

PRE-APPLICATION FOR HOUSING ADMISSION
MERCER PLACE
 KILMARNOCK, VIRGINIA

Return Applications To:

USPS: Bay Aging Apartments, PO Box 622, Urbanna, Virginia 23175

Email: dwilkins@bayaging.org • Fax: (804) 758-1265

www.bayaging.org

(804) 758-1265 Extension 1303

Teletypewriter (TTY) (800) 828-1120

Date:	FOR OFFICE USE ONLY	Received By:
	Date Application Received:	Time Application Received:

HEAD OF HOUSEHOLD APPLICANT INFORMATION

Applicant Name			
Current Physical Address			
Mailing Address			
Phone Number			
Email Address			
Alternate Contact			
Date of Birth			
Gender Identity	☐ Male ☐ Female ☐ Prefer not to disclose		
Social Security Number			
If you have no Social Security Number, you claim you are exempt because:	☐ Not Applicable ☐ I am an ineligible non-citizen ☐ I was 62 years or older & receiving HUD housing assistance on January 31, 2020		
Employer			
Employer Address			
Salary/Pay Rate	☐ hour ☐ bi-weekly ☐ month ☐ year		
Will anyone else reside in the unit with you?	☐ Yes ☐ No	Total Adults:	Minors:

ADDITIONAL APPLICANTS

	Applicant 2	Applicant 3	Applicant 4
Name			
Address, <i>if different</i>			
Phone			
Email Address			
Date of Birth			
Social Security Number			

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Gender Identity	☐ Male ☐ Female ☐ Prefer not to disclose	☐ Male ☐ Female ☐ Prefer not to disclose	☐ Male ☐ Female ☐ Prefer not to disclose
Relationship to Applicant			
Employer			
Salary/Pay Rate			
INCOME AND ASSETS			
Please provide the total gross amount of the entire household's annual income.			\$
Please provide the value of all household assets (real estate, checking, savings, etc.)			\$
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>			☐ Yes ☐ 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?			☐ Yes ☐ 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?			☐ Yes ☐ No
Do you have a pet that will live in the apartment with you? <i>Owner/agent has established a pet policy which 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>			☐ No ☐ Cat ☐ Dog ☐ Other:
CRIMINAL SCREENING			
Has anyone in your household ever been convicted of a crime? <i>*If yes, indicate if the conviction(s) were a felony, misdemeanor, or check both boxes if the applicant has been convicted of both.</i>	Applicant:	☐ Yes ☐ No	☐ Felony ☐ Misdemeanor
	Other Applicants:	☐ Yes ☐ No	☐ Felony ☐ Misdemeanor
Is anyone in your household required to register with any state lifetime sex offender or other sex offender registry?			☐ Yes ☐ No
Has anyone in your household ever been evicted? <i>*If yes, when and who?</i>			☐ Yes ☐ No

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Please indicate each state where you have lived. *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.*

☐AL ☐AK ☐AR ☐AZ ☐CA ☐CO ☐CT ☐DE ☐FL ☐GA ☐HI ☐ID ☐IL ☐IN ☐IA ☐KS ☐KY ☐LA ☐MA
☐ME ☐MD ☐MI ☐MN ☐MS ☐MO ☐MT ☐NE ☐NV ☐NH ☐NJ ☐NM ☐NY ☐NC ☐ND ☐OH ☐OK
☐OR ☐PA ☐RI ☐SC ☐SD ☐TN ☐TX ☐UT ☐VT ☐VA ☐WA ☐WI ☐WV ☐WY ☐ Washington, D.C.

UNIT SIZE AND FEATURES

Are any special features needed for your household?

**All units are Mercer Place have two bedrooms and two bathrooms.*

- ☐ Mobility accessible unit
☐ First floor unit
☐ Communication accessible unit (hearing)
☐ Communication accessible unit (visual)
☐ Other special features:

PREFERENCES

Mercer Place provides a preference for applicants where the Head of Household is employed by an employer in Lancaster County. These criteria must be verified before the offer is considered valid. Applications are organized based on the date/time of which the pre-application was received.

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).

APPLICANT CERTIFICATION

By signing this document, I/we certify that, if selected to lease a residential dwelling unit, 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/agent to verify all information provided on this application and to contact

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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 you like to request a complete company for the owner/agent's Tenant Selection Plan?

☐ No. ☐ Yes, by mail. ☐ Yes, by email.

Applicant 1 Name (print) _____

Applicant Signature _____

Date: _____

Applicant 2 Name (print) _____

Applicant Signature _____

Date: _____

Applicant 3 Name (print) _____

Applicant Signature _____

Date: _____

Applicant 4 Name (print) _____

Applicant 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 1, 1988).

Dianne Wilkins, Senior Property Site Coordinator & Compliance Specialist

Mailing: PO Box 622, Urbanna, Virginia 23175

Telephone: (804) 286-9553; Teletypewriter (TTY): (800) 828-1120

