



Special Offers
Available for First
Responders, Military,
and Teachers!

Lynnhaven Landing Apartments

352 Fernwood Ct. 101
Virginia Beach, VA 23454
757-486-4044
lynnhaven@chpc2.org



Welcome Home to Lynnhaven Landing!

Lynnhaven Landing Apartments in Virginia Beach offers spacious 1-, 2-, and 3-bedroom apartments and townhomes with modern amenities, including a refrigerator, range, dishwasher, garbage disposal, plantation window blinds, central heating/air, and optional hardwood floors or carpet. Select homes feature walk-in closets, washer/dryer hookups, private entrances, and patios. Water, sewer, and trash pickup are included in the rent.

Visit us today and let our team show you why Lynnhaven Landing should be the next place you call home!

Multiple 2 Bedroom
Apartment Homes
Available Now

Immediate Move-In
Available!

Waived Application
Fees!

Onsite Laundry

Playground,
Swimming Pool, and
Clubhouse

Access to Public
Transit

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, disability or familial status (having children under age 18), or any other legally protected characteristic. We do not interfere, threaten, or coerce persons in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or persons who have assisted someone in asserting their rights.



www.communityhousingpartners.org/lynnhaven



PROPERTY MANAGEMENT

Lynnhaven Landing Apartments
352 Fernwood Court, Virginia Beach, VA 23454
Phone: (757) 486-4044
lynnhaven@chpc2.org

Community Housing Partners
448 Depot Street NE, Christiansburg, VA 24073 | (540) 382-2002, TTY: 711, fax: (540) 382-1935 | www.CommunityHousingPartners.org



Dear Resident/Applicants,

I am writing to inform you about substantial renovations planned for Lynnhaven Landing Apartments beginning in the fall of 2024. These renovations will significantly upgrade the property and include improvements to units, common areas, and amenities.

The upcoming renovations will also bring disruptions, however, and it's important to us to be upfront about the impact these improvements will have on you, our residents.

Leases Changes, Non-renewals, and Unit Transfers:

To facilitate the renovations, many current leases will be transitioned to month-to-month agreements when they reach the end of their current term. This provides flexibility for scheduling, while allowing you to terminate your lease with 30 days' notice. In some cases, leases may not be renewed to create vacancies necessary for the renovation project. When this happens, we will endeavor to give you as much notice as possible, but no less than 60 days' notice.

In addition, residents who remain onsite during the renovations will be required to relocate to a different apartment within the community while their current unit undergoes renovation. We will work closely with you as this process unfolds, but if you would like to move to another community to avoid the inconvenience of relocating while your unit is renovated, please contact us to discuss this further.

Rent and Eligibility:

Upon completion of the renovations, we anticipate a significant rent increase to reflect the upgraded units and amenities. Closer to the completion of your apartment's renovation, we will work with you individually to determine your eligibility for the new rent structure. This process will consider your income and current lease agreement. Residents who qualify will be offered the opportunity to transfer to a newly renovated unit with a 12-month lease agreement.

We recognize that the increased rental rate will not be feasible for all residents, and some will seek alternative housing options. We understand this can be challenging. To ease the transition, residents who are not eligible for the new rent structure will be released from their month-to-month lease without penalty. Additionally, we will be flexible with security

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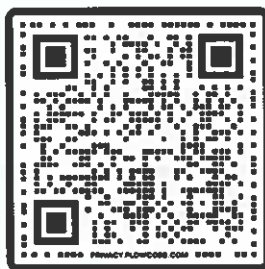
deposits and hope to have additional resources available to you in your search for new housing.

Timeline and Communication:

Renovations are expected to begin in the fall of 2024 and will be spaced out over the next four years to minimize disruptions, with completion anticipated by the fall of 2028. Changes to leases are already underway. When possible, we will aim to provide detailed information about the renovation schedule and potential disruptions well in advance of any changes impacting your unit.

We understand this is a significant change, and we are committed to open communication throughout the process. If you have any questions or concerns about the renovations, please call the Lynnhaven Landing main office at (757) 486-4044. For questions regarding alternate housing or other resources, contact the CHP Resident Services hotline at 1-800-590-8534 or email RequestHelp@chpc2.org.

More information is also available at www.communityhousingpartners.org/LynnhavenRenovations or by using the following QR code:



We genuinely appreciate your understanding and cooperation as we work to improve Lynnhaven Landing Apartments.

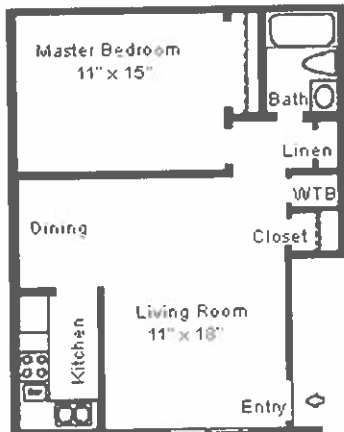
Sincerely,

Tammy Lautz
Property Manager, Lynnhaven Landing

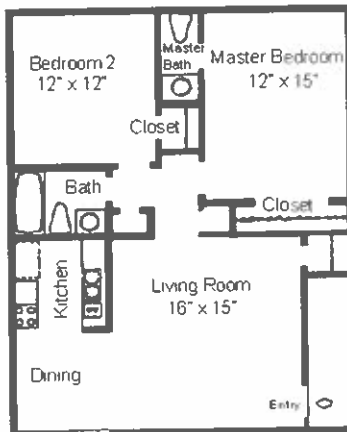
LYNNHAVEN LANDING

Rental Apartment Homes

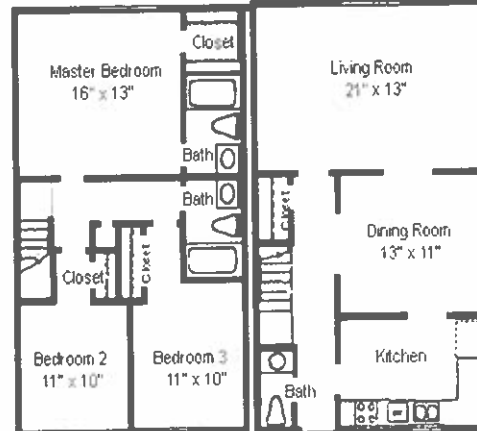
1 Bedroom / Garden = 670 sq. ft.



2 Bedroom = 1,150 sq. ft.



3 Bedroom = 1,450 sq. ft.



**APPLY
TODAY!**

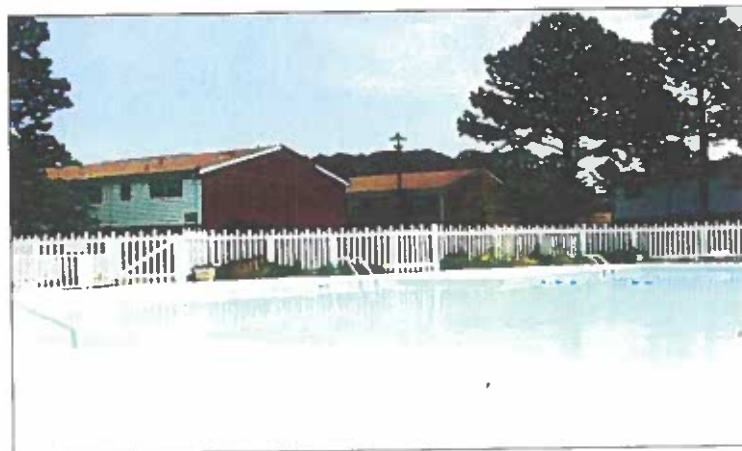
- \$32 Application fee (per adult in the form of a money order or certified funds- no cash please)
- Security deposit based on credit history
- Government issued photo ID and Social Security card for all adults
- Last six (6) consecutive pay statements or current Social Security statement (if applicable)
- Proof of any additional income or assets (pension, retirement statements, real estate, ect.) dated within 120 days

1 Bedroom / 1 Bathroom starting at \$ 1045

2 Bedroom / 2 Bathroom starting at \$ 1196

3 Bedroom / 2 Bathroom starting at \$ 1580

* Please contact us for income guidelines.



www.communityhousingpartners.org/lynnhavenlanding

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Lynnhaven Landing

A P P L I C A T I O N

checklist

Please include the following with your initial application:

- Government issued ID for all adults(State ID, Driver's License, passport)
- Social Security Cards for all adults and minors in the residence
- Birth Certificates for all minors
- Application Fee of \$32 per adult via money order
- DCSE Child Support Verification for all minors

Proof of Income is Required.

Please provide the following that applies to you:

- Last 4 most recent consecutive paystubs
- Offer Letter (please provide your employer's email to verify)
- Social Security Award letter no later than 120 days
- Pension/Retirement Benefit Statement
- Subsidy Residents: RFTA Form

A security deposit of one month's rent is due after approval, and on the day of move in you will pay a pro-rated rent amount.



lynhaven@chpc2.org



(757)-486-4044



COMMUNITY
HOUSING PARTNERS

Rental Application

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____

Date of Birth: _____ Bedroom Size Requested: _____ e-mail Address: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ separated ☐ widow

Co-Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____ Date of Birth: _____

Marital Status: ☐ single ☐ married ☐ divorced ☐ separated ☐ widow

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security</u>	<u>Student</u> select which applies
	Head of Household					NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>
						NO <input type="radio"/> FT <input type="radio"/> PT <input type="radio"/>

2. Do you expect a change in your household composition within the next 12 months? Yes ☐ No ☐

If yes, please explain: _____

STUDENT STATUS:

Are all of the residents full time students? ☐ Yes ☐ No

If yes: is the household comprised of a single parent and child,

Neither of who is dependent on a third party. ☐ Yes ☐ No

If yes: is Applicant & CO-Applicant married and file a joint tax Return? ☐ Yes ☐ No

If yes: does the household receive AFDC or TANF? ☐ Yes ☐ No

If yes: is head of household in federal or state job training program? ☐ Yes ☐ No



INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.

Does any member of your household:

1. Work Full time, part time, or seasonally .. ☐ Yes ☐ No \$ _____
2. Work for someone who pays him or her cash ☐ Yes ☐ No \$ _____
3. Expect a leave of absence from work due to lay off ☐ Yes ☐ No \$ _____
medical, maternity, or military leave.
4. Now receive or expect to receive unemployment benefits ☐ Yes ☐ No \$ _____
5. Now receive or expect to receive child support. ☐ Yes ☐ No \$ _____
6. Entitled to child support that he/she is not now receiving ☐ Yes ☐ No \$ _____
7. Now receive or expect to receive alimony ☐ Yes ☐ No \$ _____
8. Have an entitlement to receive alimony that is not
currently being received ☐ Yes ☐ No \$ _____
9. Now receive or expect to receive public assistance (TANF) ☐ Yes ☐ No \$ _____
10. Now receive or expect to receive Social Security or disability ☐ Yes ☐ No \$ _____
11. Now receive or expect to receive income from a pension/annuity ☐ Yes ☐ No \$ _____
12. Now receive or expect to receive regular contributions from
organizations or individuals not living in the unit..... ☐ Yes ☐ No \$ _____
13. Receive income/dividends from assets including checking, savings,
certificates of deposit, stocks, bonds, rental property ☐ Yes ☐ No \$ _____
14. Own real estate or any asset for which you receive income ☐ Yes ☐ No \$ _____
15. Now receive military pay ☐ Yes ☐ No \$ _____
16. Now receive workers compensation..... ☐ Yes ☐ No \$ _____
17. Now receive veterans administration benefits..... ☐ Yes ☐ No \$ _____
18. Do you have income from any source not mentioned above ☐ Yes ☐ No \$ _____

If yes, please explain: _____

Employment:

Applicant:

Check all applicable: **Employed full time** ☐ **Employed part time** ☐ **self – employed** ☐
Non-employed ☐ **Unemployed** ☐

Current

Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____ Phone _____

Current Wages: \$ _____ per: hour ☐ week ☐ month ☐ year ☐ (select one)

Do you expect to earn substantial overtime? ☐ Yes ☐ No If so, how much? _____

Co-Applicant:

Circle all applicable: **Employed full time** ☐ **Employed part time** ☐ **self – employed** ☐
Non-employed ☐ **Unemployed** ☐

Current

Employer _____ Position _____ Date Hired _____

Address _____ Supervisor _____ Phone _____

Current Wages: \$ _____ per: hour ☐ week ☐ month ☐ year ☐ (select one)

Do you expect to earn substantial overtime? ☐ Yes ☐ No If so, how much? _____

ASSET INFORMATION

Please answer each of the following questions.

Do any household members have any of the following? If yes, indicate the value.

Checking Account (average 6mon balance).....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Savings Account.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Certificates of Deposit.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Stocks or Bonds.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
IRA/s or Retirement Funds.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Mutual Funds.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Trust Accounts.....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Whole or Universal Life Insurance (not Term).....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Personal Property held as an investment....	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Real Estate	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____
Any Assets not listed above	<input type="checkbox"/> Yes..	<input type="checkbox"/> No	\$ _____

Have you disposed of any assets in the previous 24 months for less than fair market value?.. ☐ Yes.. ☐ No

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

BANK NAME or INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord: Do you: ☐ Rent ☐ Own ☐ Other _____

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving. _____

Name and address of your Former Landlord:

Telephone No. _____

How Long Did You Live There? _____

Reason for Leaving. _____

OTHER INFORMATION:

Driver's License #: _____ State: _____ Expires: _____

Vehicle Model: _____ Year: _____ License Plate #: _____

ADDITIONAL QUESTIONS:

1. Have you or any household member filed for Bankruptcy? ☐ Yes ☐ No
2. Have you or any household member been evicted from Tenancy? ☐ Yes ☐ No
3. Have you or any household member been evicted from Federally Funded Housing for a lease violation including drug use or a crime? ☐ Yes ☐ No
If yes, when: _____
4. Have you or any household member been convicted of a Felony or Misdemeanor? ☐ Yes ☐ No
If yes, explain: _____
5. Are you or any household member subject to lifetime sex offender registration... ☐ Yes ☐ No
6. Are you or any household member enlisted in the U.S. Military or a veteran ☐ Yes ☐ No
7. Are you or any household member currently receiving housing assistance from HUD or a PHA ... ☐ Yes ☐ No
8. Do you or any household member have any special housing needs? ☐ Yes ☐ No
If yes, explain: _____
9. Do you have any relatives that work for Community Housing Partners? ☐ Yes ☐ No
If yes, explain: _____
10. Will you be bringing a pet? ☐ Yes ☐ No
If yes, what type? _____

Emergency Contact:

Nearest Living Relative: _____
Name Phone Relationship

MARKETING INFORMATION:

How did you hear about this community? _____

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Community Housing Partners, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender in addition to any security deposit, the amount of \$ _____ which I acknowledge is the cost of procuring a consumer credit report, employment verification, character references and other administrative set-up costs. This fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

A deposit of \$ _____ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$ _____. By execution of this application, I hereby authorize Community Housing Partners to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, Community Housing Partners represents the Landlord in a real estate transaction.

RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION

WARNING: Section 1001 of Title 18 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.

Resident acknowledges that federal law and the IRS require Resident to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit. Resident understands that (s) he must give truthful and complete income and student status information at all times. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If Owner discovers, at any time the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit.

Resident's Acknowledgement: _____

(Initial here)

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Received by: _____ **Date Received:** _____ **Time :** _____

ASSET SELF CERTIFICATION

Complete only one form per household; include assets of all household members including children. Do not use N/A, write "No" or "None" if you do not have the asset type.

Development Name: _____

Head of Household Name: _____Unit No: _____

Certification Type: ☐ Initial ☐ RecertificationEffective Date: _____

PART 1 – SELECT ONE OPTION:

- ☐ I/we do not have any assets at this time (move to Part 2):
- ☐ I/we have the following assets (enter no or none if you do not have the type of asset):

Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.
* Cash value is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

NON-NECESSARY PERSONAL PROPERTY							
TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME	TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc)				Annuities (current balance)	\$		\$
Description:	\$		\$	Brokerage accounts (current account balance (mutual funds, etc.))	\$		\$
Description:	\$		\$	Life Insurance (not term life)	\$		\$
Cash on hand	\$		N/A	Cryptocurrency (Bitcoin, etc.)	\$		\$
Checking (current balance)	\$		\$	Stocks/Bonds (current balance)	\$		\$
Savings (current balance)	\$		\$	CD/Money Market (current balance)	\$		\$
Debit cards (not linked to an account that is listed above)	\$		N/A	Trust accounts (current balance)	\$		\$
Mobile Payment Services (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	Lump sum amounts received (not listed in above accounts (lottery/inheritance, etc.))	\$		\$
Go Fund Me/ Crowdsourcing:	\$		\$	Other Description:	\$		\$
[A] Total cash value of non-necessary personal property:					\$	[B] Total Income:	\$

Important Note: If the above total value [A] is less than current self certification asset limit, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property above is added to total income [G] below.

REAL PROPERTY			
DESCRIPTION OF PROPERTY	CASH VALUE		INCOME
	\$		\$
	\$		\$
[C] Total real property value:	\$	[D] Total real prop income:	\$

TOTAL NET ASSETS AND INCOME			
[E] Tax Refund. Have you received a tax return or refundable tax credit in the last 12 months?	\$	Subtract tax return/credit (if any) from total net assets. See formula for [F]	
<input type="checkbox"/> yes <input type="checkbox"/> no	value of return/credit		
[F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] - [E] Tax Refund)	\$	[G] Total Asset Income: [B] + [D]	

PART 2 – SELECT ONE OPTION:

- ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) below fair market value (FMV). Those amounts equal a total of: \$_____ (enter the difference between FMV and the amount you received).
- ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

All household members age 18 or older must sign and date.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

GOVERNMENT DATA COLLECTION AND DISSEMINATION PRACTICES ACT LETTER

MARKET RATE DEVELOPMENTS

Dear (Mr/Mrs/Ms) _____

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 financed by the Virginia Housing Development Authority, you are requested to provide certain information that will enable _____ to complete a "Tenant Income Certification".

The information requested will be used to determine an adjusted annual income which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Virginia Housing Development Authority limit 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 dependents) so that the proper size of 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.

The completed "Tenant Income Certification" is electronically transmitted 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.

Sincerely,

Management

Received (Date) _____

By: _____

ANNUAL STUDENT CERTIFICATION

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit Number: _____
 _____ Building Address: _____

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. _____ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.
- C. _____ Household contains all FULL TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)	YES	NO
2.	Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return)	YES	NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF), (provide release of information for verification purposes)	YES	NO
4.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)	YES	NO
5.	Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	YES	NO

*Full-time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.*

All household members age 18 or older must sign and date.

 Signature (Date) Signature (Date)

 Signature (Date) Signature (Date)

Lynnhaven Landing Apartments

352 Fernwood Court #101, VA 23454
Phone: 757-468-4044 Email: Lynnhaven@chpc2.org

APPLICANT RENTAL HISTORY CHECK

Date: _____

Attention: _____

URGENT

RE: Previous Rental History

The applicant listed below has applied for an apartment within our community. Please complete the following information, regarding their rental history, in order for us to determine their eligibility. Our acceptance of this party as a resident is pending the following information.

Thank you in advance for your prompt completion and return of this form.

Sincerely,

Management

Permission is granted to obtain the above information. All information is confidential.

Signature of Applicant	Date	Signature of Co-Applicant	Date
------------------------	------	---------------------------	------

Name: _____ Social Security Number: _____

Address: _____

Move in Date: _____ Move out Date: _____

1. Late or NSF checks 3 times or more in last 12 months of lease? ☐ YES ☐ NO

2. Did residents give a proper 30-day notice? ☐ YES ☐ NO Deposit refunded? _____

3. Did resident skip or was resident evicted? ☐ YES ☐ NO Monthly Rent: \$ _____

4. Any outstanding debt? ☐ YES ☐ NO Reason: _____

5. Any Lease Violations Uncorrected? ☐ YES ☐ NO

Name(s) on Lease: _____

Total Occupants: _____ Pets: _____ Pet rent: _____

Verified by: _____ Title: _____



Household Race/Ethnicity/Disability Reporting Form

The Virginia Housing Development Authority (VHDA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Although VHDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

Property Name: _____

Unit #: _____

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see 24 CFR 100.201.
- “Disability” **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the HUD website or Virginia Code in Sections 36-96.1:1, 36-96.3:1 and 36-96.3:2.

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants' Signatures:

_____	_____ (date)	_____	_____ (date)
_____	_____ (date)	_____	_____ (date)
_____	_____ (date)	_____	_____ (date)

AFFIDAVIT OF NO CHILD SUPPORT

Applicant Name: _____ Unit Number: _____

Child / Children's Name(s): _____

Absent Parent: _____

In connection with your review of my application, I confirm the following information with respect to receipt of child support.

- ☐ **There is no court order.** I am not entitled to receive any child support and/or alimony or any other compensation through legal channels or otherwise. I am not under any affirmative obligation to seek such monies.

I am not receiving child support / alimony because:

- ☐ Not Pursuing
☐ No Contact with Absent Parent / Absent parent cannot be located
☐ Absent Parent Deceased
☐ Other (explain) _____

OR

- ☐ **There is a court order; however I do not receive payments.** I am entitled to receive child support / alimony pursuant to a court order or other agreement in the amount of \$ _____ per month. **(Must attach supporting documentation).**

Furthermore, I am taking the following steps in an effort to receive the ordered amount:

I further confirm that I have custody (50% or more of the time) of all children listed on my application.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. **Under penalties of perjury, I certify the above representations to be true as of this date.**

WARNING: Section 1001 of Title 18 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.

Signature _____

Date _____



EQUAL HOUSING
OPPORTUNITY

DCSE Case Verification

Please call DCSE (800.468.8894) and have them email a case verification.

Even If you do not receive child support, you will still have to have a verification sent.

Email the verification to Lynnhaven@chpc2.org



REQUEST INCOME VERIFICATION *the new way!*

The Division of Child Support Enforcement is pleased to announce a new process to allow applicants and tenants to send child support income verification to a third party of their choosing from the Division's secure MyChildSupport portal. This quick and easy method will save time as well as paper and postage costs.

Applicants and tenants may register for access to MyChildSupport at <https://mychildsupport.dss.virginia.gov>. A valid cell phone number and email address are required.

HOW IT WORKS

REGISTERED USERS

SIGN IN on the MyChildSupport Portal
SELECT Income Verification
COMPLETE Income Verification Request (All Fields Required)
CLICK GO
RECEIVE Email Confirmation Box (Requestor and Recipient will receive a copy of the payment history)

NON-REGISTERED USERS

REGISTER for access to MyChildSupport at <https://mychildsupport.dss.virginia.gov>
VALID cell phone number and email address are required
FOR ASSISTANCE contact the Customer Call Center at 1-800-468-8894 from 7 a.m. to 6 p.m.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES
DIVISION OF CHILD
SUPPORT ENFORCEMENT

If you do not have a child support case contact the Customer Call Center at 1-800-468-8894



COMMUNITY HOUSING PARTNERS

Community Housing Partners

448 Depot Street NE, Christiansburg, VA 24073 | (540) 382-2002, TTY: 711, fax: (540) 382-1935 | www.CommunityHousingPartners.org

We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, disability or familial status (having children under age 18), or any other legally protected characteristic. We do not interfere, threaten, or coerce person in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or person who have assisted someone in asserting their rights.

