



Dear Prospective Applicant:

Thank you for your interest in our service-enriched independent living apartments. Resident eligibility is restricted to households with at least one member age 62 or older. Yearly income may not exceed U.S. Department of Housing and Urban Development (HUD) Area Median Income (AMI) Limits for the county where the apartment community is located.

HUD 50% AMI Limits

Effective March 31, 2020

NAME	1-PERSON	2-PERSON	COUNTY
Daffodil Gardens	\$28,900	\$33,000	Gloucester
Mill Pond Village	\$25,650	\$29,300	Westmoreland
Parker Run	\$25,650	\$29,300	Westmoreland
Parker View	\$28,900	\$33,000	James City
Port Town Village	\$22,450	\$25,650	Middlesex
Port Town Village II	\$22,450	\$25,650	Middlesex
Tartan Village	\$25,100	\$28,650	Lancaster
Tartan Village II	\$25,100	\$28,650	Lancaster
The Meadows (80% AMI)	\$41,000	\$46,850	Westmoreland
Winters Point	\$31,300	\$35,800	King William

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 our apartments, please complete the attached Pre-Application and return it to the address shown on this letterhead. At present we do not have any apartments available for move-in. Those applicants found potentially eligible will be contacted to schedule an appointment when an apartment becomes available.

Please feel free to call us if we may be of further assistance. We look forward to hearing from you.

Sincerely,

Dianne Wilkins
Regional Property Manager



Pre-Application for Admission and Rental Assistance
Section 202 PRAC Housing for Seniors

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

Date: _____

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)

For Office Use Only:

Date application received _____ Time application received _____ By _____

Applicant Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Co Applicant Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> Co-head <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above		
Physical Address			
Mailing Address			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Applicant Birth date		Co-Applicant Birth Date	
Applicant Social Security Number			
Co-Applicant Social Security Number			
If you have no Social Security Number, you claim you are exempt because:			
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10			



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Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that, smoking is prohibited within 25 feet of structures designed for human occupancy to ensure that secondhand smoke does not enter these structures. This includes but not limited to all buildings, all common areas, inside apartment dwelling units, entry areas, community room, office and laundry room.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when:			
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>			
<input type="checkbox"/> AL <input type="checkbox"/> AK <input type="checkbox"/> AZ <input type="checkbox"/> AR <input type="checkbox"/> CA <input type="checkbox"/> CO <input type="checkbox"/> CT <input type="checkbox"/> DE <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> LA <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MA <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MS <input type="checkbox"/> MO <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> NH <input type="checkbox"/> NJ <input type="checkbox"/> NM <input type="checkbox"/> NY <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT <input type="checkbox"/> VT <input type="checkbox"/> VA <input type="checkbox"/> WA <input type="checkbox"/> WV <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Washington D.C			

PREFERENCES: The owner/agent places households in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for any of the preferences indicated below.

- I am a veteran of the United States armed forces. ☐ Yes ☐ No
- I am homeless or actively fleeing domestic violence
(Further verification is needed.) ☐ Yes ☐ No
- I am a victim of a recent presidentially declared disaster. ☐ Yes ☐ No



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HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. This application must include information about everyone who will live in the unit. *If you are not the HOH, please skip to questions about income and assets.*

Will anyone else live in the unit with you? <i>If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will live in the unit?	Adults:	Minors:

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner's/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Special Features
<input type="checkbox"/> 1 Bedroom Unit	<input type="checkbox"/> Mobility Accessible Unit
	<input type="checkbox"/> Communication Accessible Unit (Hearing)
	<input type="checkbox"/> Communication Accessible Unit (Visual)
	<input type="checkbox"/> Special features: Please list below:

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Please provide the total amount of annual income.

Annual income	\$
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Please provide the value of all assets (including checking/savings accounts)

Total assets	\$
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PENALTIES FOR MISUSING THIS FORM

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 a 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 officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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APPLICANT CERTIFICATION

By signing this document, I/we certify that, if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner's/agent's resident selection criteria.

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

Applicant Name (please print) _____

Signature _____ Date _____

Bay Aging Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing

Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Dianne Wilkins

Address: PO Box 622

City: Urbanna

State: Virginia

Zip Code: 23175

Telephone- Voice: (804) 758-1260 Extension 1304

Telephone- TTY: (800) 828-1120



Bay Aging Apartments

804-758-1260 ext 1304 / TTY: 1-800-828-1120

PRE-APPLICATION INFORMATION STATEMENT

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVING DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION. WE WILL ARRANGE FOR 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 disability status are optional. However, without this information, we may not be able to:
 1. Determine your eligibility or need for special housing features
 2. Calculate your rent correctly
- Persons whose head of household, co-head, or spouse is disabled may be entitled to certain deductions from income that affects rent. Information you provide will be kept 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

"Independent Living for Older Adults"

Our independent living, senior community apartments have been specially designed to meet the needs of those 62 years of age or older, including handicapped or disabled.

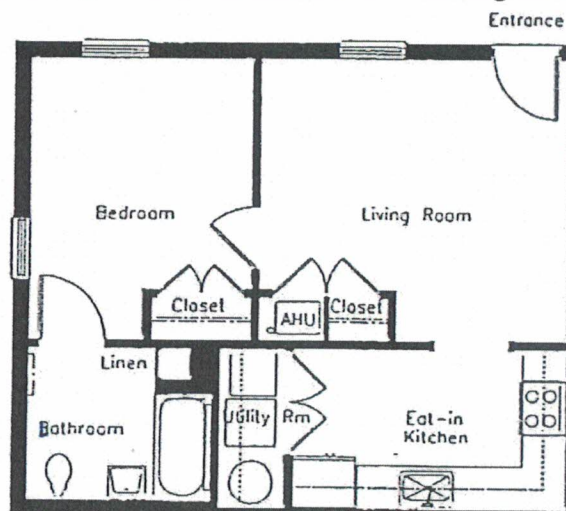
Our rents are adjusted according to the ability to pay.

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
- *All Smoke Free Units
- *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**



"Affordable Living for Older Adults"

P O Box 622
Urbanna, VA 23175

Sponsored by Bay Aging



Beautiful Homes for Seniors!

Attractive, affordable homes that are well designed and energy efficient for aging adults who want to maintain their independence for as long as possible.

Residents automatically have access to support services designed to encourage a healthy lifestyle.



For people 62 Years & Older

Rent Will Not Exceed 30% of Income

Yearly Income May Not Exceed
HUD Limits for the County Where
the Apartment Community is Located

One Bedroom Apartments

Barrier Free Design

Wall to Wall Carpeting

Fully Equipped, All-Electric Kitchen

24-Hour Emergency Maintenance

Electric Heat & Air Conditioning

Emergency Call System

Grab Bars & Accessible Bath

Laundry Facilities on Site

Smoke Free Units

Community Room

Convenient to Shopping, Health Care

Facilities and Recreation

Caring & Professional Management

*Certified by the Veterans
Administration to provide
"veterans' preference" housing.*



Daffodil Gardens, Gloucester—804.695.9294

Mill Pond Village, Montross—804.493.7600

Parker Run, Montross—804.493.0151

Parker View, Williamsburg—757.345.0896

Port Town Village I & II

804.758.2172

Tartan Village I & II, Kilmarnock

804.435.8884

The Meadows, Colonial Beach—804.224.4100

Winters Point, West Point—804.843.4134

For additional information or to apply,

contact **Dianne Wilkins** at:

804.493.0238 or 804.758.1260x1304.

Senior housing is a service of



*Bay Aging is a non-profit, 501(c)(3)
organization established in 1978.*

www.bayaging.org