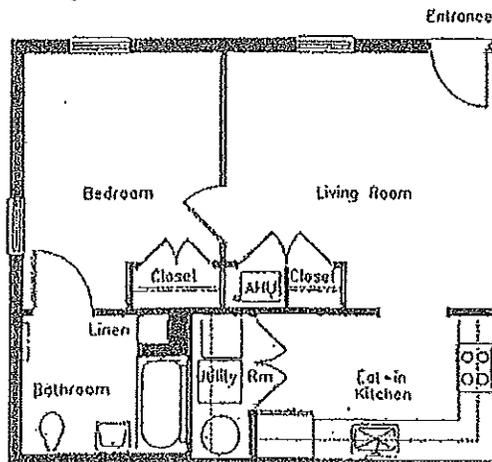
At Winters Point rents are adjusted according to the ability to pay.

One Bedroom Apartments

Featuring amenities which make life easier, safer, and more enjoyable:

- *Energy Efficient Apartments
- *Barrier Free Design
- *Wall to Wall Carpet
- *Washer / Dryer Hook-Ups
- *Laundry Facilities on Site
- *Planned Senior Activities
- *Electric Heat and Air Conditioning
- *Emergency Call System
- *Grab bars & accessible bath
- *Fully Equipped All-Electric Kitchen
- *Community Room
- *24 Hour Emergency Maintenance

*Caring and Professional Management



Winters Point

"Affordable Living For Older Adults"

310 Winters Point Lane
West Point, VA 23181



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Winters Point
310 Winters Point
West Point, VA 23181
804-843-4134 / TTY: 1-800-828-1120

PRE-APPLICATION INFORMATION STATEMENT

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION. WE WILL SCHEDULE ASSISTANCE.

BAY AGING (MANAGEMENT AGENT) TOLL-FREE PHONE NUMBER IS (866) 758-2386. CALL BETWEEN THE HOURS OF 8:30 AM AND 4:30 PM, MONDAY THROUGH FRIDAY.

IF YOU HAVE A HEARING OR SPEECH IMPAIRMENT, PLEASE CALL THE VIRGINIA RELAY SERVICE AT 1-800-828-1120 AND ASK FOR THEIR ASSISTANCE IN CALLING US.

APPROPRIATE HELP WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

- Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information is grounds for rejection and / or lease termination (if misrepresentation is discovered after move-in).
- Answers to questions concerning handicap or disability status are optional. However, without this information, we may not be able to:
 1. determine your eligibility or need for special housing features or:
 2. calculate your rent correctly.
- Persons whose head of household, co-head, or spouse is handicapped or disabled may be entitled to certain deductions from income that affects rent. Information you provide on handicap or Management will treat disability status as confidential. In accordance with program regulations, information may be released to appropriate Federal, State, and Local agencies.
- Please note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.



Bay Aging Apartments
 P O Box 622
 Urbanna, VA 23175
 804-758-1260 ext. 1304/ TTY: 1-800-828-1120

ELIGIBILITY & TENANT SELECTION

Please check all that you wish to apply for:

- Daffodil Gardens (Gloucester, VA)
- Mill Pond Village (Montross, VA)
- Parker Run (Montross, VA)
- Parker View (Williamsburg, VA)
- Port Town Village I and II (Urbanna, VA)
- Tartan Village I and II (Kilmarnock, VA)
- The Meadows (Colonial Beach, VA)
- Winters Point (West Point, VA)

1. List each person who would live with you if you receive housing assistance. (Start with yourself)

Last Name	First Name	Date of Birth	Sex	Relationship To You	Gross Monthly Income	Social Security No.
1.						
2.						

2. Does anyone live with you now who are not listed above? ___ Yes ___ No
3. Do you expect any change in your household composition? ___ Yes ___ No
4. Are you a student? ___ Yes ___ No
5. Do you currently: A) ___ Own your home; B) ___ Rent; C) ___ Live with friend or relative
6. Are you a veteran? ___ Yes ___ No
7. Are you a U. S. citizen? ___ Yes ___ No

8. If you answered yes to either #2 or #3, please explain: _____

9. Do you have any assets? (bank accounts, stocks, bonds, certificate of deposit, house/land etc.) _____

10 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____



11. Street Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

12. Mobile Phone: _____

Home Phone: _____

13. Email Address: _____

14. Please identify any special housing needs your household has:

15. For statistical purpose only (Check one in "a" and one in "b")

- a. The head of your household is:
 Black White American Indian / Alaskan Native Asian / Pacific Islander
- b. Ethnicity of your head of household is: Hispanic Non-Hispanic
- c. How were you notified about the apartments? (Check all that apply)
 Newspaper Radio Brochures/Leaflets Site Signs Waiting List
 Community Contacts Existing Resident

APPLICATION CERTIFICATION: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OR CO-HEAD

DATE

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the Information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

REV: 11/10/2016

