



Dear Prospective Applicant,

Thank you for your interest in Bay Aging’s service-enriched rental housing communities for older adults. These independent living apartments feature universal design elements that makes aging in place safe, affordable, and enjoyable. Tenants have convenient access to Bay Aging’s various support services, facilitated by caring and professional management.

Resident eligibility for U.S. Department of Housing and Urban Development (HUD) Section 202 Supportive Housing for the Elderly is restricted to households with at least one-member aged 62 or older. Yearly income may not exceed the HUD Income Limits for the county where the apartment community is located. Rent for these one-bedroom apartments include 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. This applies to the ten (10) apartment communities listed below.

**HUD 50% Area Median Income Maximum Limits**  
No Minimum Income Limits

PROPERTY	1 PERSON	2 PERSONS	COUNTY
Daffodil Gardens	\$32,750	\$37,400	Gloucester
Mill Pond Village	\$28,700	\$32,800	Westmoreland
Parker Run	\$28,700	\$32,800	Westmoreland
Parker View	\$32,750	\$37,400	James City
Port Town Village	\$26,400	\$30,150	Middlesex
Port Town Village II	\$26,400	\$30,150	Middlesex
Tartan Village	\$28,150	\$32,200	Lancaster
Tartan Village II	\$28,150	\$32,200	Lancaster
The Meadows (80% AMI)	\$45,850	\$52,400	Westmoreland
Winters Point	\$35,250	\$40,300	King William

Daffodil Gardens II, located in Gloucester County, is funded primarily by Low-Income Housing Tax Credits. This property features both one- and two-bedroom apartments for households with at least one-member aged 55 or older. Rent ranges from \$560 to \$1,082 per month. Tenants are responsible for water, sewer, and electricity. A minimum income limit has been set requiring that households’ annual income is double the rent amount to ensure payment ability. A maximum income limit has been established as listed below.

**60% Multifamily Tax Subsidy Project Income Limits**

PROPERTY	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS
Daffodil Gardens II	\$39,300	\$44,880	\$50,520	\$56,100

Income limits shown, effective April 18, 2022, are established annually. If you are interested in residing at Bay Aging Apartments, please complete the attached Pre-Application and return it to the address shown on this letterhead. At present, there are no apartments available for immediate occupancy. Those applicants found preliminarily eligible will be contacted to schedule an appointment once there is an apartment available. Please feel free to call us if we may be of further assistance. We look forward to hearing from you.

Sincerely,  
Hunter LeClair, Assistant Director, Multifamily Housing Management  
hleclair@bayaging.org

# Bay Aging Apartments

804-758-1260 Extension 1304

Teletypewriter (TTY): 1-800-828-1120

## Pre-Application Information Statement

If you have a disability or 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 telephone 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 setting and manner. We look forward to serving you.

Note the following instructions for completing the pre-application:

- Please answer all questions truthfully. All answers will be verified. 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, it may not be possible to:
  1. Determine your eligibility or need for special housing features
  2. Calculate your rent correctly
- If someone in your household has a disability, you may be entitled to certain deductions from income that affect rent amount. 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.



# PRE-APPLICATION FOR HOUSING ADMISSION AND RENTAL ASSISTANCE

Service Enriched Housing for Older Adults

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<b>Date:</b>	<b>FOR OFFICE USE ONLY</b>	Received By:
	Date Application Received:	Time Application Received:

<b>CHECK ALL THAT YOU WISH TO APPLY FOR:</b>	
<p><b>HUD Section 202 Supportive Housing for the Elderly</b></p> <ul style="list-style-type: none"> <li>• Subsidized rent adjusted for income</li> <li>• Head of Household must be 62 years old or older                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Daffodil Gardens (Gloucester, VA)</li> <li><input type="checkbox"/> Mill Pond Village (Montross, VA)</li> <li><input type="checkbox"/> Parker Run (Montross, VA)</li> <li><input type="checkbox"/> Parker View (Williamsburg, VA)</li> <li><input type="checkbox"/> Port Town Village I and II (Urbanna, VA)</li> <li><input type="checkbox"/> Tartan Village I and II (Kilmarnock, VA)</li> <li><input type="checkbox"/> The Meadows (Colonial Beach, VA)</li> <li><input type="checkbox"/> Winters Point (West Point, VA)</li> </ul> </li> </ul>	<p><b>Low-Income Housing Tax Credit Property</b></p> <ul style="list-style-type: none"> <li>• Rents ranging from \$5 to \$1,020 per month</li> <li>• Head of Household must be 55 years old or older                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Daffodil Gardens II (Gloucester, VA)</li> </ul> </li> </ul>

## HEAD OF HOUSEHOLD APPLICANT INFORMATION

Applicant Name			
Physical Address			
Mailing Address			
Phone Number			
Email Address			
Alternate Contact			
Date of Birth			
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Social Security Number			
If you have no Social Security Number, you claim you are exempt because:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> I am an ineligible non-citizen <input type="checkbox"/> I was 62 years or older & receiving HUD housing assistance on January 31, 2020		
Will anyone else reside in the unit with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Adults:	Minors:



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## ADDITIONAL APPLICANTS

	Applicant 2	Applicant 3	Applicant 4
Name			
Physical Address			
Mailing Address			
Phone			
Email Address			
Date of Birth			
Social Security Number			
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
Relationship	<input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Live-in Aide*	<input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Live-in Aide*	<input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child <input type="checkbox"/> Live-in Aide*

*\*Live-in Aides must complete a different application and must be approved before move in.*

## POLICY ADHERANCE

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 is not limited to all buildings, common areas, inside of apartment dwelling units, entry areas, community room, office, maintenance areas, and laundry room.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that your guests, service providers hired by you, all members of your household, and you will abide by the Smoke Free Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with the Smoke Free Policy as described in the House Rules will result in termination or tenancy and eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a pet that will live in the apartment with you? <i>Owner/agent has established a pet policy allows for one pet with a refundable pet deposit. Service/companion animals are not considered pets and do not require a pet deposit. Request the pet policy for additional information.</i>	<input type="checkbox"/> No <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other



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## CRIMINAL SCREENING

Has anyone in your household ever been convicted of a crime? *If yes, indicate if the conviction(s) was a felony, misdemeanor, or check both boxes if the applicant has been convicted of both.	Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
	Other Applicants:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Is anyone in your household required to register with any state lifetime sex offender or other sex offender registry?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone in your household ever been evicted from a federally funded housing program for a lease violation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, when and who?			
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules. 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			
Has anyone else in your household lived in any other states other than what was disclosed above? *Every member of the household must disclose prior residences or the entire household's application may be rejected.			<input type="checkbox"/> Yes <input type="checkbox"/> No Disclose States:

**PREFERNCES** *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. All preferences must be verified.*

I am a veteran of the United States armed forces. <i>Submit a DD-214 with application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am homeless or fleeing domestic violence. <i>Certification needed from shelter provider.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am a victim of a recent presidentially declared disaster. <i>FEMA letter required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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

All Bay Aging HUD Section 202 Supportive Housing for the Elderly properties have only one-bedroom units. Bay Aging's Low-Income Housing Tax Credit property has both one- and two-bedroom options. Please indicate which unit size your household requests.	<input type="checkbox"/> One (1) Bedroom <input type="checkbox"/> Two (2) Bedrooms
Which special features are needed for your household?	<input type="checkbox"/> Mobility Accessible Unit <input type="checkbox"/> Communication Accessible Unit (Hearing) <input type="checkbox"/> Communication Accessible Unit (Visual) <input type="checkbox"/> Other Special Features, Listed Below:

## INCOME AND ASSET INFORMATION

Please provide the total gross amount of the entire household's annual income.	\$
Please provide the value of all household assets (including checking/saving accounts).	\$

## 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, the United States Department of Housing and Urban Development (HUD), the Public Housing Authority (PHA) and any owner/agent (or any employee of HUD, the PHA 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, the PHA or the owner/agent 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 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.

Would like to request a complete copy of the owner/agent's resident selection criteria?

No     Yes: Paper copy by mail.     Yes: Electronic copy by email.

Applicant Name (please print): \_\_\_\_\_

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

Applicant 2 Name (please print): \_\_\_\_\_

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

Applicant 3 Name (please print): \_\_\_\_\_

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

Applicant 4 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: Hunter LeClair  
Address: PO Box 622, Urbanna VA 23175  
Telephone: (804) 758-1260 Extension 1304  
Teletypewriter (TTY): (800) 828-1120



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# Bay Aging Apartments

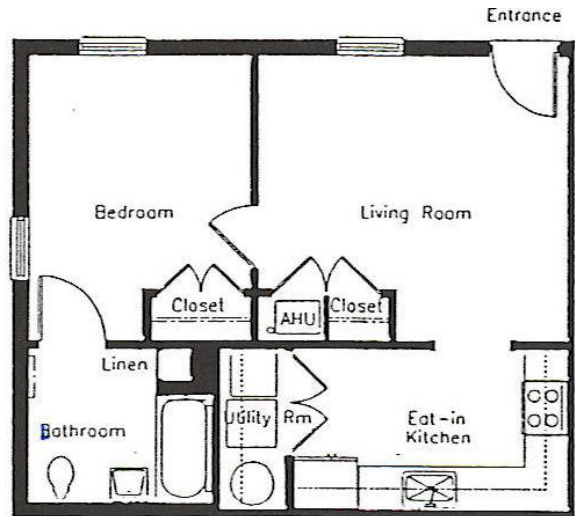
Service-Enriched Housing for Older Adults

## U.S. Department of Housing and Urban Development (HUD) Section 202 Supportive Housing for the Elderly

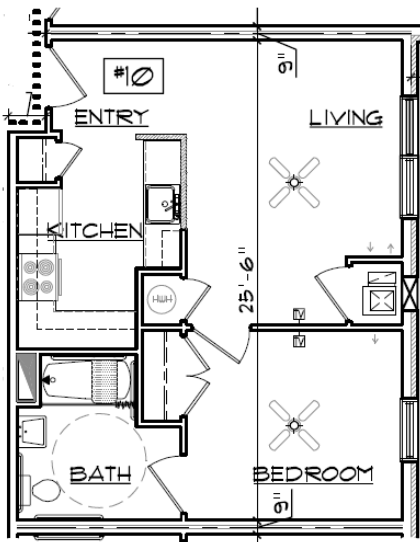
### Featuring amenities which make life easier, safer, and more enjoyable:

- 24-Hour Emergency Maintenance
- All Smoke Free Buildings
- Barrier-Free Design
- Caring and Professional Management
- Community Room with Free Wi-Fi & Activities
- Electric Heat & Air Conditioning
- Emergency Call System
- Energy Efficient Apartments
- Fully Equipped All-Electric Kitchen
- Grab Bars & Accessible Bath
- Laundry Facilities on Site
- In-Unit Washer/Dryer Hook-Ups\*
- Pet Friendly
- Rents Adjusted for Ability to Pay
- Wall to Wall Carpet

### Floor Plans



### Parker View Floor Plan



\*Parker View does not have washer/dryer hook-ups.  
Laundry facilities are located on each floor.

### Community Locations:

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

Sponsored By



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