Dear Applicant:

We take pride in our management and in our apartment community. We actively see good residents to make their home with us, and we strive to provide the best services we possibly can while they live with us.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application that you complete and from other sources available. We verify employment, criminal background and we check previous rental history.

The screening and verification process is used for every applicant the same way – fairly, consistently, and uniformly. We work diligently to observe both the spirit and the letter of the fair housing laws – not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making an application you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you do not provide us with complete information, we will be unable to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

A copy of our “Tenant Selection Plan” is available for you to view at your request. On the Tenant Selection Plan it gives you details to the total process that we use to determine eligibility. A household whose income is less than 30% of the median income has priority on the waiting list.

We will do our best to process your application quickly and give you an answer within a reasonable time.

Please sign and date this letter where indicated below, and give it to the manager.

APPLICANT SIGNATURE: ___________________________________ DATE: ______________

CO-APPLICANT SIGNATURE: _______________________________ DATE: ______________
TVA APPLICATION

Applicant Name: _______________________________ Desired Apt. Size

Mailing Address: _______________________________ City, State, Zip: _______

Physical Address: _______________________________ City, State, Zip: _______

Home Phone#: _______________________________ Work Phone#: _______

How did you hear about this apartment community? __________________________________________

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other member who will be living in the apartment. Indicate the
relationship of each family member to the Head of Household.

<table>
<thead>
<tr>
<th>Name (last, First, MI)</th>
<th>Social Security Number</th>
<th>Relationship to Head of Household</th>
<th>Sex*</th>
<th>Age*</th>
<th>U. S. Citizen?</th>
<th>Date of Birth*</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Federal Regulations require us to report the sex, age, and date of birth of all household members.

Are you or a member of your household a student? Yes No
If yes, list member name(s) & where they are going to school:

Does anyone plan to live with you in the future who is not listed above? Yes No
If yes, explain:
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you or any member of your household ever used different names from the above names shown? Yes No
If yes, please list names used and dates when such names were used:
_____________________________________________________________________________________
_____________________________________________________________________________________

Will any of the above household member live anywhere except the apartment? Yes No
If yes, please explain: _________________________________________________________________

Are there any other persons who will live in the apartment on less than a full-time basis? Yes No
If yes, please explain: _________________________________________________________________
_____________________________________________________________________________________

Federal Regulations requires us to report the race and ethnicity of the Head of Household. This response is optional, and your entry will have no bearing on your eligibility for housing.

Race of Head of Household. Please check one: I do not wish to furnish the information below.
☐ White/Caucasian ☐ Black/African-American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ Other

Ethnicity of Head of Household. Please check one: I do not wish to furnish the information below.
☐ Hispanic ☐ Non-Hispanic

Are reasonable accommodations needed for any household members? Yes No
If yes, what kind: ☐ Barrier-free Apartment ☐ Sight Impaired Apartment
☐ Hearing Impaired Apartment ☐ Other
If any of the above categories were checked, is a reasonable modification required? Yes No
Do you have a pet? Yes No If yes, please explain __________________________________________
II. RESIDENTIAL HISTORY: MINIMUM 3 YEARS REQUIRED  Attach additional pages if necessary

Current Address:
Street Address: _________________________ City:  _________ County:  __________ State:  _____ ZIP: _____
Dates: __/__/____ to __/__/____ Monthly Rent: $_____ Monthly Utilities: $_____ Reason for Moving ________
Landlords Name: ____________________ Relative  Yes  No  Landlord’s Address ____________________ Phone_______

Previous Address:
Street Address: _________________________ City:  _________ County:  __________ State:  _____ ZIP: _____
Dates: __/__/____ to __/__/____ Monthly Rent: $_____ Monthly Utilities: $_____ Reason for Moving ________
Landlords Name: ____________________ Relative  Yes  No  Landlord’s Address ____________________ Phone_______

III. HOUSEHOLD & BACKGROUND INFORMATION  (List all states you or any member of your household have lived)
States:  ______________________________________

IV. CRIMINAL HISTORY
Have you or any members of your household been arrested for or convicted of any crimes listed below?  Yes  No

Member Name:___________________________ Crime(s)#__________ Status/Disposition:___________________
Member Name:___________________________ Crime(s)#__________ Status/Disposition:__________

V. INCOME AND ASSET INFORMATION
Please answer each of the following questions. For each “yes”, provide details in appropriate sections below.
Do you or any member of your household:  YES    NO
 1. Work full-time or part-time or seasonally?
 2. Expect to work for any period during the next year?
 3. Work for someone who pays cash?
 4. Receive tips?
 5. Expect a leave of absence from work due to layoff, strike, medical, maternity, or military leave?
 6. Now receive or expect to receive unemployment benefits?
 7. Now receive or expect to receive workers’ compensation?
 8. Now receive or expect to receive alimony/child support?
 9. Entitled to alimony/child support not being received?
10. Do you have an alimony/child support order?
11. Are you seeking/enforcing alimony/child support order?
12. Do you receive TANF or WV Works?
13. Do you now receive or expect to receive Public Assistance?
14. Do you now receive or expect to receive Social Security benefits?
15. Do you now receive or expect to receive VA benefits/GI Bill benefits?
16. Do you now receive or expect to receive income from pension or annuity?
17. Do you now receive or expect to receive income from trusts?
18. Do you now receive or expect to receive periodic payments of lottery winnings?
19. Do you now receive or expect to receive inheritances or settlements?
20. Do you now receive or expect to receive regular contributions from organizations or individuals not living with you?

Do you or any member of your household receive Income from Assets, including but not limited to:
 1. Interest on Savings, Checking, and/or Money Market Accounts?
 2. Interest/Dividends on Annuities, Certificates of Deposit, Stocks, Bonds, Mutual Funds, Life Insurance Policies, Treasury Bills, Trusts, IRA’s, retirement funds, etc.?
 3. Rental income from real estate or personal property?
 4. Do you have Cash on Hand/sums in Safe Deposit Boxes?
 5. Do you have IRA’s, 401K, Keogh, or other retirement funds?
Do you own real estate or other assets held for investment or for which you do not receive income?

- [ ] Yes
- [ ] No

Have you sold, given away, or otherwise disposed of any assets (including cash) in the past two years for less than fair market value?

- [ ] Yes
- [ ] No

Other income or assets? ________________________________________________________________

**INCOME:** List all sources of income of household members.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Source of Income/Address</th>
<th>Type of Income</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ASSETS:**

1. List all checking savings, and other accounts (including but not limited to IRA’s, 401K’s, Keogh accounts and Certificates of Deposits) of all household members.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Organization Name/Address</th>
<th>Type of Account</th>
<th>Account No.</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member:

____________________________________________________________________________________

3. List the date and value of any assets disposed of for less than their fair market value during the past two years:

____________________________________________________________________________________

4. Do you own a car? [ ] Yes [ ] No

- [ ] If yes – Year, Make, & Model: ______________________________
- [ ] Who pays the insurance, gas, taxes, etc.: ____________________
- [ ] How Much? ____________________

**VI. AUTOMOBILES**

Make: _________ Model: _________ Color: _________ Year: _________ License Tag#/state: _________ Registered Owner: _________

Make: _________ Model: _________ Color: _________ Year: _________ License Tag#/state: _________ Registered Owner: _________

**VII. EXPENSES**

[ ] Do you have expenses for child care of a child age 12 years or younger? If yes, provide the name, address, and telephone number of the care provider.

- Name: __________________
- Address: __________________
- Phone No.: __________________

What is the weekly cost to you of the child care? $ _________

[ ] Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If yes, provide the name, address, and telephone number of the provider.

- Name: __________________
- Address: __________________
- Phone No.: __________________

What is the weekly cost to you for the care attendant and/or equipment? $ _________

EQUAL OPPORTUNITY HOUSING PROVIDER
VIII. ELDERLY FAMILIES ONLY (Head, Co-Head, or Spouse is age 62 or older, handicapped or disabled).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have Medicare? If yes, what is your monthly premium? $____________________
Name: ____________________ Name: __________________
Address: __________________ Address: __________________
Policy No.: _______________ Policy No.: _______________
Premium Amount: $ __________ Premium Amount: $ __________

*Do you have outstanding medical bills? If yes, explain: ________________________________
________________________________________________________________________________
________________________________________________________________________________
What medical expenses do you expect to incur in the next twelve months? ________________
________________________________________________________________________________
________________________________________________________________________________

If you use the same pharmacies regularly, please provide the following:
Name: ____________________ Name: ____________________
Address: __________________ Address: __________________
If you use the same doctor(s) regularly, please provide the following:
Name: ____________________ Name: ____________________
Address: __________________ Address: __________________

IX. EMERGENCY CONTACT

Name: ____________________ Address: ____________________ Relationship: ________________
Phone: ____________________ Alternate Phone: ________________ In case of emergency, would this person have permission to enter your unit? [ ] Yes [ ] No

EQUAL OPPORTUNITY HOUSING PROVIDER
The department of Housing and Urban Development (HUD) is authorized to collect this information by the US Housing Act of 1927 (42 USC 1437 et seq.), by Title VI of the Civil Rights Act of 1964 (42 USC 2000d), and by the Fair Housing Act (42 USC 3601-19). The Housing and Community Development Act of 1987 (42 USC 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household member 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

<table>
<thead>
<tr>
<th>Date Application received</th>
<th>Time Application Received</th>
<th>Person Receiving Application</th>
</tr>
</thead>
</table>

Manager/Owner does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, familial status or handicap in the admission or access to its federally assisted programs and activities.

EQUAL OPPORTUNITY HOUSING PROVIDER