



# Hillcrest Apartments

A multi-family community of Helping Overcome Poverty's Existence, Inc.  
PO Box 743, 680 W Main St, Wytheville, VA 24382  
Toll Free: (877) 818-8680 Phone: (276) 228-6280 Fax: (276) 228-0508  
Email: hillcrest@wythehope.org Web: www.wythehope.org

## PROSPECTIVE TENANT INFORMATION

Thank you for your interest in HOPE's newly-renovated Hillcrest Apartments. This project is financed by the U.S. Department of Housing and Urban Development (HUD) through the Virginia Department of Housing and Community Development (DHCD) and the Virginia Housing Development Authority (VHDA) and is subject to the nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act of 1968, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, and the Fair Housing Amendments Act of 1988.

Hillcrest Apartments is a multi-family, pet-friendly community consisting of 12 two-bedroom units, 1 one-bedroom unit, and 1 one-bedroom handicapped accessible unit. Monthly rent is \$395 for a one-bedroom unit and \$440 for a two-bedroom unit. Deposits required include a security deposit equal to one month's rent, \$20 key deposit, and \$150 non-refundable pet deposit for 2 small pets (under 35 pounds each). Water, sewer and trash pickup are included in rent; tenant is responsible for electric.

### A. Application

All persons interested in obtaining a unit at Hillcrest Apartments are required to submit a completed, signed Confidential Rental Application to HOPE, PO Box 743, 680 W. Main Street, Wytheville, VA 24382, along with a \$25 application fee payable by check, money order or cashier's check. Your application will not be processed until this fee is received.

After applying, you are responsible to inform us of any changes in your address, contact phone number, income and/or household make-up. Should you fail to inform us of an address or contact phone number change and we attempt to contact you unsuccessfully, your application will be withdrawn.

If you have any questions regarding the Application, please contact HOPE for more information.

### B. Income Eligibility Verification

Hillcrest Apartments is an income-restricted affordable housing project, which means that all households must have income below 60% of Area Median Income (AMI) for Carroll County. Current maximum annual income limits are:

<u>Household Size</u>	<u>60% Limit</u>
1 person	\$22,020
2 person	\$25,140
3 person	\$28,260
4 person	\$31,380

If an applicant is determined to be above the maximum income limit for the project, a separate income adjustment assessment will be completed to determine eligibility, which may include certain allowable adjustments.

Prospective tenants are also required to have a minimum total monthly household income of not less than three (3) times the monthly rental amount. For a one-bedroom unit, the minimum monthly income is \$1,185. For a two-bedroom unit, the minimum monthly income is \$1,320.

All applicants must provide documentation of reported income sources to verify that the household meets these requirements. Income documentation may include:

- Six-eight weeks of most recent paystubs, employer verification or past two years tax returns if self-employed
- Statements from government agency regarding amounts received in Social Security, Veteran's, or unemployment benefits
- Statements of income received from retirement, pension, or other investment accounts
- Statements from Department of Social Services verifying amounts received for TANF (Temporary Aid for Needy Families) or SNAP (Supplemental Nutrition Assistance Program).
- Statements from agency documenting amounts received for child and/or spousal support
- Past two month's bank statements showing direct deposit amounts for any reported income source



**C. Criminal History**

All applicants will be screened for criminal history. For the safety of tenants and the overall well-being of the Hillcrest Apartments community, tenancy will be denied to any household to which any of the following conditions apply:

- A household member is required to register as a sexual offender
- A household member has a felony conviction for physical violence against persons including, but not limited to, murder, attempted murder, manslaughter, aggravated assault (assault with a weapon), rape, sexual assault, robbery (both armed and unarmed)
- A household member has a felony conviction for violence against property including, but not limited to, burglary, larceny, vandalism, arson
- A household member has a felony conviction for drug-related crimes including, but not limited to, the manufacture, sale, distribution, or possession with intent to distribute of any illegal or controlled substance

**D. Residential History**

All applicants will be screened for residential history. Current and prior landlords will be contacted to inquire about the applicant's tenancy. For the safety of tenants and the overall well-being of the Hillcrest Apartments community, tenancy will be denied to any household to which any of the following conditions apply:

- Pattern of late payments, tenant problems, and damage to the rental unit (beyond normal wear and tear) during tenancy
- Eviction from previous housing due to non-payment of rent or other violation of a rental agreement
- Eviction from previous housing due to illegal activity on the property including, but not limited to, violence against other tenants, the landlord, or other staff; violence against the rental property; or manufacture, sale, distribution, or possession with intent to distribute of any illegal or controlled substance

**E. Credit History**

All applicants will be screened for credit history. A credit report will be obtained to determine the applicant's pattern of making timely payments toward housing and other debts. Tenancy will be denied to any household to which any of the following conditions apply:

- One or more judgments for non-payment of rent in the past three years
- Two or more judgments for any debt other than non-payment of rent in the past three years (excluding medical expenses)
- Serious delinquency (90 days or more past due) on credit accounts in the past twelve (12) months (excluding medical expenses)

**F. Unit Assignment**

Any applicant meeting minimum eligibility guidelines and with satisfactory results on all screening assessments will be offered a housing unit, as available. Units will be assigned based on the minimum size necessary to meet the household's needs. Local building codes limit occupancy for multi-family housing to no more than two (2) persons per bedroom and do not allow for general living spaces (living room, dining area, etc.) to be used as sleeping space. Therefore, the following restrictions are imposed:

- One-bedroom units are limited to a maximum household size of two (2)
- Two-bedroom units are limited to a maximum household size of four (4)

A single tenant will be placed in a one-bedroom unit. If no one-bedroom units are available, the single tenant may be offered an available two-bedroom unit.

The handicapped accessible, one-bedroom unit will be offered first to any person with a disability that requires an accessible unit. This accessible unit may be offered to a non-disabled tenant if an eligible disabled applicant is not identified after 60-days of vacancy. If the accessible unit is occupied by a non-disabled tenant and an eligible disabled applicant is identified, the current tenant will be moved to the next available non-accessible unit at HOPE's expense to accommodate the needs of the disabled applicant.

**G. Waitlist**

Hillcrest Apartments will not operate a waitlist of prospective tenants; however, a waitlist for the handicapped accessible, one-bedroom unit will be maintained. Applications will be accepted on an ongoing basis as units are available. Units will be offered on a first-come, first-serve basis to eligible applicants.

**H. Appeals**

Anyone denied tenancy and wishing to appeal the decision will be able to prepare an appeal to the Executive Director of HOPE within ten (10) days of receiving written notification of such denial, and expect to receive a response within five (5) business days.



**SECTION II: INCOME, ASSET AND EXPENSE INFORMATION**

**PART ONE: Income Verification**

Instructions:

1. List everyone 18 and older or non-dependents 17 and under in the space below.
2. In the first five columns, beside the name, list the **estimated gross monthly income** from that particular source. If the person listed does not have any income from that particular source, put "0".
3. In the last three columns, indicate if you have wages, pensions or other income by checking yes or no and then detail below.
4. **Attach documentation of all income to application.**

HOUSEHOLD MEMBER NAME	USE GROSS MONTHLY TOTALS					CHECK YES OR NO FOR EACH PERSON LISTED; THEN DETAIL IN PART TWO BELOW		
	SOCIAL SECURITY / DISABILITY	TANF	SNAP	SECTION 8 VOUCHER	CHILD SUPPORT	WAGES	PENSION	OTHER INCOME
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART TWO: Detail of Wages, Pension, and Other Income**

1. **Employer Information** - If you checked yes in Wages above, list the name of the household members who have employment income and complete the following. If the individual has more than one job, please list each employer.

NAME	EMPLOYER NAME AND ADDRESS	JOB TITLE	GROSS MONTHLY AMOUNT
			\$
			\$
			\$
			\$
			\$

2. **Pension Information** - If you checked yes in Pension above, list the name of the household members who have a pension and complete the following. If the individual has more than one pension, please list each.

NAME	PENSION NAME AND ADDRESS	GROSS MONTHLY AMOUNT
		\$
		\$
		\$
		\$
		\$

3. **Other Income Information** - If you checked yes in Other Income above, list the household members who have other income, the source of that income, the individual or agency to contact to verify the actual amount and the estimated monthly amount. List each type of other income that a household member has. Other income includes, but is not limited to, alimony, regular reoccurring gifts, unemployment compensation, rental income, etc. If more space is needed, please attach separate sheet.

NAME	TYPE	SOURCE OR AGENCY	GROSS MONTHLY AMOUNT
			\$
			\$
			\$
			\$
			\$

**PART THREE: Asset Information**

**Instructions:** List the household members who own assets, the type of asset, the source to contact to verify the asset, the asset value and the monthly income, if any, from that asset. List each type of asset that a household member has. Assets include surplus cash on hand, checking and savings accounts, real property (land or rental property), stocks and bonds, money market accounts, mutual funds, trust funds, etc.

NAME	TYPE	SOURCE	VALUE	MONTHLY AMOUNT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**SECTION III: REFERENCE INFORMATION**

**PART ONE: Landlord Information**

Current Landlord:			
	Name	Address	Phone
Prior Landlord:			
	Name	Address	Phone
Prior Landlord:			
	Name	Address	Phone

**PART TWO: Credit References**

Name	Address	Account Number
Name	Address	Account Number

**PART THREE: Personal Reference**

Personal Reference:			
	Name	Address	Phone Number Relationship
In Case of Emergency, Notify:			
	Name	Address	Phone Number Relationship
Can we let this person(s) in your unit in case of an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>			



**SECTION VII: STATISTICAL INFORMATION**

**NOTE:** "The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of USDA or HUD, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. *However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.*"

Please complete for all who are listed on the first page of this application: (List in the same numerical order.)

**1. Applicant:**

<b><u>RACE:</u></b>	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White
<b><u>ETHNICITY:</u></b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic Latino	<b><u>SEX:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female		

**2. Co-Applicant or Other:**

<b><u>RACE:</u></b>	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White
<b><u>ETHNICITY:</u></b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic Latino	<b><u>SEX:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female		

**3. Other**

<b><u>RACE:</u></b>	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White
<b><u>ETHNICITY:</u></b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic Latino	<b><u>SEX:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female		

**4. Other:**

<b><u>RACE:</u></b>	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White
<b><u>ETHNICITY:</u></b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic Latino	<b><u>SEX:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female		



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### Applicant's Consent to Release of Information

**Instructions:** Each adult member (18 and older) of the household should sign this form at the time you apply for a unit. Additional signatures must be obtained from any new adult members whenever they join the household or whenever members of the household become 18 years of age. Additional forms will be used if there are more than four (4) adult members of the household.

**Purpose:** This form gives HOPE my/our consent to verify information relating to all sources of income, all asset information and all expenses for child care and medical needed for the initial and any subsequent recertifications. *In addition this form gives HOPE my/our consent to do a credit check, criminal background check, landlord reference check, employment verification, personal reference check and other reference checks needed to complete my/our application.* Finally, this form gives my/our consent to HOPE to check on my/our average utility usage as required by HUD.

**Sensitive Information:** The consent granted by this form may be used as a basis to collect sensitive information, which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD and VHDA except to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. (Misuse of form covered under Title 18, Section 1001 of U.S. Code.)

**Conditions:** I/we agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my household fail to sign this authorization, I/we understand that this action may constitute grounds for denial of eligibility or termination after tenancy. Finally, I/we authorize only HUD to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law. **Note: This form expires 15 months from the date signed. A new form may be required at subsequent recertifications.**

<b>Applicant/Tenant</b>		<b>Co-Applicant/Co-Tenant</b>	
<b>Print Full Name</b>	<b>Social Security Number</b>	<b>Print Full Name</b>	<b>Social Security Number</b>
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<b>Other Adult Household Member</b>		<b>Other Adult Household Member</b>	
<b>Print Full Name</b>	<b>Social Security Number</b>	<b>Print Full Name</b>	<b>Social Security Number</b>
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>

**OFFICIAL NOTICE:**

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. HUD or the Owner (or any employee of HUD or the Owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent 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 or the Owner responsible for the unauthorized disclosure or improper use.



**HOPE is an Equal Housing Opportunity Provider**