



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 aged 55 or older. Yearly income may not exceed Area Median Income (AMI) limits for Gloucester County, Virginia.

After the completed pre-application is received, we will contact the applicant with a request to complete a full application. Applicants will be informed of eligibility and given an opportunity to appeal rejection.

We anticipate resident occupancy beginning in Spring 2022. Interested persons may obtain an application by telephoning (804) 286-9554, emailing [dwilkins@bayaging.org](mailto:dwilkins@bayaging.org) or by visiting our website at [www.bayaging.org](http://www.bayaging.org).

Completed pre-applications may be returned to the attention of Dianne Wilkins via:

- **Fax:** (804) 758-1265
- **Email:** [dwilkins@bayaging.org](mailto:dwilkins@bayaging.org)
- **USPS:** P.O. Box 622, Urbanna, VA 23175
- **Hand Delivered:** 5370 Old Virginia Street, Urbanna, VA 23175

All pre-applications will be time and date stamped. Once the first 40 qualified households are selected, all others will be placed on a waiting list.

Sincerely,

Dianne Wilkins  
Regional Property Manager



**Monthly Rent Rates for Daffodil Gardens II**

| <b>Bedroom (BR)</b>                         | <b>Gross Rent</b> | <b>Utility Allowance</b> | <b>Household Pays</b> |
|---|-------------------|--------------------------|-----------------------|
| 1 BR: 1-person household 40% AMI (\$23,680) | \$634.00          | \$119.00                 | \$515.00              |
| 1 BR: 2-person household 40% AMI (\$27,040) | \$634.00          | \$119.00                 | \$515.00              |
| 1 BR: 1-person household 50% AMI (\$29,600) | \$792.00          | \$119.00                 | \$673.00              |
| 1 BR: 2-person household 50% AMI (\$33,800) | \$792.00          | \$119.00                 | \$673.00              |
| 1 BR: 1-person household 60% AMI (\$35,520) | \$951.00          | \$119.00                 | \$832.00              |
| 1 BR: 2-person household 60% AMI (\$40,560) | \$951.00          | \$119.00                 | \$832.00              |
| <b> </b>                                    |                   |                          |                       |
| 2 BR: 1-person household 50% AMI (\$29,600) | \$951.00          | \$152.00                 | \$799.00              |
| 2 BR: 2-person household 50% AMI (\$33,800) | \$951.00          | \$152.00                 | \$799.00              |
| 2 BR: 3-person household 50% AMI (\$38,050) | \$951.00          | \$152.00                 | \$799.00              |
| 2 BR: 4-person household 50% AMI (\$42,250) | \$951.00          | \$152.00                 | \$799.00              |
| 2 BR: 1-person household 60% AMI (\$35,520) | \$1,141.00        | \$152.00                 | \$989.00              |
| 2 BR: 2-person household 60% AMI (\$40,560) | \$1,141.00        | \$152.00                 | \$989.00              |
| 2 BR: 3-person household 60% AMI (\$45,660) | \$1,141.00        | \$152.00                 | \$989.00              |
| 2 BR: 4-person household 60% AMI (\$50,700) | \$1,141.00        | \$152.00                 | \$989.00              |

These rates are based on 2021 Area Median Income (AMI) limits for Gloucester County and are subject to change.

Revised 01/13/2022



## Pre-Application for Admission to Rental Housing

### Daffodil Gardens II Service-Enriched Housing for Older Adults

Mailing Address

Bay Aging Apartments  
 PO Box 622 (5370 Old Virginia Street)  
 Urbanna, VA 23175  
 804-286-9554 / TTY: 1-800-828-1120  
[dwilkins@bayaging.org](mailto:dwilkins@bayaging.org)

Physical Address

Daffodil Gardens II  
 5899 Fiddlers Green Road  
 Gloucester, VA 23061

Date: \_\_\_\_\_

|                                 |                                 |          |
|---------------------------------|---------------------------------|----------|
| <b>For Office Use Only:</b>     |                                 |          |
| 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<br><input type="checkbox"/> Live-in Aide ( <i>live in aides complete a different application and must be approved before move in</i> )<br><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 <b>and</b> receiving HUD housing assistance as of 1/31/10  |  |                             |  |
| Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited anywhere on this property.</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 and 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 <u>any member</u> of your 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?  | <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<br><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<br><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<br><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.  Yes  No  
(Further verification is needed.)
- I am a victim of a recent presidentially declared disaster.  Yes  No

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

**If you are the Head of Household, please complete this section** which provides information about other household members. This application must include information about everyone who will live in the unit.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 residential dwelling unit 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"/> 2-Bedroom 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 | \$ |
|---------------|----|

Please provide the value of all assets (including checking/savings accounts)

|              |    |
|--------------|----|
| Total Assets | \$ |
|--------------|----|

**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, U.S. Department of Housing and Urban Development (HUD), Virginia Housing (VH) as the Public Housing Authority (PHA) and any owner/agent (or any employee of HUD, VH or the owner/agent) 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, VH or the owner/agent responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing a 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).

**APPLICANT CERTIFICATION**

By signing this document, I/we certify that, if selected to lease a residential dwelling unit, that 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/agent 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: \_\_\_\_\_

Co-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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Dianne Wilkins  
Address: PO Box 622, Urbanna, VA 23175  
Telephone: (804) 286-9554



# Bay Aging Apartments Daffodil Gardens II

## Service-Enriched Housing for Older Adults

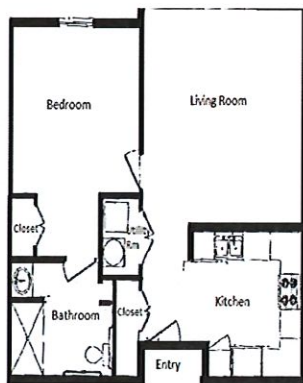
Our independent living apartments have been specially designed to meet the needs of those 55 years of age or older.

Monthly rent will range from \$515.00 to \$989.00

### One- and Two-Bedroom Apartments

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

- \*Energy Efficient
- \*Barrier-Free Design
- \*Wall-to-Wall Carpet
- \*Fully Equipped All-Electric Kitchen
- \*Community Room with Free Wi-Fi
- \*24-Hour Emergency Maintenance
- \*Electric HVAC
- \*Emergency Call System
- \*Grab Bars & Accessible Bathrooms
- \*Laundry Facilities on Each Floor
- \*Tobacco Free Building
- \*Caring and Professional Management



Service-Enriched Housing for Older Adults  
PO Box 622  
Urbanna, VA 23175

Sponsored by Bay Aging



Revised 01/13/2022





# Beautiful Homes for Seniors!

Attractive, affordable homes that are fully accessible and energy efficient for older adults who want to maintain their independence for as long as possible.

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



1 Daffodil Gardens II



2 Daffodil Gardens II

For People 55 Years & Older

Rent Will Range from

\$515.00-\$989.00 Depending on Income

One- and Two- Bedroom Apartments

Barrier-Free Universal Design

Wall-to-Wall-Carpeting

Fully Equipped, All-Electric Kitchen

24-Hour Emergency Maintenance

Electric HVAC

Grab Bars & Accessible Bathrooms

Laundry Facilities on Each Floor

Tobacco Free Building

Community Room Wi-Fi

Convenient to Shopping, Health Care and Recreation

Caring & Professional Management

Daffodil Gardens II

5899 Fiddlers Green Road, Gloucester, VA 23061

For additional information or to apply, contact

Dianne Wilkins at:

[804.286.9554](tel:804.286.9554)/[dwilkins@bayaging.org](mailto:dwilkins@bayaging.org)

Daffodil Gardens II is a service of



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

[www.bayaging.org](http://www.bayaging.org)



## Daffodil Gardens II

804-286-9554 / TTY: 1-800-828-1120

### PRE-APPLICATION INFORMATION STATEMENT

If you would like assistance completing this application, please advise us of your needs when you receive the application. We will arrange assistance for you.

**Bay Aging** (Management Agent) can be reached toll free at **1-866-758-2386**. Hours of operation are 8:30 AM to 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 determine your eligibility for special apartment design features.
- 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.

