

# DRUCKER & FALK

## REAL ESTATE

MULTIFAMILY • COMMERCIAL • SENIOR LIVING

**Thank you for considering us in your search for a new apartment home.**

DATE OF APPLICATION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

APARTMENT DESIRED \_\_\_\_\_

DATE DESIRED \_\_\_\_\_ LEASE TERM DESIRED \_\_\_\_\_

APPLICATION FEE PAID \$ \_\_\_\_\_ (non-refundable)

\*HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**A HOLDING FEE IS REQUIRED TO RESERVE AN APARTMENT.**

**THIS FEE CAN BE RETURNED TO YOU ONLY IF THE APPLICATION IS NOT APPROVED.**

**OUR COMMUNITY INSURANCE POLICY DOES NOT COVER DAMAGE BY FIRE, WATER, OR ANY OTHER CAUSE TO A RESIDENT'S PERSONAL PROPERTY LOCATED IN THE APARTMENT OR ANYWHERE ON THE COMMUNITY PROPERTY. EACH RESIDENT IS RESPONSIBLE FOR OBTAINING INSURANCE COVERAGE. ADDITIONALLY, SOME COMMUNITIES REQUIRE LIABILITY COVERAGE AS A REQUISITE OF THE LEASE.**

**With your best interest in mind, the following information is necessary.**



We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, or elderliness.

Name 1 (Applicant)	Social Security Number	Birth-date	Relationship	Student Yes or No
Marital Status: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed				
<b>Name 2 Spouse Only - Roommates - Children over 18 - Must Complete Separate Application</b>	Social Security Number	Birth-date	Relationship	Student Yes or No
Name 3 (Under 18 Years Old)	Social Security Number	Birth-date	Relationship	Student Yes or No
Name 4 (Under 18 Years Old)	Social Security Number	Birth-date	Relationship	Student Yes or No
Name 5 (Under 18 Years Old)	Social Security Number	Birth-date	Relationship	Student Yes or No
Name 6 (Under 18 Years Old)	Social Security Number	Birth-date	Relationship	Student Yes or No

**Student Status**

**Under Section 42 of the Internal Revenue Code, certain households with students are ineligible for occupancy at our community. We therefore require all applicants to answer the following questions regarding student status.**

**Student Status: Are All Persons Listed Above Full Time Students?** ( ) Yes ( ) No

**If yes, answer the following questions:**

Is the household comprised of a single parent and child, neither of whom is dependent on a third party? ( ) Yes ( ) No

Are the applicant's married and file a joint tax return? ( ) Yes ( ) No

Does the household receive AFDC or TANF? ( ) Yes ( ) No

Is the head of household in a federal or state job-training program? ( ) Yes ( ) No

**Are all members of this household expected to enroll as full time students in the next twelve months?** ( ) Yes ( ) No

**Will this student status change within the next 12 months?** ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

**Name 1 Employment Information Circle All Applicable: Full Time Part Time Self Employed Non-Employed Unemployed**

Name 1 (Name of Employer) \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Length of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Wages: \_\_\_\_\_ per: hour week month year **(circle one)**

Do you expect to earn substantial overtime? ( ) Yes ( ) No If yes, how much ? \_\_\_\_\_

Do you have other employment not listed on this application? ( ) Yes ( ) No

Do you work for an employer not listed on this application that pays you by cash? ( ) Yes ( ) No

**Name 2 Employment Information Circle All Applicable: Full Time Part Time Self Employed Non-Employed Unemployed**

Name 2 (Name of Employer) \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Length of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Wages: \_\_\_\_\_ per: hour week month year **(circle one)**

Do you expect to earn substantial overtime? ( ) Yes ( ) No If yes, how much ? \_\_\_\_\_

Do you have other employment not listed on this application? ( ) Yes ( ) No

Do you work for an employer not listed on this application that pays you by cash? ( ) Yes ( ) No

**Rental History**

**Current Address:** Home Phone# \_\_\_\_\_

Street Number and Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\$ \_\_\_\_\_ Monthly Rent Date From \_\_\_\_\_ Date To \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Reason For Moving \_\_\_\_\_

**Previous Address:**

Street Number and Name \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\$ \_\_\_\_\_ Monthly Rent Date From \_\_\_\_\_ Date To \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Reason For Moving \_\_\_\_\_

**INCOME - Do You Receive Any of the Following? If Yes Indicate The Annual Gross Amount.**

Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Self Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Social Security Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Disability Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Unemployment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Pension Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Veteran's Administration Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Social Service Assistance (AFDC / TANF, ETC.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Recurring Monetary Gifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____
Any other income not mentioned on this application (i.e. 2 <sup>nd</sup> job)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____

**Asset Information - Do You Have Any of the Following? If Yes, Indicate the Value.**

Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	Interest Rate _____ %
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	Interest Rate _____ %
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	Interest Rate _____ %
Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
IRA'S or other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Life Insurance (Whole or Universal Only, Do not list Term)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Personal Property Held as an Investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Any Other Assets not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount \$ _____	
Have You Disposed of Any Other Assets in the Previous 24 Months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, what is the current market value of the asset?	\$ _____			
The total combined asset value for this household is \$5000 or less	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Bank Information**

<b>Name 1</b>	_____	_____	_____	\$ _____	\$ _____
	Name of Bank	Checking Account #	Savings Account#	Amount In Checking	Amount In Savings
<b>Name 2</b>	_____	_____	_____	\$ _____	\$ _____
	Name of Bank	Checking Account #	Savings Account#	Amount In Checking	Amount In Savings

**Government Data Collection and Dissemination Practices Act Letter**

As provided by the Government Data Collection and Dissemination Practices Act, anyone who is requested to provide personal information about himself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing finances to the Virginia Housing Development Authority, you are requested to provide certain information that will enable \_\_\_\_\_, to complete Virginia Housing Form No. MD: 320, "Confirmation of Resident Eligibility".

The information requested, will be used to determine an adjusted annual income, which you and your family receive from all income sources, including assets. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Virginia Housing Development Authority limits eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of persons) so that the proper size of the dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

Copies of the completed "Confirmation of Resident Eligibility" are sent by this management agent/owner to the Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, VA 23220. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Virginia Freedom of Information Act, but any information so supplied is subject to the safeguards of the Government Data Collection and Dissemination Practices Act.

VHDA Form No. MD:202 5/02

**Vehicle Information**

<b>Vehicle 1</b>	<b>Auto Make</b> _____	<b>Year</b> _____	<b>Color</b> _____	<b>State/Tag#</b> _____
<b>Vehicle 2</b>	<b>Auto Make</b> _____	<b>Year</b> _____	<b>Color</b> _____	<b>State/Tag#</b> _____

**EMERGENCY CONTACT (Contact person in case of a personal emergency – someone not living with you)**

Name 1 _____	_____	_____	_____
	Name/Relationship	Phone	Address
Name 2 _____	_____	_____	_____
	Name/Relationship	Phone	Address

**IMPORTANT TO APPLICANT**

- 1- Are you a pet owner? \_\_\_\_\_ Type/Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_  
*No animal is allowed on the premises without prior written consent from management.*
- 2- Do you have renter's insurance? \_\_\_\_\_ Company \_\_\_\_\_  
*(Personal property insurance coverage may be required. Consult with management.)*
- 3- A full month's rent is due at move in. Prorated rent, if applicable, is due the first day of the following month.  
Move ins the 25<sup>th</sup> or later require payment of prorated rent as well as the full month's rent.
- 4 - The lease effective date is final. If the applicant fails to move in on that date, prorated rent will still be charged from the lease effective date.

**SELECTION CRITERIA**

**Income:** Income and employment and assets will be verified on each applicant. Monthly income must meet the minimum requirements for the community for which the application is submitted. Monthly income cannot exceed the maximum allowable income for the community for which the application is submitted.

**Rental History:** Two years of residential history will be verified on each applicant. Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Rental references should reflect the applicant's ability and willingness to comply with lease terms as well as community policies and guidelines. Lack of rental history will not be considered a negative factor.

**Credit:** Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the Lease.

**Public Records/Criminal Background:** A public records search will be conducted on each adult occupant. Any one or more of the following will result in automatic denial of the application.

- All Felonies including convictions, probation, deferred adjudication, court-ordered intervention programs and pending cases.
- All Misdemeanors including convictions, probation, deferred adjudication, court-ordered intervention programs and pending cases for the following types of misdemeanors: sexual misconduct; illegal possession, manufacture, sale, and/or distribution of a controlled substance; or involving a physical crime against a person or persons and/or another person's property with less than seven (7) years time lapse since date of sentence completion.

**Occupancy Standards:** Occupancy limits, determined by the community, may not be exceeded.

**SIGNATURE OF ALL ADULTS TO APPEAR ON LEASE**

I authorize inquires to be made by all available means to verify the statements above. This would include, but not be limited to, consumer reporting agencies, public records, criminal background checks, current and previous rental references, employment and salary verifications, other income verifications, asset verifications, student status verifications and personal references.

In addition, I understand that the above information is being collected to determine my eligibility for residency. I certify that I have revealed all income received and assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this Application are true and complete to the best of my knowledge and belief and am aware that false statements may be cause for termination of my lease and may be punishable under Federal law.

1. APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

2. SPOUSE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency. Providing false information or any misrepresentation herein will be considered a material breach of the rental agreement and shall result in eviction.**

**FOR OFFICE USE ONLY**

Apt. Assigned \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Monthly Pet Fee\$ \_\_\_\_\_  
Application Fee \$ \_\_\_\_\_ Dep Date \_\_\_\_\_ Pet Dep \$ \_\_\_\_\_ Dep Date \_\_\_\_\_  
Holding Fee \$ \_\_\_\_\_ Dep Date \_\_\_\_\_ Pet Fee \$ \_\_\_\_\_ Dep Date \_\_\_\_\_  
Community Fee \$ \_\_\_\_\_ Dep Date \_\_\_\_\_ Other \$ \_\_\_\_\_ Dep Date \_\_\_\_\_  
Concession (if any) \_\_\_\_\_

Additional Items Requested (i.e., furniture, washer/dryer, etc.)  
Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Item \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Item \_\_\_\_\_ Cost \$ \_\_\_\_\_

**APPLICATION VERIFICATION CHECKLIST**

Every applicant must provide a valid SS# and driver's

Driver's License or government issued photo ID viewed for confirmation.

If any applicant is not able to provide a SS#, that person is probably a non-US citizen. In this situation, there are four (4) other government issued ID cards (listed below) that can be used to confirm identity. There are no other acceptable forms of ID. (Refer to "Leasing to non-US citizens" in Policies & Procedures Manual for additional information and instructions)

Form I-551 (Green Card)     Form I-688     I-688A     Form I-94

Confirmation by: \_\_\_\_\_ (employee signature)

**Community Standards & Requirements**

*Initial after completion. (Attach documentation where required)*

Rental/Pet Reference Received \_\_\_\_\_ Employment/Income Verification Received \_\_\_\_\_

Credit Report Received \_\_\_\_\_ Public Records/Criminal Report Received \_\_\_\_\_

**Application Approved** \_\_\_\_\_ (Please check, if applicable)

Approval with Adverse Action (attach office copy of adverse action letter)

\_\_\_\_\_ Approved with additional Deposit of \$ \_\_\_\_\_

\_\_\_\_\_ Co-signer Required

Approved By: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_

Notified By: \_\_\_\_\_

**Application Declined** \_\_\_\_\_ (Check if applicable and attach office copy of denial letter)

**Reason(s) for Denial** (Check below all that apply)

Unfavorable Credit Report

Unfavorable Rental Reference

Insufficient Income

Exceeds Occupancy Standards

Inaccurate Information Submitted

Exceeds Income Limit

Other (specify) \_\_\_\_\_

How was holding Fee Returned? \_\_\_\_\_ Holding Fee Returned By: \_\_\_\_\_

Employee Signature

Holding Fee Received By: \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

Property Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

All licensees shall promptly disclose their agency relationships to all actual and prospective buyers and sellers, lessors and lessees, optionors and optionees in these ways:

- A. As soon as the licensee has substantive discussions about specific property(ies) with a principal or prospective principal, the licensee shall disclose to that principal or prospective principal the person(s) whom the licensee represents in a principal-agency relationship; and
- B. Further, this disclosure shall be made in writing at the earliest practical time, but in any case not later than the time when specific real estate assistance is first provided. This written disclosure shall be acknowledged by the principals.

**DISCLOSURE OF AGENCY RELATIONSHIP**

In compliance with Regulation 6.3 of the Virginia Real Estate Board, you are hereby advised that DRUCKER & FALK, LLC is employed by SOUTH CRATER, LLC / BDM CRATER as MANAGING AGENT for CRATER SQUARE APARTMENTS / FIRST COLONY TOWNHOMES Apartments, (188 units) with Rental Office located at 1025 S. Crater Road, #13A, Petersburg, VA 23805.

SIGNATURE of APPLICANT(s):

SIGN HERE

SIGN HERE

\_\_\_\_\_  
\_\_\_\_\_

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

**STAY of ACTION and  
EVICITION UNDER THE SCRA**

DATE: \_\_\_\_\_

THIS LEASE ADDENDUM to that certain "Lease," by and between  
\_\_\_\_\_, doing business as  
\_\_\_\_\_, hereinafter called Lessor; and  
\_\_\_\_\_, hereinafter called Tenant(s).

We respect and appreciate the military service of all of our tenants who are members of the United States Armed Forces. However, we have found that some tenants take unfair advantage of the rights afforded to them as members of the military, particularly, the provisions of the Servicemembers Civil Relief Act (the "SCRA") that allow a servicemember to receive a stay of legal proceedings in cases where the servicemember does not appear in court.

In consideration of the foregoing, Tenant(s), pursuant to Section 107 of the SCRA, agree to waive his/her/their right to a stay of proceedings and appointment of an attorney under Section 201 and/or Section 202 of the SCRA, right to a stay of the execution of a judgment under Section 204 of the SCRA, and right to avoid eviction and to a stay under Section 301 of the SCRA.

Tenant(s) shall retain all other rights under the SCRA, including the right to terminate the Lease prior to the end of its term, in accordance with the provisions of Section 305 of the SCRA. Further, this waiver only applies to the rights and obligations of Tenant(s) relating to the Lease, and does not affect any other rights that the Tenant(s) may have under the SCRA.

Except as expressly set forth herein, the Lease by and between Lessor and Tenant(s) shall remain binding and in full force and effect upon Lessor and Tenant(s) except as expressly modified hereby.

IN WITNESS WHEREOF, Lessor and Tenant(s) have executed this Lease Addendum on the dates reflected below.

WITNESS our signatures:

Date Signed: \_\_\_\_\_  
Lessor

Date Signed: \_\_\_\_\_ SIGN HERE  
Tenant

Date Signed: \_\_\_\_\_ SIGN HERE  
Tenant

**DISCLOSURE OF LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS**

**RESIDENTIAL SITE:**

Crater Square Apartments

**INSPECTION COMPANY:**

Dominion Environmental Group, Inc.

**INSPECTOR:**

Kimberly L. Dingledine, License #3356-000615

The EPA Residential Lead-Based Paint Hazard Reduction Act of 1992 requires that information be given to prospective tenants regarding lead-based paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling.

On August 9, 2002, Dominion Environmental Group, Inc. conducted testing of representative surfaces for lead-based paint at the Crater Square Apartments. Testing was performed within five (5) randomly selected units, common and exterior areas. Inspected units included Building 1 – Unit G, Building 4 – Unit E, Building 13 – Unit B, Building 14 – Unit F and Building 16 – Unit G. The following is a summary of identified lead-based paint and lead-based paint hazards. Complete testing data reports are available upon request.

*Exterior LBP:* No exterior or common area lead-based paints were identified during an inspection of representative surfaces at the Crater Square Apartments.

*Interior LBP:* No interior lead-based paints were identified during an inspection of representative surfaces at the Crater Square Apartments.

Copies of the actual testing reports provided by Dominion Environmental Group, Inc. can be accessed from your property manager at (804) 733-6298.

***Lessee's Acknowledgment*** (initial)

INITIAL HERE

\_\_\_\_\_ Lessee has received lead-based paint hazard testing summary data and understands that the complete testing reports are available for review.

INITIAL HERE

\_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

***Agent's Acknowledgment*** (initial)

\_\_\_\_\_ Agent has informed the lessee of the agent's obligations under Title X (42 U.S.C. 4582d) and is aware of his/her responsibilities to ensure compliance.

***Certificate of Accuracy:***

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____	Agent	_____	Date	_____	Agent	_____	Date
SIGN HERE	_____	_____	_____	_____	_____	_____	_____
	Lessee		Date		Lessee		Date